



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

000169300 - 2016/07
RI:264.64 / NM:0.00

St. Augustine Center for Living

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

Provider Type: ICF/IID

Provider Number: 000169300

Date: 6/23/2016

FYE: 11/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	250.83	264.64	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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		

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:

Comments:

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) 07/2016 to 7/2016

000169300

Provider Name:	St. Augustine Center for Living	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	00169300	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2014 - 11/30/2015
Date:	6/23/2016	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	21,577	0	21,577
2. Operating Expenses component			
A. Administration			687,779
B. Plant Operation			275,104
C. Laundry			26,968
D. Housekeeping			55,766
E. Operating Expense Component & Per Diem	48.4598		1,045,617
3. Resident Care			
A. Dietary			401,600
B. Other			0
C. Nursing			402,249
D. Resident Care & Per Diem	37.2549		803,849
4. Prop Exp & Per Diem	24.9602		538,567
5. ROE/Use Per Diem	0.5814		12,544

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	10,788.50	0.00	10,788.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	2,184,457.00	0.00	2,184,457.00
5. Direct Care Expense Per Diem	101.2401	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	21,577	0	21,577
2. Additional Services	358,065	0	358,065
3. Additional Services Exp & Per Diem	16.5948	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	48.4598	0.0000	1,045,617
2. Resident Care Component	155.0898	0.0000	3,346,371
3. Property Cost Component	24.9602	0.0000	538,567
4. ROE/Use Allow Component	0.5814	0.0000	12,544
5. Total Cost Per Diem	229.0912	0.0000	4,943,099

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300
FYE: 11/30/2015

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	37.2549	0.0000		A3D Allowable Resident Care Exp		803,849
B5 Allocation of D/C Expenses	101.2401	0.0000		B4 Allocation of D/C Expenses		2,184,457
C3 Additional Services per Diem	16.5948	0.0000		C2 Additional Services per Diem		358,065
Total Resident Care Component	155.0898	0.0000		Total Resident Care Component		3,346,371

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

000169300 - 2016/07

RI: 264.64

NM: 0.00

St. Augustine Center for Living

Ownership: Private

Incentive Rating: Ineligible from 04/28/2016 - 04/30/2016 Days Eligible: 363 of 366

Eligibility Factor : 99.18%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited	201507
Prior Cost Report	12/1/2012	11/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.926	153.873	201.800	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.04531341	50.098	160.846	210.944	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.06343877	50.967	163.635	214.602	0.000	0.000	0.000
4.Current Period Cost	48.460	155.090	203.550	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.507	8.545		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.460	155.090	203.550	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.253	4.273	5.526	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.846	4.653	9.499	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 99.18%	1.243	4.238	5.481	0.000	0.000	0.000
10.Final Incentive	1.243	4.238	5.481	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.703	159.327	209.030	0.000	0.000	0.000
12.Plus: Property Rate Component			24.960			0.000
13.Plus: ROE/Use Rate			0.581			0.000
14.Total Current Period Base			234.572			0.000
15.Prospective Rate: Line 11 x Inflation 1.04097721	51.740	165.856	217.596	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.740	165.856	217.596	0.000	0.000	0.000
19.Property Rate Component			24.960			0.000
20.ROE Component + ROE Interim Component			0.581			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			243.14			0.00
23.Medicaid Days			21,577			0
24.Resident Days			21,577			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.45			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			264.64			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 - 2016/07
RI:385.94 / NM:461.57

Minor North
 85609 Miner Road
 Yulee, FL 32097

Provider Number: 001069500
 Date: 6/23/2016
 FYE: 5/31/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.99	385.94	7/1/2016
#8 Non-Ambulatory & #9 Medical	444.57	461.57	7/1/2016

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:
 Care Centers of Nassau, LLC
 95146 Hendricks Road
 Fernandina Beach, FL 32034

Comments:

_____ 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) 07/2016 to 7/2016

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 6/1/2014 - 5/31/2015
 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	860	7,836	8,696
2. Operating Expenses component			
A. Administration			679,362
B. Plant Operation			393,349
C. Laundry			54,772
D. Housekeeping			67,148
E. Operating Expense Component & Per Diem	137.3771	137.3771	1,194,631
3. Resident Care			
A. Dietary			262,996
B. Other			0
C. Nursing			418,546
D. Resident Care & Per Diem	78.3742	78.3742	681,542
4. Prop Exp & Per Diem	53.4646	53.4646	464,928
5. ROE/Use Per Diem	3.7762	3.7762	32,838

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	430.00	7,836.00	8,266.00
3. Staffing Percent	0.05	0.95	1.00
4. Allocation of Direct Care	57,319.99	1,044,557.01	1,101,877.00
5. Direct Care Expense Per Diem	66.6512	133.3023	

C. Additional Services Expense

1. Medicaid Inpatient Days	860	7,836	8,696
2. Additional Services	22,113	201,489	223,602
3. Additional Services Exp & Per Diem	25.7128	25.7132	

D. Medicaid Per Diem Cost

1. Operating Component	137.3771	137.3771	1,194,631
2. Resident Care Component	170.7382	237.3897	2,007,021
3. Property Cost Component	53.4646	53.4646	464,928
4. ROE/Use Allow Component	3.7762	3.7762	32,838
5. Total Cost Per Diem	365.3561	432.0076	3,699,418

Resident Care Component Per-Diem Calculation

Facility Name: Minor North

Provider Number: 01069500
FYE: 05/31/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		78.3742	78.3742	A3D Allowable Resident Care Exp		681,542	
B5 Allocation of D/C Expenses		66.6512	133.3023	B4 Allocation of D/C Expenses		1,101,877	
C3 Additional Services per Diem		25.7128	25.7132	C2 Additional Services per Diem		223,602	
Total Resident Care Component		170.7382	237.3897	Total Resident Care Component		2,007,021	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

001069500 - 2016/07

RI: 385.94

NM: 461.57

Minor North

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	5/31/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	117.107	164.905	282.012	117.107	238.685	355.793
2.Inflate Line 1 by Inflation Factor 1.02343244	119.851	168.769	288.620	119.851	244.278	364.130
3.Line 1 X 1.4000 X Inflation Factor 1.03280542	120.949	170.314	291.263	120.949	246.515	367.464
4.Current Period Cost	137.377	170.738	308.115	137.377	237.390	374.767
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	9.126	
6.Allowed Current Period Costs (Min of line 3 or 4)	120.949	170.314	291.263	120.949	237.390	358.339
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	4.563	4.563
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	7.122	7.122
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	4.563	4.563
10.Final Incentive	0.000	0.000	0.000	0.000	4.563	4.563
11.Current Period Base: (line 6 + line 10)	120.949	170.314	291.263	120.949	241.953	362.902
12.Plus: Property Rate Component			53.465			53.465
13.Plus: ROE/Use Rate			3.776			3.776
14.Total Current Period Base			348.504			420.142
15.Prospective Rate: Line 11 x Inflation 1.05398512	127.478	179.509	306.987	127.478	255.014	382.493
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.478	179.509	306.987	127.478	255.014	382.493
19.Property Rate Component			53.465			53.465
20.ROE Component + ROE Interim Component			3.776			3.776
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			364.23			439.73
23.Medicaid Days		860			7,836	
24.Resident Days		860			7,836	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.78
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			385.94			461.57



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

001071000 - 2016/07
RI:354.32 / NM:427.64

Minor South
 85474 Miner Road
 Yulee, FL 32097

Provider Number: 001071000
 Date: 6/23/2016
 FYE: 5/31/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>336.25</u>	<u>354.32</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>416.86</u>	<u>427.64</u>	<u>7/1/2016</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:
 Care Centers of Nassau, LLC
 95146 Hendricks Road
 Fernandina Beach, FL 32034

Comments:

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) 07/2016 to 7/2016

Provider Name: **Minor South**
Provider Number: 01071000
Audit Status: Unaudited
Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
Rate Semester : July, 2016
Cost Report : 6/1/2014 - 5/31/2015
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	7,637	8,732
2. Operating Expenses component			
A. Administration			650,061
B. Plant Operation			368,897
C. Laundry			51,804
D. Housekeeping			43,433
E. Operating Expense Component & Per Diem	127.5991	127.5991	1,114,195
3. Resident Care			
A. Dietary			273,737
B. Other			0
C. Nursing			255,220
D. Resident Care & Per Diem	60.5768	60.5768	528,957
4. Prop Exp & Per Diem	52.5514	52.5514	458,879
5. ROE/Use Per Diem	3.7503	3.7503	32,748

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,637.00	8,184.50
3. Staffing Percent	0.07	0.93	1.00
4. Allocation of Direct Care	70,574.22	984,429.78	1,055,004.00
5. Direct Care Expense Per Diem	64.4513	128.9027	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,095	7,637	8,732
2. Additional Services	25,925	180,810	206,735
3. Additional Services Exp & Per Diem	23.6758	23.6755	

D. Medicaid Per Diem Cost

1. Operating Component	127.5991	127.5991	1,114,195
2. Resident Care Component	148.7039	213.1550	1,790,696
3. Property Cost Component	52.5514	52.5514	458,879
4. ROE/Use Allow Component	3.7503	3.7503	32,748

5. Total Cost Per Diem	332.6047	397.0558	3,396,518
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Resident Care Component Per-Diem Calculation

Facility Name: Minor South

Provider Number: 01071000
FYE: 05/31/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		60.5768	60.5768	A3D Allowable Resident Care Exp		528,957
B5 Allocation of D/C Expenses		64.4513	128.9027	B4 Allocation of D/C Expenses		1,055,004
C3 Additional Services per Diem		23.6758	23.6755	C2 Additional Services per Diem		206,735
Total Resident Care Component		148.7039	213.1550	Total Resident Care Component		1,790,696

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

001071000 - 2016/07

RI: 354.32

NM: 427.64

Minor South

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	5/31/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.541	146.694	255.236	108.541	225.382	333.923
2.Inflate Line 1 by Inflation Factor 1.02343244	111.085	150.132	261.217	111.085	230.663	341.748
3.Line 1 X 1.4000 X Inflation Factor 1.03280542	112.102	151.507	263.609	112.102	232.776	344.878
4.Current Period Cost	127.599	148.704	276.303	127.599	213.155	340.754
5.Incentive Basis (line 3 - line 4)	0.000	2.803		0.000	19.621	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.102	148.704	260.806	112.102	213.155	325.257
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.401	1.401	0.000	9.810	9.810
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.461	4.461	0.000	6.395	6.395
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.401	1.401	0.000	6.395	6.395
10.Final Incentive	0.000	1.401	1.401	0.000	6.395	6.395
11.Current Period Base: (line 6 + line 10)	112.102	150.105	262.207	112.102	219.550	331.652
12.Plus: Property Rate Component			52.551			52.551
13.Plus: ROE/Use Rate			3.750			3.750
14.Total Current Period Base			318.509			387.953
15.Prospective Rate: Line 11 x Inflation 1.05398512	118.154	158.209	276.363	118.154	231.402	349.556
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.154	158.209	276.363	118.154	231.402	349.556
19.Property Rate Component			52.551			52.551
20.ROE Component + ROE Interim Component			3.750			3.750
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			332.66			405.86
23.Medicaid Days			1,095			7,637
24.Resident Days			1,095			7,637
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.72
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.32			427.64



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

012037000 - 2016/07
RI:326.43 / NM:366.66

Bayview (Mentor)
 2133 E 12th Street
 Lynn Haven, FL 32444-3109

Provider Number: 012037000
 Date: 6/23/2016
 FYE: 7/31/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	316.73	326.43	7/1/2016
#8 Non-Ambulatory & #9 Medical	355.78	366.66	7/1/2016

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 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:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

Comments:

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

012037000

Rate Period(s) 07/2014 to 7/2016

Provider Name:	Bayview (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12037000	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	8/1/2014 - 7/31/2015
Date:	6/23/2016	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	1,457	672	2,129
2. Operating Expenses component			
A. Administration			67,057
B. Plant Operation			60,830
C. Laundry			0
D. Housekeeping			6,600
E. Operating Expense Component & Per Diem	63.1691	63.1691	134,487
3. Resident Care			
A. Dietary			18,360
B. Other			0
C. Nursing			79,289
D. Resident Care & Per Diem	45.8661	45.8661	97,649
4. Prop Exp & Per Diem	21.0117	21.0117	44,734
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,092.75	672.00	1,764.75
3. Staffing Percent	0.62	0.38	1.00
4. Allocation of Direct Care	175,549.61	107,956.39	283,506.00
5. Direct Care Expense Per Diem	120.4870	160.6494	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,457	672	2,129
2. Additional Services	79,092	36,478	115,570
3. Additional Services Exp & Per Diem	54.2841	54.2827	

D. Medicaid Per Diem Cost

1. Operating Component	63.1691	63.1691	134,487
2. Resident Care Component	220.6372	260.7982	496,725
3. Property Cost Component	21.0117	21.0117	44,734
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	304.8180	344.9790	675,946

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
FYE: 07/31/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		45.8661	45.8661	A3D Allowable Resident Care Exp		97,649
B5 Allocation of D/C Expenses		120.4870	160.6494	B4 Allocation of D/C Expenses		283,506
C3 Additional Services per Diem		54.2841	54.2827	C2 Additional Services per Diem		115,570
Total Resident Care Component		220.6372	260.7982	Total Resident Care Component		496,725

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2016/07

RI: 326.43

NM: 366.66

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Bayview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/1/2014	7/31/2015	Unaudited	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	63.169	220.637	283.806	63.169	260.798	323.967
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)	63.169	220.637	283.806	63.169	260.798	323.967
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	63.169	220.637	283.806	63.169	260.798	323.967
12.Plus: Property Rate Component			21.012			21.012
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			304.818			344.979
15.Prospective Rate: Line 11 x Inflation 1.00000000	63.169	220.637	283.806	63.169	260.798	323.967
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	63.169	220.637	283.806	63.169	260.798	323.967
19.Property Rate Component			21.012			21.012
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			304.82			344.98
23.Medicaid Days			1,457			672
24.Resident Days			1,457			672
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.55			0.62
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			326.43			366.66



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

012038000 - 2016/07
RI:384.92 / NM:425.21

Seaview (Mentor)
 1204 West 13th Street
 Panama City, FL 32401-2015

Provider Number: 012038000
 Date: 6/23/2016
 FYE: 7/31/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.50	384.92	7/1/2016
#8 Non-Ambulatory & #9 Medical	412.60	425.21	7/1/2016

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

012038000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2016

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 8/1/2014 - 7/31/2015
 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	884	728	1,612
2. Operating Expenses component			
A. Administration			67,057
B. Plant Operation			60,830
C. Laundry			0
D. Housekeeping			6,600
E. Operating Expense Component & Per Diem	83.4287	83.4287	134,487
3. Resident Care			
A. Dietary			18,360
B. Other			0
C. Nursing			79,289
D. Resident Care & Per Diem	60.5763	60.5763	97,649
4. Prop Exp & Per Diem	25.5949	25.5949	41,259
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	663.00	728.00	1,391.00
3. Staffing Percent	0.48	0.52	1.00
4. Allocation of Direct Care	135,129.03	148,376.97	283,506.00
5. Direct Care Expense Per Diem	152.8609	203.8145	

C. Additional Services Expense

1. Medicaid Inpatient Days	884	728	1,612
2. Additional Services	63,378	52,192	115,570
3. Additional Services Exp & Per Diem	71.6946	71.6923	

D. Medicaid Per Diem Cost

1. Operating Component	83.4287	83.4287	134,487
2. Resident Care Component	285.1318	336.0831	496,725
3. Property Cost Component	25.5949	25.5949	41,259
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	394.1554	445.1067	672,471

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000
FYE: 07/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		60.5763	60.5763	A3D Allowable Resident Care Exp	97,649
B5 Allocation of D/C Expenses		152.8609	203.8145	B4 Allocation of D/C Expenses	283,506
C3 Additional Services per Diem		71.6946	71.6923	C2 Additional Services per Diem	115,570
Total Resident Care Component		285.1318	336.0831	Total Resident Care Component	496,725

TOTALS
97,649
283,506
115,570
496,725

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2016/07

RI: 384.92

NM: 425.21

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/1/2014	7/31/2015	Unaudited	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.248	263.570	339.818	76.248	303.790	380.038
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.248	263.570	339.818	76.248	303.790	380.038
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.248	263.570	339.818	76.248	303.790	380.038
12.Plus: Property Rate Component			23.392			23.392
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			363.210			403.430
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.248	263.570	339.818	76.248	303.790	380.038
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.248	263.570	339.818	76.248	303.790	380.038
19.Property Rate Component			23.392			23.392
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			363.21			403.43
23.Medicaid Days			884			728
24.Resident Days			884			728
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.72
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			384.92			425.21



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

012040300 - 2016/07
RI:384.92 / NM:425.21

Gulfview (Mentor)

2603 N State Ave E 12th ST
 Panama City, FL 32405-4359

Provider Number: 012040300

Date: 6/23/2016

FYE: 7/31/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.50	384.92	7/1/2016
#8 Non-Ambulatory & #9 Medical	412.60	425.21	7/1/2016

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

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

012040300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2016

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 8/1/2014 - 7/31/2015
 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	575	1,098	1,673
2. Operating Expenses component			
A. Administration			67,057
B. Plant Operation			60,830
C. Laundry			0
D. Housekeeping			6,600
E. Operating Expense Component & Per Diem	80.3867	80.3867	134,487
3. Resident Care			
A. Dietary			18,360
B. Other			0
C. Nursing			79,289
D. Resident Care & Per Diem	58.3676	58.3676	97,649
4. Prop Exp & Per Diem	26.0825	26.0825	43,636
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	431.25	1,098.00	1,529.25
3. Staffing Percent	0.28	0.72	1.00
4. Allocation of Direct Care	79,948.97	203,557.03	283,506.00
5. Direct Care Expense Per Diem	139.0417	185.3889	

C. Additional Services Expense

1. Medicaid Inpatient Days	575	1,098	1,673
2. Additional Services	39,721	75,849	115,570
3. Additional Services Exp & Per Diem	69.0800	69.0792	

D. Medicaid Per Diem Cost

1. Operating Component	80.3867	80.3867	134,487
2. Resident Care Component	266.4893	312.8357	496,725
3. Property Cost Component	26.0825	26.0825	43,636
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	372.9585	419.3049	674,848

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300
FYE: 07/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		58.3676	58.3676	A3D Allowable Resident Care Exp	97,649
B5 Allocation of D/C Expenses		139.0417	185.3889	B4 Allocation of D/C Expenses	283,506
C3 Additional Services per Diem		69.0800	69.0792	C2 Additional Services per Diem	115,570
Total Resident Care Component		266.4893	312.8357	Total Resident Care Component	496,725

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012040300 - 2016/07

RI: 384.92

NM: 425.21

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/1/2014	7/31/2015	Unaudited	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	77.815	260.147	337.962	77.815	300.367	378.182
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)	77.815	260.147	337.962	77.815	300.367	378.182
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	77.815	260.147	337.962	77.815	300.367	378.182
12.Plus: Property Rate Component			25.248			25.248
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			363.210			403.430
15.Prospective Rate: Line 11 x Inflation 1.00000000	77.815	260.147	337.962	77.815	300.367	378.182
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.815	260.147	337.962	77.815	300.367	378.182
19.Property Rate Component			25.248			25.248
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			363.21			403.43
23.Medicaid Days		575			1,098	
24.Resident Days		575			1,098	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.72
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			384.92			425.21



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

012073200 - 2016/07
RI:460.59 / NM:0.00

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

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.33	460.59	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville, KY 40223

Comments:

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 7/2016

012073200

Provider Name:	Suffridge Drive Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12073200	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	3,503	0	3,503
2. Operating Expenses component			
A. Administration			377,453
B. Plant Operation			78,725
C. Laundry			1,812
D. Housekeeping			4,623
E. Operating Expense Component & Per Diem	132.0619		462,613
3. Resident Care			
A. Dietary			55,166
B. Other			0
C. Nursing			103,272
D. Resident Care & Per Diem	45.2292		158,438
4. Prop Exp & Per Diem	22.7987		79,864
5. ROE/Use Per Diem	0.2498		875

B. Direct Care Expense

1. Staffing	0.75	1.00	
2.Total Staffing Required	2,627.25	0.00	2,627.25
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	661,667.00	0.00	661,667.00
5. Direct Care Expense Per Diem	188.8858	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,503	0	3,503
2. Additional Services	97,625	0	97,625
3. Additional Services Exp & Per Diem	27.8690	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	132.0619	0.0000	462,613
2. Resident Care Component	261.9840	0.0000	917,730
3. Property Cost Component	22.7987	0.0000	79,864
4. ROE/Use Allow Component	0.2498	0.0000	875
5. Total Cost Per Diem	417.0944	0.0000	1,461,082

Resident Care Component Per-Diem Calculation

Facility Name: Suffridge Drive Group Home (Res-Care)

Provider Number: 12073200
FYE: 10/31/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	45.2292	0.0000	A3D Allowable Resident Care Exp		
B5 Allocation of D/C Expenses	188.8858	0.0000	B4 Allocation of D/C Expenses		
C3 Additional Services per Diem	27.8690	0.0000	C2 Additional Services per Diem		
Total Resident Care Component	261.9840	0.0000	Total Resident Care Component		

TOTALS
158,438
661,667
97,625
917,730

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012073200 - 2016/07

RI: 460.59

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Suffridge Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.062	261.984	394.046	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)	132.062	261.984	394.046	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.062	261.984	394.046	0.000	0.000	0.000
12.Plus: Property Rate Component			22.799			0.000
13.Plus: ROE/Use Rate			0.250			0.000
14.Total Current Period Base			417.094			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	139.323	276.388	415.711	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	139.323	276.388	415.711	0.000	0.000	0.000
19.Property Rate Component			22.799			0.000
20.ROE Component + ROE Interim Component			0.250			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			438.76			0.00
23.Medicaid Days		3,503			0	
24.Resident Days		3,503			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.77			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			460.59			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 - 2016/07
RI:358.35 / NM:392.53

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

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>370.27</u>	<u>358.35</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>411.12</u>	<u>392.53</u>	<u>7/1/2016</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

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 7/2016

Provider Name:	Coletta Drive Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12074200	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	3,000	1,088	4,088
2. Operating Expenses component			
A. Administration			373,266
B. Plant Operation			98,705
C. Laundry			742
D. Housekeeping			6,592
E. Operating Expense Component & Per Diem	117.2468	117.2468	479,305
3. Resident Care			
A. Dietary			47,866
B. Other			0
C. Nursing			31,844
D. Resident Care & Per Diem	19.4985	19.4985	79,710
4. Prop Exp & Per Diem	21.9680	21.9680	89,805
5. ROE/Use Per Diem	0.4670	0.4670	1,909

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,250.00	1,088.00	3,338.00
3. Staffing Percent	0.67	0.33	1.00
4. Allocation of Direct Care	291,203.12	140,812.88	432,016.00
5. Direct Care Expense Per Diem	97.0677	129.4236	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,000	1,088	4,088
2. Additional Services	192,181	69,682	261,863
3. Additional Services Exp & Per Diem	64.0603	64.0460	

D. Medicaid Per Diem Cost

1. Operating Component	117.2468	117.2468	479,305
2. Resident Care Component	180.6265	212.9681	773,589
3. Property Cost Component	21.9680	21.9680	89,805
4. ROE/Use Allow Component	0.4670	0.4670	1,909
5. Total Cost Per Diem	320.3083	352.6499	1,344,608

Resident Care Component Per-Diem Calculation

Facility Name: Coletta Drive Group Home (Res-Care)

Provider Number: 12074200
FYE: 10/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		19.4985	19.4985	A3D Allowable Resident Care Exp	79,710
B5 Allocation of D/C Expenses		97.0677	129.4236	B4 Allocation of D/C Expenses	432,016
C3 Additional Services per Diem		64.0603	64.0460	C2 Additional Services per Diem	261,863
Total Resident Care Component		180.6265	212.9681	Total Resident Care Component	773,589

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2016/07

RI: 358.35

NM: 392.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Coletta Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	117.247	180.627	297.873	117.247	212.968	330.215
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)	117.247	180.627	297.873	117.247	212.968	330.215
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	117.247	180.627	297.873	117.247	212.968	330.215
12.Plus: Property Rate Component			21.968			21.968
13.Plus: ROE/Use Rate			0.467			0.467
14.Total Current Period Base			320.308			352.650
15.Prospective Rate: Line 11 x Inflation 1.05498204	123.693	190.558	314.251	123.693	224.678	348.371
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.693	190.558	314.251	123.693	224.678	348.371
19.Property Rate Component			21.968			21.968
20.ROE Component + ROE Interim Component			0.467			0.467
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			336.69			370.81
23.Medicaid Days		3,000			1,088	
24.Resident Days		3,000			1,088	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.66
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			358.35			392.53



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 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

012074800 - 2016/07
RI:327.81 / NM:361.70

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

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	320.63	327.81	7/1/2016
#8 Non-Ambulatory & #9 Medical	356.71	361.70	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

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 7/2016

Provider Name: Spring Street Group Home (Res-Care)
Provider Number: 12074800
Audit Status: Unaudited
Date: 6/23/2016
Cost Report Entered By: Pridgeon, Chantelle
Rate Semester: July, 2016
Cost Report: 12/1/2013 - 10/31/2015
Days In Reporting Period: 700
Number of Beds: 6

Table with 3 columns: Column A Residential Institutional, Column B Non-Ambulatory Medical, Column C Total

A. Allocation of Expenses (excluding B & C)

Table with 4 columns: Expense Category, Column A, Column B, Column C Total. Rows include Resident Days, Operating Expenses component (Administration, Plant Operation, Laundry, Housekeeping, Operating Expense Component & Per Diem), Resident Care (Dietary, Other, Nursing, Resident Care & Per Diem), Prop Exp & Per Diem, and ROE/Use Per Diem.

B. Direct Care Expense

Table with 4 columns: Expense Category, Column A, Column B, Column C Total. Rows include Staffing, Total Staffing Required, Staffing Percent, Allocation of Direct Care, and Direct Care Expense Per Diem.

C. Additional Services Expense

Table with 4 columns: Expense Category, Column A, Column B, Column C Total. Rows include Medicaid Inpatient Days, Additional Services, and Additional Services Exp & Per Diem.

D. Medicaid Per Diem Cost

Table with 4 columns: Expense Category, Column A, Column B, Column C Total. Rows include Operating Component, Resident Care Component, Property Cost Component, ROE/Use Allow Component, and 5. Total Cost Per Diem.

Resident Care Component Per-Diem Calculation

Facility Name: Spring Street Group Home (Res-Care)

Provider Number: 12074800

FYE: 10/31/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		18.8644	18.8644	A3D Allowable Resident Care Exp		77,080
B5 Allocation of D/C Expenses		96.1845	128.2460	B4 Allocation of D/C Expenses		460,339
C3 Additional Services per Diem		44.4396	44.4481	C2 Additional Services per Diem		181,598
Total Resident Care Component		159.4885	191.5585	Total Resident Care Component		719,017

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2016/07

RI: 327.81

NM: 361.70

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Spring Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.313	159.489	272.801	113.313	191.559	304.871
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)	113.313	159.489	272.801	113.313	191.559	304.871
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	113.313	159.489	272.801	113.313	191.559	304.871
12.Plus: Property Rate Component			18.089			18.089
13.Plus: ROE/Use Rate			0.305			0.305
14.Total Current Period Base			291.195			323.265
15.Prospective Rate: Line 11 x Inflation 1.05498204	119.543	168.258	287.800	119.543	202.091	321.633
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	119.543	168.258	287.800	119.543	202.091	321.633
19.Property Rate Component			18.089			18.089
20.ROE Component + ROE Interim Component			0.305			0.305
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			306.19			340.03
23.Medicaid Days			1,986			2,100
24.Resident Days			1,986			2,100
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.55			0.61
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			327.81			361.70



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

012075300 - 2016/07
RI:382.05 / NM:420.18

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

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	363.85	382.05	7/1/2016
#8 Non-Ambulatory & #9 Medical	400.49	420.18	7/1/2016

Rate Type:

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

Basis

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

Comments:

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

012075300

Rate Period(s) 10/2013 to 7/2016

Provider Name:	Walnut Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12075300	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	2,800	1,400	4,200
2. Operating Expenses component			
A. Administration			386,773
B. Plant Operation			147,186
C. Laundry			4,853
D. Housekeeping			6,196
E. Operating Expense Component & Per Diem	129.7638	129.7638	545,008
3. Resident Care			
A. Dietary			49,297
B. Other			0
C. Nursing			43,542
D. Resident Care & Per Diem	22.1045	22.1045	92,839
4. Prop Exp & Per Diem	21.0536	21.0536	88,425
5. ROE/Use Per Diem	0.4424	0.4424	1,858

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,100.00	1,400.00	3,500.00
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	303,207.60	202,138.40	505,346.00
5. Direct Care Expense Per Diem	108.2884	144.3846	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,800	1,400	4,200
2. Additional Services	170,899	85,435	256,334
3. Additional Services Exp & Per Diem	61.0354	61.0250	

D. Medicaid Per Diem Cost

1. Operating Component	129.7638	129.7638	545,008
2. Resident Care Component	191.4283	227.5141	854,519
3. Property Cost Component	21.0536	21.0536	88,425
4. ROE/Use Allow Component	0.4424	0.4424	1,858
5. Total Cost Per Diem	342.6881	378.7739	1,489,810

Resident Care Component Per-Diem Calculation

Facility Name: Walnut Street Group Home (Res-Care)

Provider Number: 12075300
FYE: 10/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		22.1045	22.1045	A3D Allowable Resident Care Exp	92,839
B5 Allocation of D/C Expenses		108.2884	144.3846	B4 Allocation of D/C Expenses	505,346
C3 Additional Services per Diem		61.0354	61.0250	C2 Additional Services per Diem	256,334
Total Resident Care Component		191.4283	227.5141	Total Resident Care Component	854,519

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012075300 - 2016/07

RI: 382.05

NM: 420.18

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Walnut Street Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	129.764	191.428	321.192	129.764	227.514	357.278
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.764	191.428	321.192	129.764	227.514	357.278
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.764	191.428	321.192	129.764	227.514	357.278
12.Plus: Property Rate Component			21.054			21.054
13.Plus: ROE/Use Rate			0.442			0.442
14.Total Current Period Base			342.688			378.774
15.Prospective Rate: Line 11 x Inflation 1.05498204	136.898	201.953	338.852	136.898	240.023	376.922
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	136.898	201.953	338.852	136.898	240.023	376.922
19.Property Rate Component			21.054			21.054
20.ROE Component + ROE Interim Component			0.442			0.442
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			360.35			398.42
23.Medicaid Days		2,800			1,400	
24.Resident Days		2,800			1,400	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.64			0.71
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			382.05			420.18



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

012075700 - 2016/07
RI:387.60 / NM:428.78

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

1329 Bessent Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075700

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>354.09</u>	<u>387.60</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>386.54</u>	<u>428.78</u>	<u>7/1/2016</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2016

Provider Name:	Bessent Road Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12075700	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	2,926	700	3,626
2. Operating Expenses component			
A. Administration			349,958
B. Plant Operation			120,284
C. Laundry			1,571
D. Housekeeping			6,512
E. Operating Expense Component & Per Diem	131.9153	131.9153	478,325
3. Resident Care			
A. Dietary			42,308
B. Other			0
C. Nursing			40,187
D. Resident Care & Per Diem	22.7510	22.7510	82,495
4. Prop Exp & Per Diem	19.4528	19.4528	70,536
5. ROE/Use Per Diem	0.1856	0.1856	673

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,194.50	700.00	2,894.50
3. Staffing Percent	0.76	0.24	1.00
4. Allocation of Direct Care	341,915.15	109,063.85	450,979.00
5. Direct Care Expense Per Diem	116.8541	155.8055	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,926	700	3,626
2. Additional Services	165,848	39,690	205,538
3. Additional Services Exp & Per Diem	56.6808	56.7000	

D. Medicaid Per Diem Cost

1. Operating Component	131.9153	131.9153	478,325
2. Resident Care Component	196.2859	235.2565	739,012
3. Property Cost Component	19.4528	19.4528	70,536
4. ROE/Use Allow Component	0.1856	0.1856	673
5. Total Cost Per Diem	347.8396	386.8102	1,288,546

Resident Care Component Per-Diem Calculation

Facility Name: Bessent Road Group Home (Res-Care)

Provider Number: 12075700
FYE: 10/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		22.7510	22.7510	A3D Allowable Resident Care Exp	82,495
B5 Allocation of D/C Expenses		116.8541	155.8055	B4 Allocation of D/C Expenses	450,979
C3 Additional Services per Diem		56.6808	56.7000	C2 Additional Services per Diem	205,538
Total Resident Care Component		196.2859	235.2565	Total Resident Care Component	739,012

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012075700 - 2016/07

RI: 387.60

NM: 428.78

Bessent Road Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	131.915	196.286	328.201	131.915	235.257	367.172
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)	131.915	196.286	328.201	131.915	235.257	367.172
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	131.915	196.286	328.201	131.915	235.257	367.172
12.Plus: Property Rate Component			19.453			19.453
13.Plus: ROE/Use Rate			0.186			0.186
14.Total Current Period Base			347.840			386.810
15.Prospective Rate: Line 11 x Inflation 1.05498204	139.168	207.078	346.246	139.168	248.191	387.360
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	139.168	207.078	346.246	139.168	248.191	387.360
19.Property Rate Component			19.453			19.453
20.ROE Component + ROE Interim Component			0.186			0.186
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			365.88			407.00
23.Medicaid Days			2,926			700
24.Resident Days			2,926			700
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.72
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			387.60			428.78



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

012075900 - 2016/07
RI:361.11 / NM:397.79

**Frederick Avenue Group
 Home (Res-Care)**
 325 N Frederick Avenue
 Daytona Beach, FL 32114
 Provider Type: ICF/IID

Provider Number: 012075900
 Date: 6/23/2016
 FYE: 10/31/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.05</u>	<u>361.11</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>379.33</u>	<u>397.79</u>	<u>7/1/2016</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

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 7/2016

Provider Name: **Frederick Avenue Group Home (Res-Care)**
 Provider Number: 12075900
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 12/1/2013 - 10/31/2015
 Days In Reporting Period: 700
 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	3,500	700	4,200
2. Operating Expenses component			
A. Administration			369,587
B. Plant Operation			116,406
C. Laundry			1,283
D. Housekeeping			5,783
E. Operating Expense Component & Per Diem	117.3950	117.3950	493,059
3. Resident Care			
A. Dietary			50,255
B. Other			0
C. Nursing			75,527
D. Resident Care & Per Diem	29.9481	29.9481	125,782
4. Prop Exp & Per Diem	18.2988	18.2988	76,855
5. ROE/Use Per Diem	0.2129	0.2129	894

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,625.00	700.00	3,325.00
3. Staffing Percent	0.79	0.21	1.00
4. Allocation of Direct Care	364,335.00	97,156.00	461,491.00
5. Direct Care Expense Per Diem	104.0957	138.7943	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,500	700	4,200
2. Additional Services	184,679	36,944	221,623
3. Additional Services Exp & Per Diem	52.7654	52.7771	

D. Medicaid Per Diem Cost

1. Operating Component	117.3950	117.3950	493,059
2. Resident Care Component	186.8092	221.5195	808,896
3. Property Cost Component	18.2988	18.2988	76,855
4. ROE/Use Allow Component	0.2129	0.2129	894
5. Total Cost Per Diem	322.7159	357.4262	1,379,704

Resident Care Component Per-Diem Calculation

Facility Name: Frederick Avenue Group Home (Res-Care)

Provider Number: 12075900
FYE: 10/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		29.9481	29.9481	A3D Allowable Resident Care Exp	125,782
B5 Allocation of D/C Expenses		104.0957	138.7943	B4 Allocation of D/C Expenses	461,491
C3 Additional Services per Diem		52.7654	52.7771	C2 Additional Services per Diem	221,623
Total Resident Care Component		186.8092	221.5195	Total Resident Care Component	808,896

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012075900 - 2016/07

RI: 361.11

NM: 397.79

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Frederick Avenue Group Home (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 05/01/2015 - 06/17/2015 Days Eligible: 318 of 366

Eligibility Factor : 86.89%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	117.395	186.809	304.204	117.395	221.520	338.915
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)	117.395	186.809	304.204	117.395	221.520	338.915
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 86.89%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	117.395	186.809	304.204	117.395	221.520	338.915
12.Plus: Property Rate Component			18.299			18.299
13.Plus: ROE/Use Rate			0.213			0.213
14.Total Current Period Base			322.716			357.426
15.Prospective Rate: Line 11 x Inflation 1.05498204	123.850	197.080	320.930	123.850	233.699	357.549
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.850	197.080	320.930	123.850	233.699	357.549
19.Property Rate Component			18.299			18.299
20.ROE Component + ROE Interim Component			0.213			0.213
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			339.44			376.06
23.Medicaid Days			3,500			700
24.Resident Days			3,500			700
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.61			0.67
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.11			397.79



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

012373500 - 2016/07
RI:336.07 / NM:368.69

**107th Place Group Home
 (Res-Care)**

2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Type: ICF/IID

Provider Number: 012373500

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	316.22	336.07	7/1/2016
#8 Non-Ambulatory & #9 Medical	344.05	368.69	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville, KY 40223

Comments:

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 7/2016

012373500

Provider Name:	107th Place Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12373500	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	2,533	1,400	3,933
2. Operating Expenses component			
A. Administration			340,580
B. Plant Operation			94,707
C. Laundry			1,879
D. Housekeeping			5,141
E. Operating Expense Component & Per Diem	112.4605	112.4605	442,307
3. Resident Care			
A. Dietary			45,746
B. Other			0
C. Nursing			35,722
D. Resident Care & Per Diem	20.7140	20.7140	81,468
4. Prop Exp & Per Diem	19.2024	19.2024	75,523
5. ROE/Use Per Diem	0.2998	0.2998	1,179

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,899.75	1,400.00	3,299.75
3. Staffing Percent	0.58	0.42	1.00
4. Allocation of Direct Care	234,503.91	172,815.09	407,319.00
5. Direct Care Expense Per Diem	92.5795	123.4394	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,533	1,400	3,933
2. Additional Services	136,314	75,353	211,667
3. Additional Services Exp & Per Diem	53.8152	53.8236	

D. Medicaid Per Diem Cost

1. Operating Component	112.4605	112.4605	442,307
2. Resident Care Component	167.1087	197.9770	700,454
3. Property Cost Component	19.2024	19.2024	75,523
4. ROE/Use Allow Component	0.2998	0.2998	1,179
5. Total Cost Per Diem	299.0714	329.9397	1,219,463

Resident Care Component Per-Diem Calculation

Facility Name: 107th Place Group Home (Res-Care)

Provider Number: 12373500
FYE: 10/31/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		20.7140	20.7140	A3D Allowable Resident Care Exp		81,468
B5 Allocation of D/C Expenses		92.5795	123.4394	B4 Allocation of D/C Expenses		407,319
C3 Additional Services per Diem		53.8152	53.8236	C2 Additional Services per Diem		211,667
Total Resident Care Component		167.1087	197.9770	Total Resident Care Component		700,454

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012373500 - 2016/07

RI: 336.07

NM: 368.69

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

107th Place Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	112.461	167.109	279.569	112.461	197.977	310.438
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)	112.461	167.109	279.569	112.461	197.977	310.438
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	112.461	167.109	279.569	112.461	197.977	310.438
12.Plus: Property Rate Component			19.202			19.202
13.Plus: ROE/Use Rate			0.300			0.300
14.Total Current Period Base			299.071			329.940
15.Prospective Rate: Line 11 x Inflation 1.05498204	118.644	176.297	294.940	118.644	208.862	327.506
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.644	176.297	294.940	118.644	208.862	327.506
19.Property Rate Component			19.202			19.202
20.ROE Component + ROE Interim Component			0.300			0.300
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			314.44			347.01
23.Medicaid Days		2,533			1,400	
24.Resident Days		2,533			1,400	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.57			0.62
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			336.07			368.69



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

012374200 - 2016/07
RI:376.24 / NM:0.00

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

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	347.92	376.24	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

012374200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 10/2013 to 7/2016

Provider Name: **Second Street Group Home (Res-Care)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 12374200 Rate Semester : July, 2016
 Audit Status: Unaudited Cost Report : 12/1/2013 - 10/31/2015
 Date: 6/23/2016 Days In Reporting Period: 700
 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	3,762	0	3,762
2. Operating Expenses component			
A. Administration			350,990
B. Plant Operation			114,961
C. Laundry			1,817
D. Housekeeping			5,213
E. Operating Expense Component & Per Diem	125.7259		472,981
3. Resident Care			
A. Dietary			43,230
B. Other			0
C. Nursing			38,989
D. Resident Care & Per Diem	21.8551		82,219
4. Prop Exp & Per Diem	21.0880		79,333
5. ROE/Use Per Diem	0.2759		1,038

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,821.50	0.00	2,821.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	419,551.00	0.00	419,551.00
5. Direct Care Expense Per Diem	111.5234	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,762	0	3,762
2. Additional Services	213,355	0	213,355
3. Additional Services Exp & Per Diem	56.7132	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	125.7259	0.0000	472,981
2. Resident Care Component	190.0917	0.0000	715,125
3. Property Cost Component	21.0880	0.0000	79,333
4. ROE/Use Allow Component	0.2759	0.0000	1,038
5. Total Cost Per Diem	337.1815	0.0000	1,268,477

Resident Care Component Per-Diem Calculation

Facility Name: Second Street Group Home (Res-Care)

Provider Number: 12374200
FYE: 10/31/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	21.8551	0.0000		A3D Allowable Resident Care Exp	82,219
B5 Allocation of D/C Expenses	111.5234	0.0000		B4 Allocation of D/C Expenses	419,551
C3 Additional Services per Diem	56.7132	0.0000		C2 Additional Services per Diem	213,355
Total Resident Care Component	190.0917	0.0000		Total Resident Care Component	715,125

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012374200 - 2016/07

RI: 376.24

NM: 0.00

Second Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	125.726	190.092	315.818	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)	125.726	190.092	315.818	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	125.726	190.092	315.818	0.000	0.000	0.000
12.Plus: Property Rate Component			21.088			0.000
13.Plus: ROE/Use Rate			0.276			0.000
14.Total Current Period Base			337.182			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	132.639	200.543	333.182	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	132.639	200.543	333.182	0.000	0.000	0.000
19.Property Rate Component			21.088			0.000
20.ROE Component + ROE Interim Component			0.276			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			354.55			0.00
23.Medicaid Days			3,762			0
24.Resident Days			3,762			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.63			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			376.24			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 - 2016/07
RI:370.76 / NM:0.00

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

71 Rosewood Avenue
 Ormond Beach, FL 32174

Provider Type: ICF/IID

Provider Number: 012374400

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	335.90	370.76	7/1/2016
#8 Non-Ambulatory & #9 Medical	372.80	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville, KY 40223

Comments:

_____ 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 7/2016

012374400

Provider Name: **Rosewood Avenue Group Home (Res-Care)**
 Provider Number: 12374400
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 12/1/2013 - 10/31/2015
 Days In Reporting Period: 700
 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	4,000	0	4,000
2. Operating Expenses component			
A. Administration			360,458
B. Plant Operation			106,944
C. Laundry			1,366
D. Housekeeping			5,632
E. Operating Expense Component & Per Diem	118.6000		474,400
3. Resident Care			
A. Dietary			45,812
B. Other			0
C. Nursing			71,581
D. Resident Care & Per Diem	29.3483		117,393
4. Prop Exp & Per Diem	20.1008		80,403
5. ROE/Use Per Diem	0.4095		1,638

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	3,000.00	0.00	3,000.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	458,721.00	0.00	458,721.00
5. Direct Care Expense Per Diem	114.6803	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,000	0	4,000
2. Additional Services	195,249	0	195,249
3. Additional Services Exp & Per Diem	48.8123	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	118.6000	0.0000	474,400
2. Resident Care Component	192.8409	0.0000	771,363
3. Property Cost Component	20.1008	0.0000	80,403
4. ROE/Use Allow Component	0.4095	0.0000	1,638
5. Total Cost Per Diem	331.9512	0.0000	1,327,804

Resident Care Component Per-Diem Calculation

Facility Name: Rosewood Avenue Group Home (Res-Care)

Provider Number: 12374400
FYE: 10/31/2015

		No N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		29.3483	0.0000	A3D Allowable Resident Care Exp		117,393	
B5 Allocation of D/C Expenses		114.6803	0.0000	B4 Allocation of D/C Expenses		458,721	
C3 Additional Services per Diem		48.8123	0.0000	C2 Additional Services per Diem		195,249	
Total Resident Care Component		192.8409	0.0000	Total Resident Care Component		771,363	

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012374400 - 2016/07

RI: 370.76

NM: 0.00

Rosewood Avenue Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	118.600	192.841	311.441	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)	118.600	192.841	311.441	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	118.600	192.841	311.441	0.000	0.000	0.000
12.Plus: Property Rate Component			20.101			0.000
13.Plus: ROE/Use Rate			0.410			0.000
14.Total Current Period Base			331.951			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	125.121	203.444	328.565	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	125.121	203.444	328.565	0.000	0.000	0.000
19.Property Rate Component			20.101			0.000
20.ROE Component + ROE Interim Component			0.410			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			349.07			0.00
23.Medicaid Days		4,000			0	
24.Resident Days		4,000			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.62			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			370.76			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

012375400 - 2016/07
RI:374.06 / NM:409.03

**19th Street Group Home
 (Res-Care)**

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	315.77	374.06	7/1/2016
#8 Non-Ambulatory & #9 Medical	344.10	409.03	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville, KY 40223

Comments:

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

012375400

Rate Period(s) 10/2013 to 7/2016

Provider Name:	19th Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12375400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	2,602	1,066	3,668
2. Operating Expenses component			
A. Administration			342,253
B. Plant Operation			127,532
C. Laundry			5,624
D. Housekeeping			8,378
E. Operating Expense Component & Per Diem	131.8939	131.8939	483,787
3. Resident Care			
A. Dietary			45,973
B. Other			0
C. Nursing			38,868
D. Resident Care & Per Diem	23.1300	23.1300	84,841
4. Prop Exp & Per Diem	24.7759	24.7759	90,878
5. ROE/Use Per Diem	0.4618	0.4618	1,694

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,951.50	1,066.00	3,017.50
3. Staffing Percent	0.65	0.35	1.00
4. Allocation of Direct Care	258,383.13	141,140.87	399,524.00
5. Direct Care Expense Per Diem	99.3017	132.4023	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,602	1,066	3,668
2. Additional Services	145,085	59,433	204,518
3. Additional Services Exp & Per Diem	55.7590	55.7533	

D. Medicaid Per Diem Cost

1. Operating Component	131.8939	131.8939	483,787
2. Resident Care Component	178.1907	211.2856	688,883
3. Property Cost Component	24.7759	24.7759	90,878
4. ROE/Use Allow Component	0.4618	0.4618	1,694
5. Total Cost Per Diem	335.3223	368.4172	1,265,242

Resident Care Component Per-Diem Calculation

Facility Name: 19th Street Group Home (Res-Care)

Provider Number: 12375400
FYE: 10/31/2015

		R/I & N/M Days				TOTALS
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		23.1300	23.1300	A3D Allowable Resident Care Exp		84,841
B5 Allocation of D/C Expenses		99.3017	132.4023	B4 Allocation of D/C Expenses		399,524
C3 Additional Services per Diem		55.7590	55.7533	C2 Additional Services per Diem		204,518
Total Resident Care Component		178.1907	211.2856	Total Resident Care Component		688,883

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012375400 - 2016/07	
RI:	374.06
NM:	409.03

19th Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	131.894	178.191	310.085	131.894	211.286	343.180
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)	131.894	178.191	310.085	131.894	211.286	343.180
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	131.894	178.191	310.085	131.894	211.286	343.180
12.Plus: Property Rate Component			24.776			24.776
13.Plus: ROE/Use Rate			0.462			0.462
14.Total Current Period Base			335.322			368.417
15.Prospective Rate: Line 11 x Inflation 1.05498204	139.146	187.988	327.134	139.146	222.903	362.048
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	139.146	187.988	327.134	139.146	222.903	362.048
19.Property Rate Component			24.776			24.776
20.ROE Component + ROE Interim Component			0.462			0.462
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			352.37			387.29
23.Medicaid Days		2,602			1,066	
24.Resident Days		2,602			1,066	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.63			0.69
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			374.06			409.03



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

012386400 - 2016/07
RI:373.54 / NM:0.00

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

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	341.12	373.54	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

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

012386400

Rate Period(s) 10/2013 to 7/2016

Provider Name:	Tunis Street Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12386400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	4,050	0	4,050
2. Operating Expenses component			
A. Administration			354,883
B. Plant Operation			109,485
C. Laundry			1,689
D. Housekeeping			4,486
E. Operating Expense Component & Per Diem	116.1835		470,543
3. Resident Care			
A. Dietary			38,075
B. Other			0
C. Nursing			76,782
D. Resident Care & Per Diem	28.3598		114,857
4. Prop Exp & Per Diem	18.6420		75,500
5. ROE/Use Per Diem	0.3309		1,340

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	3,037.50	0.00	3,037.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	440,700.00	0.00	440,700.00
5. Direct Care Expense Per Diem	108.8148	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,050	0	4,050
2. Additional Services	251,809	0	251,809
3. Additional Services Exp & Per Diem	62.1751	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	116.1835	0.0000	470,543
2. Resident Care Component	199.3497	0.0000	807,366
3. Property Cost Component	18.6420	0.0000	75,500
4. ROE/Use Allow Component	0.3309	0.0000	1,340
5. Total Cost Per Diem	334.5061	0.0000	1,354,749

Resident Care Component Per-Diem Calculation

Facility Name: Tunis Street Group Home (Res-Care)

Provider Number: 12386400
FYE: 10/31/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		28.3598	0.0000	A3D Allowable Resident Care Exp	114,857
B5 Allocation of D/C Expenses		108.8148	0.0000	B4 Allocation of D/C Expenses	440,700
C3 Additional Services per Diem		62.1751	0.0000	C2 Additional Services per Diem	251,809
Total Resident Care Component		199.3497	0.0000	Total Resident Care Component	807,366

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012386400 - 2016/07

RI: 373.54

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tunis Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	116.184	199.350	315.533	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.184	199.350	315.533	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	116.184	199.350	315.533	0.000	0.000	0.000
12.Plus: Property Rate Component			18.642			0.000
13.Plus: ROE/Use Rate			0.331			0.000
14.Total Current Period Base			334.506			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	122.572	210.310	332.882	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	122.572	210.310	332.882	0.000	0.000	0.000
19.Property Rate Component			18.642			0.000
20.ROE Component + ROE Interim Component			0.331			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			351.85			0.00
23.Medicaid Days			4,050			0
24.Resident Days			4,050			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.63			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.54			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 - 2016/07
RI:376.00 / NM:0.00

**Plaza Oval Group Home
 (Res-Care)**

247 Plaza Oval
 Casselberry, FL 32707

Provider Type: ICF/IID

Provider Number: 012390800

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	370.27	376.00	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

_____ 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 7/2016

Provider Name:	Plaza Oval Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12390800	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	4,193	0	4,193
2. Operating Expenses component			
A. Administration			379,718
B. Plant Operation			125,593
C. Laundry			2,156
D. Housekeeping			5,714
E. Operating Expense Component & Per Diem	122.3899		513,181
3. Resident Care			
A. Dietary			44,972
B. Other			0
C. Nursing			37,061
D. Resident Care & Per Diem	19.5643		82,033
4. Prop Exp & Per Diem	16.2893		68,301
5. ROE/Use Per Diem	0.5194		2,178

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	3,144.75	0.00	3,144.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	478,823.00	0.00	478,823.00
5. Direct Care Expense Per Diem	114.1958	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,193	0	4,193
2. Additional Services	267,344	0	267,344
3. Additional Services Exp & Per Diem	63.7596	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	122.3899	0.0000	513,181
2. Resident Care Component	197.5197	0.0000	828,200
3. Property Cost Component	16.2893	0.0000	68,301
4. ROE/Use Allow Component	0.5194	0.0000	2,178
5. Total Cost Per Diem	336.7183	0.0000	1,411,860

Resident Care Component Per-Diem Calculation

Facility Name: Plaza Oval Group Home (Res-Care)

Provider Number: 12390800
FYE: 10/31/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	19.5643	0.0000		A3D Allowable Resident Care Exp	82,033
B5 Allocation of D/C Expenses	114.1958	0.0000		B4 Allocation of D/C Expenses	478,823
C3 Additional Services per Diem	63.7596	0.0000		C2 Additional Services per Diem	267,344
Total Resident Care Component	197.5197	0.0000		Total Resident Care Component	828,200

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012390800 - 2016/07

RI: 376.00

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Plaza Oval Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	122.390	197.520	319.910	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)	122.390	197.520	319.910	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	122.390	197.520	319.910	0.000	0.000	0.000
12.Plus: Property Rate Component			16.289			0.000
13.Plus: ROE/Use Rate			0.519			0.000
14.Total Current Period Base			336.718			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	129.119	208.380	337.499	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	129.119	208.380	337.499	0.000	0.000	0.000
19.Property Rate Component			16.289			0.000
20.ROE Component + ROE Interim Component			0.519			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			354.31			0.00
23.Medicaid Days			4,193			0
24.Resident Days			4,193			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.63			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			376.00			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 - 2016/07
RI:386.43 / NM:425.30

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

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	360.88	386.43	7/1/2016
#8 Non-Ambulatory & #9 Medical	400.71	425.30	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville, KY 40223

Comments:

_____ 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 7/2016

012392700

Provider Name:	Claudia Drive Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12392700	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	3,500	514	4,014
2. Operating Expenses component			
A. Administration			374,397
B. Plant Operation			127,791
C. Laundry			1,780
D. Housekeeping			5,567
E. Operating Expense Component & Per Diem	126.9395	126.9395	509,535
3. Resident Care			
A. Dietary			40,999
B. Other			0
C. Nursing			91,446
D. Resident Care & Per Diem	32.9958	32.9958	132,445
4. Prop Exp & Per Diem	19.0177	19.0177	76,337
5. ROE/Use Per Diem	0.3737	0.3737	1,500

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,625.00	514.00	3,139.00
3. Staffing Percent	0.84	0.16	1.00
4. Allocation of Direct Care	385,928.52	75,568.48	461,497.00
5. Direct Care Expense Per Diem	110.2653	147.0204	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,500	514	4,014
2. Additional Services	199,967	29,379	229,346
3. Additional Services Exp & Per Diem	57.1334	57.1576	

D. Medicaid Per Diem Cost

1. Operating Component	126.9395	126.9395	509,535
2. Resident Care Component	200.3945	237.1738	823,288
3. Property Cost Component	19.0177	19.0177	76,337
4. ROE/Use Allow Component	0.3737	0.3737	1,500
5. Total Cost Per Diem	346.7254	383.5047	1,410,660

Resident Care Component Per-Diem Calculation

Facility Name: Claudia Drive Group Home (Res-Care)

Provider Number: 12392700
FYE: 10/31/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		32.9958	32.9958	A3D Allowable Resident Care Exp	132,445
B5 Allocation of D/C Expenses		110.2653	147.0204	B4 Allocation of D/C Expenses	461,497
C3 Additional Services per Diem		57.1334	57.1576	C2 Additional Services per Diem	229,346
Total Resident Care Component		200.3945	237.1738	Total Resident Care Component	823,288

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2016/07

RI: 386.43

NM: 425.30

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Claudia Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	126.940	200.395	327.334	126.940	237.174	364.113
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.940	200.395	327.334	126.940	237.174	364.113
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.940	200.395	327.334	126.940	237.174	364.113
12.Plus: Property Rate Component			19.018			19.018
13.Plus: ROE/Use Rate			0.374			0.374
14.Total Current Period Base			346.725			383.505
15.Prospective Rate: Line 11 x Inflation 1.05498204	133.919	211.413	345.331	133.919	250.214	384.133
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	133.919	211.413	345.331	133.919	250.214	384.133
19.Property Rate Component			19.018			19.018
20.ROE Component + ROE Interim Component			0.374			0.374
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			364.72			403.52
23.Medicaid Days		3,500			514	
24.Resident Days		3,500			514	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.72
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			386.43			425.30



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

012410100 - 2016/07
RI:424.98 / NM:0.00

High Dessert Court Group Home (Res-Care)

11818 High Dessert Court
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012410100

Date: 6/23/2016

FYE: 10/31/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	370.27	424.98	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

Rate Type:

<input checked="" type="checkbox"/> Interim	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" 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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

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 7/2016

012410100

Provider Name:	High Dessert Court Group Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	12410100	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 10/31/2015
Date:	6/23/2016	Days In Reporting Period:	700
		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	3,486	0	3,486
2. Operating Expenses component			
A. Administration			352,162
B. Plant Operation			120,511
C. Laundry			1,749
D. Housekeeping			3,777
E. Operating Expense Component & Per Diem	137.1770		478,199
3. Resident Care			
A. Dietary			37,202
B. Other			0
C. Nursing			82,234
D. Resident Care & Per Diem	34.2616		119,436
4. Prop Exp & Per Diem	20.6701		72,056
5. ROE/Use Per Diem	0.3956		1,379

B. Direct Care Expense

1. Staffing	0.75	1.00	
2.Total Staffing Required	2,614.50	0.00	2,614.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	432,228.00	0.00	432,228.00
5. Direct Care Expense Per Diem	123.9897	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,486	0	3,486
2. Additional Services	232,861	0	232,861
3. Additional Services Exp & Per Diem	66.7989	0.0000	

D. Medicaid Per Diem Cost

1.Operating Component	137.1770	0.0000	478,199
2. Resident Care Component	225.0502	0.0000	784,525
3. Property Cost Component	20.6701	0.0000	72,056
4. ROE/Use Allow Component	0.3956	0.0000	1,379
5. Total Cost Per Diem	383.2929	0.0000	1,336,159

Resident Care Component Per-Diem Calculation

Facility Name: High Dessert Court Group Home (Res-Care)

Provider Number: 12410100
FYE: 10/31/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	34.2616	0.0000		A3D Allowable Resident Care Exp	119,436
B5 Allocation of D/C Expenses	123.9897	0.0000		B4 Allocation of D/C Expenses	432,228
C3 Additional Services per Diem	66.7989	0.0000		C2 Additional Services per Diem	232,861
Total Resident Care Component	225.0502	0.0000		Total Resident Care Component	784,525

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

012410100 - 2016/07

RI: 424.98

NM: 0.00

High Dessert Court Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	10/31/2015	Unaudited	201304
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	137.177	225.050	362.227	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)	137.177	225.050	362.227	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	137.177	225.050	362.227	0.000	0.000	0.000
12.Plus: Property Rate Component			20.670			0.000
13.Plus: ROE/Use Rate			0.396			0.000
14.Total Current Period Base			383.293			0.000
15.Prospective Rate: Line 11 x Inflation 1.05498204	144.719	237.424	382.143	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	144.719	237.424	382.143	0.000	0.000	0.000
19.Property Rate Component			20.670			0.000
20.ROE Component + ROE Interim Component			0.396			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			403.21			0.00
23.Medicaid Days			3,486			0
24.Resident Days			3,486			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.71			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			424.98			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 - 2016/07
RI:293.88 / NM:0.00

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 6/23/2016

FYE: 12/31/2014

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	283.88	293.88	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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:

Comments:

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) 07/2016 to 7/2016

Provider Name: **Sandy Park Development Center**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28000300

Rate Semester : July, 2016

Audit Status: Unaudited

Cost Report : 1/1/2014 - 12/31/2014

Date: 6/23/2016

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	23,235	0	23,235
2. Operating Expenses component			
A. Administration			826,373
B. Plant Operation			364,189
C. Laundry			39,993
D. Housekeeping			163,424
E. Operating Expense Component & Per Diem	59.9948		1,393,979
3. Resident Care			
A. Dietary			457,467
B. Other			0
C. Nursing			154,437
D. Resident Care & Per Diem	26.3354		611,904
4. Prop Exp & Per Diem	10.6047		246,400
5. ROE/Use Per Diem	0.0184		427

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	11,617.50	0.00	11,617.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	3,247,847.00	0.00	3,247,847.00
5. Direct Care Expense Per Diem	139.7825	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	23,235	0	23,235
2. Additional Services	330,089	0	330,089
3. Additional Services Exp & Per Diem	14.2065	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	59.9948	0.0000	1,393,979
2. Resident Care Component	180.3244	0.0000	4,189,840
3. Property Cost Component	10.6047	0.0000	246,400
4. ROE/Use Allow Component	0.0184	0.0000	427
5. Total Cost Per Diem	250.9423	0.0000	5,830,646

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300

FYE: 12/31/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		26.3354	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		139.7825	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		14.2065	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		180.3244	0.0000	Total Resident Care Component	
				TOTALS	
				611,904	
				3,247,847	
				330,089	
				4,189,840	

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2016/07

RI: 293.88

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sandy Park Development Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2014	12/31/2014	Unaudited	201507
Prior Cost Report	1/1/2013	12/31/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.078	183.125	244.203	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02030026	62.317	186.843	249.160	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02842036	62.813	188.330	251.143	0.000	0.000	0.000
4.Current Period Cost	59.995	180.324	240.319	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.819	8.005		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.995	180.324	240.319	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.409	4.003	5.412	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.999	5.410	11.409	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.409	4.003	5.412	0.000	0.000	0.000
10.Final Incentive	1.409	4.003	5.412	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	61.404	184.327	245.731	0.000	0.000	0.000
12.Plus: Property Rate Component			10.605			0.000
13.Plus: ROE/Use Rate			0.018			0.000
14.Total Current Period Base			256.354			0.000
15.Prospective Rate: Line 11 x Inflation 1.06501013	65.396	196.310	261.706	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	65.396	196.310	261.706	0.000	0.000	0.000
19.Property Rate Component			10.605			0.000
20.ROE Component + ROE Interim Component			0.018			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			272.33			0.00
23.Medicaid Days		23,235			0	
24.Resident Days		23,235			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.49			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			293.88			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 - 2016/07
RI:357.57 / NM:463.40

St. Petersburg Cluster
(Sunrise)
 1101 102nd Avenue North
 St. Petersburg, FL 33716
 Provider Type: ICF/IID

Provider Number: 028018601
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	339.49	357.57	7/1/2016
#8 Non-Ambulatory & #9 Medical	437.53	463.40	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

Provider Name:	St. Petersburg Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28018601	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	1,310	7,076	8,386
2. Operating Expenses component			
A. Administration			460,584
B. Plant Operation			205,931
C. Laundry			7,984
D. Housekeeping			72,796
E. Operating Expense Component & Per Diem	89.1122	89.1122	747,295
3. Resident Care			
A. Dietary			167,683
B. Other			70,890
C. Nursing			584,880
D. Resident Care & Per Diem	98.1938	98.1938	823,453
4. Prop Exp & Per Diem	14.9688	14.9688	125,528
5. ROE/Use Per Diem	2.0055	2.0055	16,818

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	655.00	7,076.00	7,731.00
3. Staffing Percent	0.08	0.92	1.00
4. Allocation of Direct Care	132,996.26	1,436,765.74	1,569,762.00
5. Direct Care Expense Per Diem	101.5239	203.0477	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,310	7,076	8,386
2. Additional Services	16,223	87,629	103,852
3. Additional Services Exp & Per Diem	12.3840	12.3840	

D. Medicaid Per Diem Cost

1. Operating Component	89.1122	89.1122	747,295
2. Resident Care Component	212.1017	313.6255	2,497,067
3. Property Cost Component	14.9688	14.9688	125,528
4. ROE/Use Allow Component	2.0055	2.0055	16,818
5. Total Cost Per Diem	318.1882	419.7120	3,386,708

Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601
FYE: 06/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	98.1938	98.1938		A3D Allowable Resident Care Exp	823,453
B5 Allocation of D/C Expenses	101.5239	203.0477		B4 Allocation of D/C Expenses	1,569,762
C3 Additional Services per Diem	12.3840	12.3840		C2 Additional Services per Diem	103,852
Total Resident Care Component	212.1017	313.6255		Total Resident Care Component	2,497,067

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028018601 - 2016/07

RI: 357.57

NM: 463.40

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

St. Petersburg Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 06/08/2015 - 07/23/2015 Days Eligible: 320 of 366

Eligibility Factor : 87.43%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	85.481	211.335	296.817	85.481	307.191	392.672
2.Inflate Line 1 by Inflation Factor 1.02404884	87.537	216.418	303.955	87.537	314.578	402.115
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	88.359	218.451	306.810	88.359	317.533	405.893
4.Current Period Cost	89.112	212.102	301.214	89.112	313.626	402.738
5.Incentive Basis (line 3 - line 4)	0.000	6.349		0.000	3.908	
6.Allowed Current Period Costs (Min of line 3 or 4)	88.359	212.102	300.461	88.359	313.626	401.985
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.174	3.174	0.000	1.954	1.954
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.363	6.363	0.000	9.409	9.409
9.Incentive - Min of Line 7,8 x Eligibility factor 87.43%	0.000	2.775	2.775	0.000	1.708	1.708
10.Final Incentive	0.000	2.775	2.775	0.000	1.708	1.708
11.Current Period Base: (line 6 + line 10)	88.359	214.877	303.236	88.359	315.334	403.693
12.Plus: Property Rate Component			14.969			14.969
13.Plus: ROE/Use Rate			2.006			2.006
14.Total Current Period Base			320.211			420.667
15.Prospective Rate: Line 11 x Inflation 1.05175287	92.932	225.998	318.930	92.932	331.653	424.585
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	92.932	225.998	318.930	92.932	331.653	424.585
19.Property Rate Component			14.969			14.969
20.ROE Component + ROE Interim Component			2.006			2.006
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			335.90			441.56
23.Medicaid Days			1,310			7,076
24.Resident Days			1,310			7,076
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.78
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			357.57			463.40



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

028019401 - 2016/07
RI:467.21 / NM:577.47

Laurel Hill Cluster
 2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401
 Date: 6/23/2016
 FYE: 5/31/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	456.53	467.21	7/1/2016
#8 Non-Ambulatory & #9 Medical	548.35	577.47	7/1/2016

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 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:
 Quest, Inc.
 P.O. Box 531125
 Orlando, FL 32853

Comments:

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 7/2016

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 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
--	------------------------------------	----------------

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

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
FYE: 05/31/2014

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		163.3060	163.3060	A3D Allowable Resident Care Exp		1,394,470
B5 Allocation of D/C Expenses		94.3628	188.7255	B4 Allocation of D/C Expenses		1,611,527
C3 Additional Services per Diem		16.6859	16.6859	C2 Additional Services per Diem		142,481
Total Resident Care Component		274.3547	368.7174	Total Resident Care Component		3,148,478

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028019401 - 2016/07

RI: 467.21

NM: 577.47

Laurel Hill Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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 1.07868257	125.245	299.586	424.831	125.245	409.661	534.906
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.245	299.586	424.831	125.245	409.661	534.906
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			445.36			555.44
23.Medicaid Days		0			8,539	
24.Resident Days		0			8,539	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.79			0.97
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			467.21			577.47



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

028020801 - 2016/07
RI:332.23 / NM:444.45

McCauley Cluster (Sunrise)

1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	313.92	332.23	7/1/2016
#8 Non-Ambulatory & #9 Medical	419.32	444.45	7/1/2016

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

Comments:

_____ 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) 07/2016 to 7/2016

Provider Name: **McCauley Cluster (Sunrise)**
 Provider Number: 28020801
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	2,346	5,947	8,293
2. Operating Expenses component			
A. Administration			371,576
B. Plant Operation			178,118
C. Laundry			9,073
D. Housekeeping			28,884
E. Operating Expense Component & Per Diem	70.8611	70.8611	587,651
3. Resident Care			
A. Dietary			134,540
B. Other			151,253
C. Nursing			496,557
D. Resident Care & Per Diem	94.3386	94.3386	782,350
4. Prop Exp & Per Diem	12.6881	12.6881	105,222
5. ROE/Use Per Diem	1.9106	1.9106	15,845

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,173.00	5,947.00	7,120.00
3. Staffing Percent	0.16	0.84	1.00
4. Allocation of Direct Care	270,707.48	1,372,461.52	1,643,169.00
5. Direct Care Expense Per Diem	115.3911	230.7822	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,346	5,947	8,293
2. Additional Services	14,577	36,952	51,529
3. Additional Services Exp & Per Diem	6.2136	6.2136	

D. Medicaid Per Diem Cost

1. Operating Component	70.8611	70.8611	587,651
2. Resident Care Component	215.9433	331.3344	2,477,048
3. Property Cost Component	12.6881	12.6881	105,222
4. ROE/Use Allow Component	1.9106	1.9106	15,845
5. Total Cost Per Diem	301.4031	416.7942	3,185,766

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801
FYE: 06/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		94.3386	94.3386	A3D Allowable Resident Care Exp		782,350	
B5 Allocation of D/C Expenses		115.3911	230.7822	B4 Allocation of D/C Expenses		1,643,169	
C3 Additional Services per Diem		6.2136	6.2136	C2 Additional Services per Diem		51,529	
Total Resident Care Component		215.9433	331.3344	Total Resident Care Component		2,477,048	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028020801 - 2016/07

RI: 332.23

NM: 444.45

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.137	206.144	272.281	66.137	309.192	375.330
2.Inflate Line 1 by Inflation Factor 1.02404884	67.728	211.102	278.829	67.728	316.628	384.356
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	68.364	213.085	281.449	68.364	319.602	387.966
4.Current Period Cost	70.861	215.943	286.804	70.861	331.334	402.196
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)	68.364	213.085	281.449	68.364	319.602	387.966
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	68.364	213.085	281.449	68.364	319.602	387.966
12.Plus: Property Rate Component			12.688			12.688
13.Plus: ROE/Use Rate			1.911			1.911
14.Total Current Period Base			296.047			402.565
15.Prospective Rate: Line 11 x Inflation 1.05175287	71.902	224.112	296.014	71.902	336.143	408.045
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.902	224.112	296.014	71.902	336.143	408.045
19.Property Rate Component			12.688			12.688
20.ROE Component + ROE Interim Component			1.911			1.911
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			310.61			422.64
23.Medicaid Days			2,346			5,947
24.Resident Days			2,346			5,947
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.56			0.75
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			332.23			444.45



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

028028301 - 2016/07
RI:327.83 / NM:416.68

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	314.93	327.83	7/1/2016
#8 Non-Ambulatory & #9 Medical	399.46	416.68	7/1/2016

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 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

Comments:

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) 07/2016 to 7/2016

Provider Name:	Greentree Court Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28028301	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	1,460	6,758	8,218
2. Operating Expenses component			
A. Administration			380,304
B. Plant Operation			209,795
C. Laundry			1,150
D. Housekeeping			35,500
E. Operating Expense Component & Per Diem	76.2654	76.2654	626,749
3. Resident Care			
A. Dietary			113,382
B. Other			122,084
C. Nursing			648,825
D. Resident Care & Per Diem	107.6042	107.6042	884,291
4. Prop Exp & Per Diem	13.8799	13.8799	114,065
5. ROE/Use Per Diem	0.8793	0.8793	7,226

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	6,758.00	7,488.00
3. Staffing Percent	0.10	0.90	1.00
4. Allocation of Direct Care	121,842.05	1,127,956.95	1,249,799.00
5. Direct Care Expense Per Diem	83.4535	166.9069	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	6,758	8,218
2. Additional Services	19,340	89,522	108,862
3. Additional Services Exp & Per Diem	13.2466	13.2468	

D. Medicaid Per Diem Cost

1. Operating Component	76.2654	76.2654	626,749
2. Resident Care Component	204.3043	287.7579	2,242,952
3. Property Cost Component	13.8799	13.8799	114,065
4. ROE/Use Allow Component	0.8793	0.8793	7,226
5. Total Cost Per Diem	295.3289	378.7825	2,990,992

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301
FYE: 06/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		107.6042	107.6042	A3D Allowable Resident Care Exp	884,291
B5 Allocation of D/C Expenses		83.4535	166.9069	B4 Allocation of D/C Expenses	1,249,799
C3 Additional Services per Diem		13.2466	13.2468	C2 Additional Services per Diem	108,862
Total Resident Care Component		204.3043	287.7579	Total Resident Care Component	2,242,952

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2016/07

RI: 327.83

NM: 416.68

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Greentree Court Cluster (Sunrise)

Ownership: Private

Incentive Rating: Ineligible from 07/15/2015 - 08/24/2015 Days Eligible: 325 of 366

Eligibility Factor : 88.80%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.076	202.981	271.057	68.076	285.626	353.702
2.Inflate Line 1 by Inflation Factor 1.02404884	69.713	207.862	277.575	69.713	292.495	362.208
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	70.368	209.815	280.183	70.368	295.243	365.611
4.Current Period Cost	76.265	204.304	280.570	76.265	287.758	364.023
5.Incentive Basis (line 3 - line 4)	0.000	5.510		0.000	7.485	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.368	204.304	274.672	70.368	287.758	358.126
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.755	2.755	0.000	3.742	3.742
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.129	6.129	0.000	8.633	8.633
9.Incentive - Min of Line 7,8 x Eligibility factor 88.80%	0.000	2.447	2.447	0.000	3.323	3.323
10.Final Incentive	0.000	2.447	2.447	0.000	3.323	3.323
11.Current Period Base: (line 6 + line 10)	70.368	206.751	277.119	70.368	291.081	361.449
12.Plus: Property Rate Component			13.880			13.880
13.Plus: ROE/Use Rate			0.879			0.879
14.Total Current Period Base			291.878			376.208
15.Prospective Rate: Line 11 x Inflation 1.05175287	74.010	217.451	291.460	74.010	306.145	380.155
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.010	217.451	291.460	74.010	306.145	380.155
19.Property Rate Component			13.880			13.880
20.ROE Component + ROE Interim Component			0.879			0.879
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			306.22			394.91
23.Medicaid Days			1,460			6,758
24.Resident Days			1,460			6,758
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.55			0.70
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			327.83			416.68



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

028029101 - 2016/07
RI:346.06 / NM:474.36

Mahan Cluster (Sunrise)

2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	345.82	346.06	7/1/2016
#8 Non-Ambulatory & #9 Medical	466.38	474.36	7/1/2016

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

Comments:

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

028029101

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Mahan Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28029101	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	2,697	5,615	8,312
2. Operating Expenses component			
A. Administration			347,020
B. Plant Operation			165,053
C. Laundry			11,132
D. Housekeeping			37,519
E. Operating Expense Component & Per Diem	67.4596	67.4596	560,724
3. Resident Care			
A. Dietary			148,289
B. Other			144,752
C. Nursing			480,076
D. Resident Care & Per Diem	93.0122	93.0122	773,117
4. Prop Exp & Per Diem	11.8164	11.8164	98,218
5. ROE/Use Per Diem	1.8920	1.8920	15,726

B. Direct Care Expense

1. Staffing	0.50	1.00	
2.Total Staffing Required	1,348.50	5,615.00	6,963.50
3. Staffing Percent	0.19	0.81	1.00
4. Allocation of Direct Care	318,896.87	1,327,850.13	1,646,747.00
5. Direct Care Expense Per Diem	118.2413	236.4827	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,697	5,615	8,312
2. Additional Services	20,885	43,482	64,367
3. Additional Services Exp & Per Diem	7.7438	7.7439	

D. Medicaid Per Diem Cost

1. Operating Component	67.4596	67.4596	560,724
2. Resident Care Component	218.9973	337.2388	2,484,231
3. Property Cost Component	11.8164	11.8164	98,218
4. ROE/Use Allow Component	1.8920	1.8920	15,726
5. Total Cost Per Diem	300.1653	418.4068	3,158,899

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		93.0122	93.0122	A3D Allowable Resident Care Exp		773,117
B5 Allocation of D/C Expenses		118.2413	236.4827	B4 Allocation of D/C Expenses		1,646,747
C3 Additional Services per Diem		7.7438	7.7439	C2 Additional Services per Diem		64,367
Total Resident Care Component		218.9973	337.2388	Total Resident Care Component		2,484,231

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028029101 - 2016/07

RI: 346.06

NM: 474.36

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.887	233.726	303.613	69.887	351.590	421.477
2.Inflate Line 1 by Inflation Factor 1.02404884	71.567	239.347	310.914	71.567	360.046	431.613
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	72.240	241.595	313.835	72.240	363.428	435.667
4.Current Period Cost	67.460	218.997	286.457	67.460	337.239	404.698
5.Incentive Basis (line 3 - line 4)	4.780	22.598		4.780	26.189	
6.Allowed Current Period Costs (Min of line 3 or 4)	67.460	218.997	286.457	67.460	337.239	404.698
7.Incentive Line 5 x Oper 50% Res 50%	2.390	11.299	13.689	2.390	13.094	15.484
8.Incentive - Line 4 x Oper 10% Res 3%	6.746	6.570	13.316	6.746	10.117	16.863
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.390	6.570	8.960	2.390	10.117	12.507
10.Final Incentive	2.390	6.570	8.960	2.390	10.117	12.507
11.Current Period Base: (line 6 + line 10)	69.850	225.567	295.417	69.850	347.356	417.206
12.Plus: Property Rate Component			11.816			11.816
13.Plus: ROE/Use Rate			1.892			1.892
14.Total Current Period Base			309.125			430.914
15.Pro prospective Rate: Line 11 x Inflation 1.05175287	73.465	237.241	310.705	73.465	365.333	438.797
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.465	237.241	310.705	73.465	365.333	438.797
19.Property Rate Component			11.816			11.816
20.ROE Component + ROE Interim Component			1.892			1.892
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			324.41			452.51
23.Medicaid Days			2,697			5,615
24.Resident Days			2,697			5,615
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.58			0.80
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			346.06			474.36



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

028030501 - 2016/07
RI:238.39 / NM:286.99

Lake City Cluster
 411 Gwen Lake Boulevard
 Lake City, FL 32055

Provider Number: 028030501
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	240.33	238.39	7/1/2016
#8 Non-Ambulatory & #9 Medical	283.38	286.99	7/1/2016

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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

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) 07/2016 to 7/2016

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	8,074	8,074
2. Operating Expenses component			
A. Administration			331,499
B. Plant Operation			132,684
C. Laundry			55,152
D. Housekeeping			14,569
E. Operating Expense Component & Per Diem	66.1263	66.1263	533,904
3. Resident Care			
A. Dietary			146,037
B. Other			0
C. Nursing			285,359
D. Resident Care & Per Diem	53.4303	53.4303	431,396
4. Prop Exp & Per Diem	7.9768	7.9768	64,405
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	8,074.00	8,074.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	723,148.00	723,148.00
5. Direct Care Expense Per Diem	44.7825	89.5650	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,074	8,074
2. Additional Services	0	220,731	220,731
3. Additional Services Exp & Per Diem	27.3385	27.3385	

D. Medicaid Per Diem Cost

1. Operating Component	66.1263	66.1263	533,904
2. Resident Care Component	125.5513	170.3338	1,375,275
3. Property Cost Component	7.9768	7.9768	64,405
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	199.6544	244.4369	1,973,584

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501
FYE: 06/30/2015

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		53.4303	53.4303	A3D Allowable Resident Care Exp		431,396
B5 Allocation of D/C Expenses		44.7825	89.5650	B4 Allocation of D/C Expenses		723,148
C3 Additional Services per Diem		27.3385	27.3385	C2 Additional Services per Diem		220,731
Total Resident Care Component		125.5513	170.3338	Total Resident Care Component		1,375,275

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028030501 - 2016/07

RI: 238.39

NM: 286.99

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Lake City Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.220	131.145	201.365	70.220	179.778	249.999
2. Inflate Line 1 by Inflation Factor 1.02404884	71.909	134.299	206.208	71.909	184.102	256.011
3. Line 1 X 1.4000 X Inflation Factor 1.03366838	72.584	135.560	208.145	72.584	185.831	258.416
4. Current Period Cost	66.126	125.551	191.678	66.126	170.334	236.460
5. Incentive Basis (line 3 - line 4)	6.458	10.009		6.458	15.497	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.126	125.551	191.678	66.126	170.334	236.460
7. Incentive Line 5 x Oper 50% Res 50%	3.229	5.005	8.234	3.229	7.749	10.978
8. Incentive - Line 4 x Oper 10% Res 3%	6.613	3.767	10.379	6.613	5.110	11.723
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.229	3.767	6.996	3.229	5.110	8.339
10. Final Incentive	3.229	3.767	6.996	3.229	5.110	8.339
11. Current Period Base: (line 6 + line 10)	69.355	129.318	198.673	69.355	175.444	244.799
12. Plus: Property Rate Component			7.977			7.977
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			206.650			252.776
15. Prospective Rate: Line 11 x Inflation 1.05175287	72.945	136.010	208.955	72.945	184.524	257.468
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.945	136.010	208.955	72.945	184.524	257.468
19. Property Rate Component			7.977			7.977
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			216.93			265.44
23. Medicaid Days		0			8,074	
24. Resident Days		0			8,074	
25. Medicaid Utilization		0.00%			100.00%	
26. Quality Assessment (\$21.06)			21.06			21.06
27. Less or Plus: Buy Back - QAF (.001684964)			0.40			0.48
28. Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			238.39			286.99



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

028031301 - 2016/07
RI:325.99 / NM:408.45

Bayshore Cluster (Sunrise)

2059 Lisenby Avenue
 Panama City, FL 32405

Provider Number: 028031301

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	329.18	325.99	7/1/2016
#8 Non-Ambulatory & #9 Medical	401.42	408.45	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

Provider Name:	Bayshore Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28031301	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	122	8,443	8,565
2. Operating Expenses component			
A. Administration			356,141
B. Plant Operation			165,095
C. Laundry			4,543
D. Housekeeping			19,695
E. Operating Expense Component & Per Diem	63.6864	63.6864	545,474
3. Resident Care			
A. Dietary			154,276
B. Other			208,568
C. Nursing			543,994
D. Resident Care & Per Diem	105.8772	105.8772	906,838
4. Prop Exp & Per Diem	13.3818	13.3818	114,615
5. ROE/Use Per Diem	1.6674	1.6674	14,281

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	61.00	8,443.00	8,504.00
3. Staffing Percent	0.01	0.99	1.00
4. Allocation of Direct Care	9,270.33	1,283,103.67	1,292,374.00
5. Direct Care Expense Per Diem	75.9863	151.9725	

C. Additional Services Expense

1. Medicaid Inpatient Days	122	8,443	8,565
2. Additional Services	2,482	171,785	174,267
3. Additional Services Exp & Per Diem	20.3443	20.3464	

D. Medicaid Per Diem Cost

1. Operating Component	63.6864	63.6864	545,474
2. Resident Care Component	202.2078	278.1961	2,373,479
3. Property Cost Component	13.3818	13.3818	114,615
4. ROE/Use Allow Component	1.6674	1.6674	14,281
5. Total Cost Per Diem	280.9434	356.9317	3,047,849

Resident Care Component Per-Diem Calculation

Facility Name: Bayshore Cluster (Sunrise)

Provider Number: 28031301
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		105.8772	105.8772	A3D Allowable Resident Care Exp		906,838
B5 Allocation of D/C Expenses		75.9863	151.9725	B4 Allocation of D/C Expenses		1,292,374
C3 Additional Services per Diem		20.3443	20.3464	C2 Additional Services per Diem		174,267
Total Resident Care Component		202.2078	278.1961	Total Resident Care Component		2,373,479

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028031301 - 2016/07

RI: 325.99

NM: 408.45

Bayshore Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.678	209.870	277.548	67.678	289.457	357.135
2.Inflate Line 1 by Inflation Factor 1.02404884	69.306	214.917	284.223	69.306	296.418	365.724
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	69.957	216.936	286.893	69.957	299.202	369.159
4.Current Period Cost	63.686	202.208	265.894	63.686	278.196	341.883
5.Incentive Basis (line 3 - line 4)	6.270	14.728		6.270	21.006	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.686	202.208	265.894	63.686	278.196	341.883
7.Incentive Line 5 x Oper 50% Res 50%	3.135	7.364	10.499	3.135	10.503	13.638
8.Incentive - Line 4 x Oper 10% Res 3%	6.369	6.066	12.435	6.369	8.346	14.715
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.135	6.066	9.201	3.135	8.346	11.481
10.Final Incentive	3.135	6.066	9.201	3.135	8.346	11.481
11.Current Period Base: (line 6 + line 10)	66.822	208.274	275.096	66.822	286.542	353.364
12.Plus: Property Rate Component			13.382			13.382
13.Plus: ROE/Use Rate			1.667			1.667
14.Total Current Period Base			290.145			368.413
15.Prospective Rate: Line 11 x Inflation 1.05175287	70.280	219.053	289.333	70.280	301.371	371.651
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	70.280	219.053	289.333	70.280	301.371	371.651
19.Property Rate Component			13.382			13.382
20.ROE Component + ROE Interim Component			1.667			1.667
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			304.38			386.70
23.Medicaid Days			122			8,443
24.Resident Days			122			8,443
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.55			0.69
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			325.99			408.45



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

028032101 - 2016/07
RI:254.88 / NM:308.20

Gainesville 39th Avenue Cluster (Res-Care)

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

Provider Number: 028032101

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	256.19	254.88	7/1/2016
#8 Non-Ambulatory & #9 Medical	300.69	308.20	7/1/2016

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"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

_____ 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) 07/2016 to 7/2016

028032101

Provider Name:	Gainesville 39th Avenue Cluster (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28032101	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	8,240	8,240
2. Operating Expenses component			
A. Administration			360,997
B. Plant Operation			129,785
C. Laundry			4,060
D. Housekeeping			24,712
E. Operating Expense Component & Per Diem	63.0527	63.0527	519,554
3. Resident Care			
A. Dietary			130,347
B. Other			0
C. Nursing			447,329
D. Resident Care & Per Diem	70.1063	70.1063	577,676
4. Prop Exp & Per Diem	10.4917	10.4917	86,452
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	8,240.00	8,240.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	809,741.00	809,741.00
5. Direct Care Expense Per Diem	49.1348	98.2695	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,240	8,240
2. Additional Services	0	183,221	183,221
3. Additional Services Exp & Per Diem	22.2356	22.2356	

D. Medicaid Per Diem Cost

1. Operating Component	63.0527	63.0527	519,554
2. Resident Care Component	141.4767	190.6114	1,570,638
3. Property Cost Component	10.4917	10.4917	86,452
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	215.0211	264.1558	2,176,644

Resident Care Component Per-Diem Calculation

Facility Name: Gainesville 39th Avenue Cluster (Res-Care)

Provider Number: 28032101
FYE: 06/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp	70.1063	70.1063	A3D Allowable Resident Care Exp	577,676	
B5 Allocation of D/C Expenses	49.1348	98.2695	B4 Allocation of D/C Expenses	809,741	
C3 Additional Services per Diem	22.2356	22.2356	C2 Additional Services per Diem	183,221	
Total Resident Care Component	141.4767	190.6114	Total Resident Care Component	1,570,638	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028032101 - 2016/07

RI: 254.88

NM: 308.20

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.114	146.761	213.875	67.114	197.247	264.361
2.Inflate Line 1 by Inflation Factor 1.02404884	68.728	150.291	219.018	68.728	201.990	270.718
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	69.373	151.703	221.076	69.373	203.888	273.261
4.Current Period Cost	63.053	141.477	204.529	63.053	190.611	253.664
5.Incentive Basis (line 3 - line 4)	6.321	10.226		6.321	13.276	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.053	141.477	204.529	63.053	190.611	253.664
7.Incentive Line 5 x Oper 50% Res 50%	3.160	5.113	8.273	3.160	6.638	9.798
8.Incentive - Line 4 x Oper 10% Res 3%	6.305	4.244	10.550	6.305	5.718	12.024
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.160	4.244	7.405	3.160	5.718	8.879
10.Final Incentive	3.160	4.244	7.405	3.160	5.718	8.879
11.Current Period Base: (line 6 + line 10)	66.213	145.721	211.934	66.213	196.330	262.543
12.Plus: Property Rate Component			10.492			10.492
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			222.426			273.034
15.Prospective Rate: Line 11 x Inflation 1.05175287	69.640	153.262	222.902	69.640	206.490	276.130
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	69.640	153.262	222.902	69.640	206.490	276.130
19.Property Rate Component			10.492			10.492
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			233.39			286.62
23.Medicaid Days		0			8,240	
24.Resident Days		0			8,240	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.43			0.52
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			254.88			308.20



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

028035600 - 2016/07
RI:323.60 / NM:501.09

PARC Center Apartments

3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	303.17	323.60	7/1/2016
#8 Non-Ambulatory & #9 Medical	469.80	501.09	7/1/2016

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:

Comments:

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) 07/2016 to 7/2016

Provider Name: **PARC Center Apartments**
 Provider Number: 28035600
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 10/1/2014 - 9/30/2015
 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	13,438	4,005	17,443
2. Operating Expenses component			
A. Administration			977,030
B. Plant Operation			199,019
C. Laundry			13,018
D. Housekeeping			32,555
E. Operating Expense Component & Per Diem	70.0351	70.0351	1,221,622
3. Resident Care			
A. Dietary			195,156
B. Other			0
C. Nursing			470,327
D. Resident Care & Per Diem	38.1519	38.1519	665,483
4. Prop Exp & Per Diem	11.7820	11.7820	205,514
5. ROE/Use Per Diem	1.0386	1.0386	18,117

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,719.00	4,005.00	10,724.00
3. Staffing Percent	0.63	0.37	1.00
4. Allocation of Direct Care	2,422,350.48	1,443,892.52	3,866,243.00
5. Direct Care Expense Per Diem	180.2612	360.5225	

C. Additional Services Expense

1. Medicaid Inpatient Days	13,438	4,005	17,443
2. Additional Services	147,554	43,976	191,530
3. Additional Services Exp & Per Diem	10.9804	10.9803	

D. Medicaid Per Diem Cost

1. Operating Component	70.0351	70.0351	1,221,622
2. Resident Care Component	229.3935	409.6547	4,723,256
3. Property Cost Component	11.7820	11.7820	205,514
4. ROE/Use Allow Component	1.0386	1.0386	18,117
5. Total Cost Per Diem	312.2492	492.5104	6,168,509

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	38.1519	38.1519		A3D Allowable Resident Care Exp	665,483
B5 Allocation of D/C Expenses	180.2612	360.5225		B4 Allocation of D/C Expenses	3,866,243
C3 Additional Services per Diem	10.9804	10.9803		C2 Additional Services per Diem	191,530
Total Resident Care Component	229.3935	409.6547		Total Resident Care Component	4,723,256

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2016/07

RI: 323.60

NM: 501.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

PARC Center Apartments

Ownership: Private

Incentive Rating: Ineligible from 10/14/2015 - 12/08/2015 Days Eligible: 310 of 366

Eligibility Factor : 84.70%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	10/1/2013	9/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	57.891	209.344	267.235	57.891	373.093	430.983
2.Inflate Line 1 by Inflation Factor 1.02520071	59.349	214.620	273.969	59.349	382.495	441.844
3.Line 1 X 1.4000 X Inflation Factor 1.03528099	59.933	216.730	276.663	59.933	386.256	446.189
4.Current Period Cost	70.035	229.394	299.429	70.035	409.655	479.690
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.933	216.730	276.663	59.933	386.256	446.189
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 84.70%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	59.933	216.730	276.663	59.933	386.256	446.189
12.Plus: Property Rate Component			11.782			11.782
13.Plus: ROE/Use Rate			1.039			1.039
14.Total Current Period Base			289.484			459.009
15.Prospective Rate: Line 11 x Inflation 1.04521348	62.643	226.529	289.172	62.643	403.720	466.363
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.643	226.529	289.172	62.643	403.720	466.363
19.Property Rate Component			11.782			11.782
20.ROE Component + ROE Interim Component			1.039			1.039
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			301.99			479.18
23.Medicaid Days		13,438			4,005	
24.Resident Days		13,438			4,005	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.54			0.84
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			323.60			501.09



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

028036401 - 2016/07
RI:499.94 / NM:616.35

Skipper Road Cluster
 2611 E. Bearss Avenue
 Tampa, FL 33613

Provider Number: 028036401
 Date: 6/23/2016
 FYE: 5/31/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	488.46	499.94	7/1/2016
#8 Non-Ambulatory & #9 Medical	585.22	616.35	7/1/2016

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

Comments:

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 7/2016

028036401

Provider Name:	Skipper Road Cluster	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28036401	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	8,058	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

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401
FYE: 05/31/2014

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		192.2726	192.2726	A3D Allowable Resident Care Exp		1,549,333
B5 Allocation of D/C Expenses		100.7591	201.5182	B4 Allocation of D/C Expenses		1,623,834
C3 Additional Services per Diem		12.5055	12.5055	C2 Additional Services per Diem		100,769
Total Resident Care Component		305.5372	406.2963	Total Resident Care Component		3,273,936

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028036401 - 2016/07

RI: 499.94
 NM: 616.35

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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 1.07868257	125.600	331.253	456.853	125.600	447.471	573.071
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.600	331.253	456.853	125.600	447.471	573.071
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			478.04			594.25
23.Medicaid Days		0			8,058	
24.Resident Days		0			8,058	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.84			1.04
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			499.94			616.35



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

028037201 - 2016/07
RI:307.48 / NM:385.80

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

Provider Number: 028037201
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	295.50	307.48	7/1/2016
#8 Non-Ambulatory & #9 Medical	360.84	385.80	7/1/2016

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	

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

Comments:

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) 07/2016 to 7/2016

Provider Name: **Pembroke Pines Cluster**
 Provider Number: 28037201
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	8,104	8,104
2. Operating Expenses component			
A. Administration			472,134
B. Plant Operation			199,322
C. Laundry			94
D. Housekeeping			45,348
E. Operating Expense Component & Per Diem	88.4622	88.4622	716,898
3. Resident Care			
A. Dietary			154,518
B. Other			0
C. Nursing			536,810
D. Resident Care & Per Diem	85.3070	85.3070	691,328
4. Prop Exp & Per Diem	10.8595	10.8595	88,005
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	8,104.00	8,104.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,393,360.00	1,393,360.00
5. Direct Care Expense Per Diem	85.9674	171.9348	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,104	8,104
2. Additional Services	0	228,357	228,357
3. Additional Services Exp & Per Diem	28.1783	28.1783	

D. Medicaid Per Diem Cost

1. Operating Component	88.4622	88.4622	716,898
2. Resident Care Component	199.4527	285.4201	2,313,045
3. Property Cost Component	10.8595	10.8595	88,005
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	298.7744	384.7418	3,117,948

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp	85.3070	85.3070		A3D Allowable Resident Care Exp	691,328
B5 Allocation of D/C Expenses	85.9674	171.9348		B4 Allocation of D/C Expenses	1,393,360
C3 Additional Services per Diem	28.1783	28.1783		C2 Additional Services per Diem	228,357
Total Resident Care Component	199.4527	285.4201		Total Resident Care Component	2,313,045

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2016/07

RI: 307.48

NM: 385.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Pembroke Pines Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.373	180.614	252.988	72.373	252.536	324.909
2.Inflate Line 1 by Inflation Factor 1.02404884	74.114	184.958	259.072	74.114	258.609	332.723
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	74.810	186.695	261.505	74.810	261.038	335.849
4.Current Period Cost	88.462	199.453	287.915	88.462	285.420	373.882
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)	74.810	186.695	261.505	74.810	261.038	335.849
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.810	186.695	261.505	74.810	261.038	335.849
12.Plus: Property Rate Component			10.860			10.860
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			272.365			346.708
15.Prospective Rate: Line 11 x Inflation 1.05175287	78.682	196.357	275.039	78.682	274.548	353.230
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	78.682	196.357	275.039	78.682	274.548	353.230
19.Property Rate Component			10.860			10.860
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			285.90			364.09
23.Medicaid Days		0			8,104	
24.Resident Days		0			8,104	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.52			0.65
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			307.48			385.80



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

028038101 - 2016/07
RI:244.76 / NM:295.40

Ocala Cluster (Res-Care)

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

Provider Number: 028038101

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	239.38	244.76	7/1/2016
#8 Non-Ambulatory & #9 Medical	282.47	295.40	7/1/2016

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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028038101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Ocala Cluster (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28038101	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	8,760	8,760
2. Operating Expenses component			
A. Administration			386,386
B. Plant Operation			188,235
C. Laundry			49,795
D. Housekeeping			32,996
E. Operating Expense Component & Per Diem	75.0470	75.0470	657,412
3. Resident Care			
A. Dietary			143,783
B. Other			0
C. Nursing			294,727
D. Resident Care & Per Diem	50.0582	50.0582	438,510
4. Prop Exp & Per Diem	12.5561	12.5561	109,991
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	8,760.00	8,760.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	817,672.00	817,672.00
5. Direct Care Expense Per Diem	46.6708	93.3416	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,760	8,760
2. Additional Services	0	221,002	221,002
3. Additional Services Exp & Per Diem	25.2285	25.2285	

D. Medicaid Per Diem Cost

1. Operating Component	75.0470	75.0470	657,412
2. Resident Care Component	121.9575	168.6283	1,477,184
3. Property Cost Component	12.5561	12.5561	109,991
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	209.5606	256.2314	2,244,587

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101
FYE: 06/30/2015

		Extrapolated R/I					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		50.0582	50.0582	A3D Allowable Resident Care Exp		438,510	
B5 Allocation of D/C Expenses		46.6708	93.3416	B4 Allocation of D/C Expenses		817,672	
C3 Additional Services per Diem		25.2285	25.2285	C2 Additional Services per Diem		221,002	
Total Resident Care Component		121.9575	168.6283	Total Resident Care Component		1,477,184	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028038101 - 2016/07

RI: 244.76

NM: 295.40

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.309	126.012	198.321	72.309	174.663	246.971
2.Inflate Line 1 by Inflation Factor 1.02404884	74.047	129.042	203.090	74.047	178.863	252.911
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	74.743	130.255	204.998	74.743	180.543	255.286
4.Current Period Cost	75.047	121.958	197.005	75.047	168.628	243.675
5.Incentive Basis (line 3 - line 4)	0.000	8.297		0.000	11.915	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.743	121.958	196.701	74.743	168.628	243.371
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.149	4.149	0.000	5.958	5.958
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	3.659	3.659	0.000	5.059	5.059
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.659	3.659	0.000	5.059	5.059
10.Final Incentive	0.000	3.659	3.659	0.000	5.059	5.059
11.Current Period Base: (line 6 + line 10)	74.743	125.616	200.359	74.743	173.687	248.430
12.Plus: Property Rate Component			12.556			12.556
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			212.915			260.986
15.Prospective Rate: Line 11 x Inflation 1.05175287	78.611	132.117	210.728	78.611	182.676	261.287
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	78.611	132.117	210.728	78.611	182.676	261.287
19.Property Rate Component			12.556			12.556
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			223.28			273.84
23.Medicaid Days		0			8,760	
24.Resident Days		0			8,760	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.41			0.50
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			244.76			295.40



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

028040201 - 2016/07
RI:478.06 / NM:608.59

Williams Road Cluster
 1923 Sarah Louise Drive
 Brandon, FL 33510

Provider Number: 028040201
 Date: 6/23/2016
 FYE: 5/31/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	454.18	478.06	7/1/2016
#8 Non-Ambulatory & #9 Medical	577.93	608.59	7/1/2016

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

Comments:

_____ 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 7/2016

028040201

Provider Name:	Williams Road Cluster	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28040201	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	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

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201
FYE: 05/31/2014

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		185.8619	185.8619	A3D Allowable Resident Care Exp	1,549,531
B5 Allocation of D/C Expenses		101.1311	202.2622	B4 Allocation of D/C Expenses	1,650,055
C3 Additional Services per Diem		12.8883	12.8906	C2 Additional Services per Diem	107,468
Total Resident Care Component		299.8813	401.0147	Total Resident Care Component	3,307,054

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2016/07

RI: 478.06

NM: 608.59

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Williams Road Cluster

Ownership: State Cluster

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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.Prospective Rate: Line 11 x Inflation 1.07868257	121.576	310.332	431.908	121.576	440.640	562.217
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	121.576	310.332	431.908	121.576	440.640	562.217
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			456.19			586.50
23.Medicaid Days		358			7,979	
24.Resident Days		358			7,979	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.80			1.02
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			478.06			608.59



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

028041101 - 2016/07
RI:396.26 / NM:494.40

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

Provider Number: 028041101
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	389.26	396.26	7/1/2016
#8 Non-Ambulatory & #9 Medical	472.08	494.40	7/1/2016

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:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

Comments:

_____ 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

028041101

Rate Period(s) 07/2016 to 7/2016

Provider Name:	MCP 80th Street	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28041101	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	8,746	8,746
2. Operating Expenses component			
A. Administration			424,165
B. Plant Operation			295,400
C. Laundry			36,409
D. Housekeeping			43,049
E. Operating Expense Component & Per Diem	91.3587	91.3587	799,023
3. Resident Care			
A. Dietary			168,230
B. Other			0
C. Nursing			826,448
D. Resident Care & Per Diem	113.7295	113.7295	994,678
4. Prop Exp & Per Diem	43.0122	43.0122	376,185
5. ROE/Use Per Diem	2.6501	2.6501	23,178

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,746.00	8,746.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,603,386.00	1,603,386.00
5. Direct Care Expense Per Diem	91.6640	183.3279	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,746	8,746
2. Additional Services	0	98,345	98,345
3. Additional Services Exp & Per Diem	11.2446	11.2446	

D. Medicaid Per Diem Cost

1. Operating Component	91.3587	91.3587	799,023
2. Resident Care Component	216.6381	308.3020	2,696,409
3. Property Cost Component	43.0122	43.0122	376,185
4. ROE/Use Allow Component	2.6501	2.6501	23,178
5. Total Cost Per Diem	353.6591	445.3230	3,894,795

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
FYE: 06/30/2015

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		113.7295	113.7295	A3D Allowable Resident Care Exp		994,678
B5 Allocation of D/C Expenses		91.6640	183.3279	B4 Allocation of D/C Expenses		1,603,386
C3 Additional Services per Diem		11.2446	11.2446	C2 Additional Services per Diem		98,345
Total Resident Care Component		216.6381	308.3020	Total Resident Care Component		2,696,409

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2016/07

RI: 396.26

NM: 494.40

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

MCP 80th Street

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	90.077	216.963	307.040	90.077	308.536	398.613
2.Inflate Line 1 by Inflation Factor 1.02404884	92.243	222.180	314.423	92.243	315.956	408.199
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	93.110	224.267	317.377	93.110	318.924	412.034
4.Current Period Cost	91.359	216.638	307.997	91.359	308.302	399.661
5.Incentive Basis (line 3 - line 4)	1.751	7.629		1.751	10.622	
6.Allowed Current Period Costs (Min of line 3 or 4)	91.359	216.638	307.997	91.359	308.302	399.661
7.Incentive Line 5 x Oper 50% Res 50%	0.875	3.815	4.690	0.875	5.311	6.187
8.Incentive - Line 4 x Oper 10% Res 3%	9.136	6.499	15.635	9.136	9.249	18.385
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.875	3.815	4.690	0.875	5.311	6.187
10.Final Incentive	0.875	3.815	4.690	0.875	5.311	6.187
11.Current Period Base: (line 6 + line 10)	92.234	220.453	312.687	92.234	313.613	405.847
12.Plus: Property Rate Component			43.012			43.012
13.Plus: ROE/Use Rate			2.650			2.650
14.Total Current Period Base			358.349			451.510
15.Prospective Rate: Line 11 x Inflation 1.05175287	97.008	231.862	328.869	97.008	329.843	426.851
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.008	231.862	328.869	97.008	329.843	426.851
19.Property Rate Component			43.012			43.012
20.ROE Component + ROE Interim Component			2.650			2.650
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			374.53			472.51
23.Medicaid Days		0			8,746	
24.Resident Days		0			8,746	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.67			0.83
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			396.26			494.40



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

028045301 - 2016/07
RI:425.12 / NM:525.80

MCP Braddock
 14400 SW 32nd Street
 Miami,, FL 33175

Provider Number: 028045301
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>416.74</u>	<u>425.12</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>497.95</u>	<u>525.80</u>	<u>7/1/2016</u>

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:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

Comments:

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) 07/2016 to 7/2016

028045301

Provider Name:	MCP Braddock	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28045301	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	8,550	8,550
2. Operating Expenses component			
A. Administration			435,690
B. Plant Operation			298,743
C. Laundry			38,644
D. Housekeeping			29,398
E. Operating Expense Component & Per Diem	93.8567	93.8567	802,475
3. Resident Care			
A. Dietary			132,997
B. Other			0
C. Nursing			989,839
D. Resident Care & Per Diem	131.3258	131.3258	1,122,836
4. Prop Exp & Per Diem	45.9098	45.9098	392,529
5. ROE/Use Per Diem	2.0779	2.0779	17,766

B. Direct Care Expense

1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,550.00	8,550.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,664,288.00	1,664,288.00
5. Direct Care Expense Per Diem	97.3268	194.6536	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,550	8,550
2. Additional Services	0	100,387	100,387
3. Additional Services Exp & Per Diem	11.7412	11.7412	

D. Medicaid Per Diem Cost

1. Operating Component	93.8567	93.8567	802,475
2. Resident Care Component	240.3938	337.7206	2,887,511
3. Property Cost Component	45.9098	45.9098	392,529
4. ROE/Use Allow Component	2.0779	2.0779	17,766
5. Total Cost Per Diem	382.2382	479.5650	4,100,281

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301

FYE: 06/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp		131.3258	131.3258	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		97.3268	194.6536	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		11.7412	11.7412	C2 Additional Services per Diem	
Total Resident Care Component		240.3938	337.7206	Total Resident Care Component	

		TOTALS
		1,122,836
		1,664,288
		100,387
		2,887,511

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028045301 - 2016/07

RI: 425.12

NM: 525.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

MCP Braddock

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	89.695	241.775	331.470	89.695	332.524	422.218
2.Inflate Line 1 by Inflation Factor 1.02404884	91.852	247.589	339.441	91.852	340.520	432.372
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	92.715	249.915	342.629	92.715	343.719	436.434
4.Current Period Cost	93.857	240.394	334.251	93.857	337.721	431.577
5.Incentive Basis (line 3 - line 4)	0.000	9.521		0.000	5.999	
6.Allowed Current Period Costs (Min of line 3 or 4)	92.715	240.394	333.108	92.715	337.721	430.435
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.761	4.761	0.000	2.999	2.999
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.212	7.212	0.000	10.132	10.132
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.761	4.761	0.000	2.999	2.999
10.Final Incentive	0.000	4.761	4.761	0.000	2.999	2.999
11.Current Period Base: (line 6 + line 10)	92.715	245.154	337.869	92.715	340.720	433.434
12.Plus: Property Rate Component			45.910			45.910
13.Plus: ROE/Use Rate			2.078			2.078
14.Total Current Period Base			385.857			481.422
15.Prospective Rate: Line 11 x Inflation 1.05175287	97.513	257.842	355.355	97.513	358.353	455.866
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.513	257.842	355.355	97.513	358.353	455.866
19.Property Rate Component			45.910			45.910
20.ROE Component + ROE Interim Component			2.078			2.078
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			403.34			503.85
23.Medicaid Days			0			8,550
24.Resident Days			0			8,550
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.72			0.88
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			425.12			525.80



Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

028046101 - 2016/07

RI:419.58 / NM:518.20

MCP 2nd Street

11801 NW Second Street

Miami, FL., FL 33182

Provider Number: 028046101

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	408.68	419.58	7/1/2016
#8 Non-Ambulatory & #9 Medical	489.25	518.20	7/1/2016

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

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:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

Comments:

_____ 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) 07/2016 to 7/2016

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	8,635	8,635
2. Operating Expenses component			
A. Administration			433,937
B. Plant Operation			287,460
C. Laundry			37,041
D. Housekeeping			36,594
E. Operating Expense Component & Per Diem	92.0709	92.0709	795,032
3. Resident Care			
A. Dietary			163,730
B. Other			0
C. Nursing			994,851
D. Resident Care & Per Diem	134.1727	134.1727	1,158,581
4. Prop Exp & Per Diem	43.7604	43.7604	377,871
5. ROE/Use Per Diem	2.5511	2.5511	22,029

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,635.00	8,635.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,628,276.00	1,628,276.00
5. Direct Care Expense Per Diem	94.2835	188.5670	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,635	8,635
2. Additional Services	0	95,386	95,386
3. Additional Services Exp & Per Diem	11.0464	11.0464	

D. Medicaid Per Diem Cost

1. Operating Component	92.0709	92.0709	795,032
2. Resident Care Component	239.5026	333.7861	2,882,243
3. Property Cost Component	43.7604	43.7604	377,871
4. ROE/Use Allow Component	2.5511	2.5511	22,029
5. Total Cost Per Diem	377.8850	472.1685	4,077,175

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101

FYE: 06/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp		134.1727	134.1727	A3D Allowable Resident Care Exp	1,158,581
B5 Allocation of D/C Expenses		94.2835	188.5670	B4 Allocation of D/C Expenses	1,628,276
C3 Additional Services per Diem		11.0464	11.0464	C2 Additional Services per Diem	95,386
Total Resident Care Component		239.5026	333.7861	Total Resident Care Component	2,882,243

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2016/07

RI: 419.58

NM: 518.20

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	89.219	236.656	325.875	89.219	326.552	415.771
2.Inflate Line 1 by Inflation Factor 1.02404884	91.365	242.347	333.712	91.365	334.405	425.770
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	92.223	244.623	336.847	92.223	337.546	429.769
4.Current Period Cost	92.071	239.503	331.574	92.071	333.786	425.857
5.Incentive Basis (line 3 - line 4)	0.152	5.121		0.152	3.760	
6.Allowed Current Period Costs (Min of line 3 or 4)	92.071	239.503	331.574	92.071	333.786	425.857
7.Incentive Line 5 x Oper 50% Res 50%	0.076	2.560	2.637	0.076	1.880	1.956
8.Incentive - Line 4 x Oper 10% Res 3%	9.207	7.185	16.392	9.207	10.014	19.221
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.076	2.560	2.637	0.076	1.880	1.956
10.Final Incentive	0.076	2.560	2.637	0.076	1.880	1.956
11.Current Period Base: (line 6 + line 10)	92.147	242.063	334.210	92.147	335.666	427.813
12.Plus: Property Rate Component			43.760			43.760
13.Plus: ROE/Use Rate			2.551			2.551
14.Total Current Period Base			380.522			474.125
15.Prospective Rate: Line 11 x Inflation 1.05175287	96.916	254.590	351.506	96.916	353.038	449.954
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	96.916	254.590	351.506	96.916	353.038	449.954
19.Property Rate Component			43.760			43.760
20.ROE Component + ROE Interim Component			2.551			2.551
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			397.82			496.27
23.Medicaid Days		0			8,635	
24.Resident Days		0			8,635	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.71			0.87
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			419.58			518.20



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

028048801 - 2016/07
RI:399.52 / NM:507.11

MCP Sunset

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

Provider Number: 028048801

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	391.58	399.52	7/1/2016
#8 Non-Ambulatory & #9 Medical	490.77	507.11	7/1/2016

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 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:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028048801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	MCP Sunset	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28048801	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	8,640	8,640
2. Operating Expenses component			
A. Administration			422,737
B. Plant Operation			289,624
C. Laundry			36,636
D. Housekeeping			33,250
E. Operating Expense Component & Per Diem	90.5378	90.5378	782,247
3. Resident Care			
A. Dietary			150,414
B. Other			0
C. Nursing			914,727
D. Resident Care & Per Diem	123.2802	123.2802	1,065,141
4. Prop Exp & Per Diem	40.5014	40.5014	349,932
5. ROE/Use Per Diem	2.2843	2.2843	19,736

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,640.00	8,640.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	1,582,652.00	1,582,652.00
5. Direct Care Expense Per Diem	91.5887	183.1773	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,640	8,640
2. Additional Services	0	121,849	121,849
3. Additional Services Exp & Per Diem	14.1029	14.1029	

D. Medicaid Per Diem Cost

1. Operating Component	90.5378	90.5378	782,247
2. Resident Care Component	228.9718	320.5604	2,769,642
3. Property Cost Component	40.5014	40.5014	349,932
4. ROE/Use Allow Component	2.2843	2.2843	19,736
5. Total Cost Per Diem	362.2953	453.8839	3,921,557

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
FYE: 06/30/2015

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		123.2802	123.2802	A3D Allowable Resident Care Exp		1,065,141
B5 Allocation of D/C Expenses		91.5887	183.1773	B4 Allocation of D/C Expenses		1,582,652
C3 Additional Services per Diem		14.1029	14.1029	C2 Additional Services per Diem		121,849
Total Resident Care Component		228.9718	320.5604	Total Resident Care Component		2,769,642

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2016/07

RI: 399.52

NM: 507.11

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.382	220.156	308.537	88.382	327.787	416.169
2.Inflate Line 1 by Inflation Factor 1.02404884	90.507	225.450	315.957	90.507	335.670	426.177
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	91.357	227.568	318.925	91.357	338.823	430.181
4.Current Period Cost	90.538	228.972	319.510	90.538	320.560	411.098
5.Incentive Basis (line 3 - line 4)	0.820	0.000		0.820	18.263	
6.Allowed Current Period Costs (Min of line 3 or 4)	90.538	227.568	318.106	90.538	320.560	411.098
7.Incentive Line 5 x Oper 50% Res 50%	0.410	0.000	0.410	0.410	9.131	9.541
8.Incentive - Line 4 x Oper 10% Res 3%	9.054	0.000	9.054	9.054	9.617	18.671
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.410	0.000	0.410	0.410	9.131	9.541
10.Final Incentive	0.410	0.000	0.410	0.410	9.131	9.541
11.Current Period Base: (line 6 + line 10)	90.948	227.568	318.515	90.948	329.692	420.639
12.Plus: Property Rate Component			40.501			40.501
13.Plus: ROE/Use Rate			2.284			2.284
14.Total Current Period Base			361.301			463.425
15.Prospective Rate: Line 11 x Inflation 1.05175287	95.654	239.345	335.000	95.654	346.754	442.409
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	95.654	239.345	335.000	95.654	346.754	442.409
19.Property Rate Component			40.501			40.501
20.ROE Component + ROE Interim Component			2.284			2.284
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			377.79			485.19
23.Medicaid Days		0			8,640	
24.Resident Days		0			8,640	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.67			0.85
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			399.52			507.11



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

028049601 - 2016/07
RI:342.98 / NM:462.19

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	324.13	342.98	7/1/2016
#8 Non-Ambulatory & #9 Medical	436.09	462.19	7/1/2016

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	

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

Comments:

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) 07/2016 to 7/2016

028049601

Provider Name:	Dorchester Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28049601	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	1,672	6,233	7,905
2. Operating Expenses component			
A. Administration			372,520
B. Plant Operation			155,989
C. Laundry			7,738
D. Housekeeping			36,402
E. Operating Expense Component & Per Diem	72.4414	72.4414	572,649
3. Resident Care			
A. Dietary			136,209
B. Other			188,136
C. Nursing			505,427
D. Resident Care & Per Diem	104.9680	104.9680	829,772
4. Prop Exp & Per Diem	13.2940	13.2940	105,089
5. ROE/Use Per Diem	1.6832	1.6832	13,306

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	836.00	6,233.00	7,069.00
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	190,032.89	1,416,836.11	1,606,869.00
5. Direct Care Expense Per Diem	113.6560	227.3121	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,672	6,233	7,905
2. Additional Services	12,073	45,005	57,078
3. Additional Services Exp & Per Diem	7.2207	7.2204	

D. Medicaid Per Diem Cost

1. Operating Component	72.4414	72.4414	572,649
2. Resident Care Component	225.8447	339.5005	2,493,719
3. Property Cost Component	13.2940	13.2940	105,089
4. ROE/Use Allow Component	1.6832	1.6832	13,306
5. Total Cost Per Diem	313.2633	426.9191	3,184,763

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		104.9680	104.9680	A3D Allowable Resident Care Exp		829,772
B5 Allocation of D/C Expenses		113.6560	227.3121	B4 Allocation of D/C Expenses		1,606,869
C3 Additional Services per Diem		7.2207	7.2204	C2 Additional Services per Diem		57,078
Total Resident Care Component		225.8447	339.5005	Total Resident Care Component		2,493,719

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2016/07

RI: 342.98

NM: 462.19

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Dorchester Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.371	212.436	281.806	69.371	321.901	391.272
2.Inflate Line 1 by Inflation Factor 1.02404884	71.039	217.544	288.584	71.039	329.643	400.682
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	71.706	219.588	291.294	71.706	332.739	404.446
4.Current Period Cost	72.441	225.845	298.286	72.441	339.501	411.942
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.706	219.588	291.294	71.706	332.739	404.446
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	71.706	219.588	291.294	71.706	332.739	404.446
12.Plus: Property Rate Component			13.294			13.294
13.Plus: ROE/Use Rate			1.683			1.683
14.Total Current Period Base			306.272			419.423
15.Pro prospective Rate: Line 11 x Inflation 1.05175287	75.417	230.952	306.370	75.417	349.960	425.377
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	75.417	230.952	306.370	75.417	349.960	425.377
19.Property Rate Component			13.294			13.294
20.ROE Component + ROE Interim Component			1.683			1.683
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.35			440.35
23.Medicaid Days		1,672			6,233	
24.Resident Days		1,672			6,233	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.58			0.78
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			342.98			462.19



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

028059300 - 2016/07
RI:240.75 / NM:0.00

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

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

Provider Type: ICF/IID

Provider Number: 028059300

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	237.40	240.75	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28059300	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			54,943
B. Plant Operation			28,259
C. Laundry			631
D. Housekeeping			803
E. Operating Expense Component & Per Diem	38.6466		84,636
3. Resident Care			
A. Dietary			14,913
B. Other			52,221
C. Nursing			3,060
D. Resident Care & Per Diem	32.0521		70,194
4. Prop Exp & Per Diem	13.5566		29,689
5. ROE/Use Per Diem	0.3895		853

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	249,264.00	0.00	249,264.00
5. Direct Care Expense Per Diem	113.8192	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	10,872	0	10,872
3. Additional Services Exp & Per Diem	4.9644	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.6466	0.0000	84,636
2. Resident Care Component	150.8357	0.0000	330,330
3. Property Cost Component	13.5566	0.0000	29,689
4. ROE/Use Allow Component	0.3895	0.0000	853
5. Total Cost Per Diem	203.4284	0.0000	445,508

Resident Care Component Per-Diem Calculation

Facility Name: 146th Place Grp Home #10 (Sunrise)

Provider Number: 28059300
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	32.0521	0.0000		A3D Allowable Resident Care Exp	70,194
B5 Allocation of D/C Expenses	113.8192	0.0000		B4 Allocation of D/C Expenses	249,264
C3 Additional Services per Diem	4.9644	0.0000		C2 Additional Services per Diem	10,872
Total Resident Care Component	150.8357	0.0000		Total Resident Care Component	330,330

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028059300 - 2016/07

RI: 240.75

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.756	158.318	198.074	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	40.712	162.125	202.837	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	41.095	163.648	204.743	0.000	0.000	0.000
4.Current Period Cost	38.647	150.836	189.482	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.448	12.812		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.647	150.836	189.482	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.224	6.406	7.630	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.865	4.525	8.390	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.224	4.525	5.749	0.000	0.000	0.000
10.Final Incentive	1.224	4.525	5.749	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.871	155.361	195.231	0.000	0.000	0.000
12.Plus: Property Rate Component			13.557			0.000
13.Plus: ROE/Use Rate			0.390			0.000
14.Total Current Period Base			209.178			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	41.934	163.401	205.335	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	41.934	163.401	205.335	0.000	0.000	0.000
19.Property Rate Component			13.557			0.000
20.ROE Component + ROE Interim Component			0.390			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			219.28			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			240.75			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

028062300 - 2016/07
RI:246.51 / NM:287.59

**119th Street Grp Home #11
 (Sunrise)**

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

Provider Type: ICF/IID

Provider Number: 028062300

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	233.31	246.51	7/1/2016
#8 Non-Ambulatory & #9 Medical	271.36	287.59	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

028062300

Provider Name: **119th Street Grp Home #11 (Sunrise)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28062300 Rate Semester : July, 2016
 Audit Status: Unaudited Cost Report : 7/1/2014 - 6/30/2015
 Date: 6/23/2016 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	1,460	730	2,190
2. Operating Expenses component			
A. Administration			61,432
B. Plant Operation			24,446
C. Laundry			314
D. Housekeeping			1,643
E. Operating Expense Component & Per Diem	40.1073	40.1073	87,835
3. Resident Care			
A. Dietary			15,089
B. Other			53,816
C. Nursing			7,471
D. Resident Care & Per Diem	34.8749	34.8749	76,376
4. Prop Exp & Per Diem	15.3507	15.3507	33,618
5. ROE/Use Per Diem	0.5128	0.5128	1,123

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	176,263.20	117,508.80	293,772.00
5. Direct Care Expense Per Diem	120.7282	160.9710	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	3,257	1,629	4,886
3. Additional Services Exp & Per Diem	2.2308	2.2315	

D. Medicaid Per Diem Cost

1. Operating Component	40.1073	40.1073	87,835
2. Resident Care Component	157.8339	198.0774	375,034
3. Property Cost Component	15.3507	15.3507	33,618
4. ROE/Use Allow Component	0.5128	0.5128	1,123
5. Total Cost Per Diem	213.8047	254.0482	497,610

Resident Care Component Per-Diem Calculation

Facility Name: 119th Street Grp Home #11 (Sunrise)

Provider Number: 28062300
FYE: 06/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	34.8749	34.8749	34.8749	A3D Allowable Resident Care Exp	76,376
B5 Allocation of D/C Expenses	120.7282	160.9710	160.9710	B4 Allocation of D/C Expenses	293,772
C3 Additional Services per Diem	2.2308	2.2315	2.2315	C2 Additional Services per Diem	4,886
Total Resident Care Component	157.8339	198.0774	198.0774	Total Resident Care Component	375,034

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028062300 - 2016/07

RI: 246.51

NM: 287.59

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

119th Street Grp Home #11 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.584	153.733	193.317	39.584	190.932	230.516
2.Inflate Line 1 by Inflation Factor 1.02404884	40.536	157.430	197.966	40.536	195.524	236.060
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	40.917	158.909	199.825	40.917	197.361	238.277
4.Current Period Cost	40.107	157.834	197.941	40.107	198.077	238.185
5.Incentive Basis (line 3 - line 4)	0.810	1.075		0.810	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.107	157.834	197.941	40.107	197.361	237.468
7.Incentive Line 5 x Oper 50% Res 50%	0.405	0.537	0.942	0.405	0.000	0.405
8.Incentive - Line 4 x Oper 10% Res 3%	4.011	4.735	8.746	4.011	0.000	4.011
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.405	0.537	0.942	0.405	0.000	0.405
10.Final Incentive	0.405	0.537	0.942	0.405	0.000	0.405
11.Current Period Base: (line 6 + line 10)	40.512	158.371	198.883	40.512	197.361	237.873
12.Plus: Property Rate Component			15.351			15.351
13.Plus: ROE/Use Rate			0.513			0.513
14.Total Current Period Base			214.747			253.736
15.Prospective Rate: Line 11 x Inflation 1.05175287	42.609	166.567	209.176	42.609	207.575	250.183
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.609	166.567	209.176	42.609	207.575	250.183
19.Property Rate Component			15.351			15.351
20.ROE Component + ROE Interim Component			0.513			0.513
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			225.04			266.05
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.41			0.48
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			246.51			287.59



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

028065800 - 2016/07
RI:238.59 / NM:0.00

**22nd Street Grp Home #6
 (Sunrise)**

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

Provider Type: ICF/IID

Provider Number: 028065800

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	231.75	238.59	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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

Comments:

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

028065800

Rate Period(s) 07/2016 to 7/2016

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28065800	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	2,103	0	2,103
2. Operating Expenses component			
A. Administration			56,513
B. Plant Operation			25,767
C. Laundry			285
D. Housekeeping			1,398
E. Operating Expense Component & Per Diem	39.9253		83,963
3. Resident Care			
A. Dietary			16,823
B. Other			54,360
C. Nursing			0
D. Resident Care & Per Diem	33.8483		71,183
4. Prop Exp & Per Diem	9.6776		20,352
5. ROE/Use Per Diem	0.5159		1,085

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,577.25	0.00	1,577.25
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	240,326.00	0.00	240,326.00
5. Direct Care Expense Per Diem	114.2777	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,103	0	2,103
2. Additional Services	5,899	0	5,899
3. Additional Services Exp & Per Diem	2.8050	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	39.9253	0.0000	83,963
2. Resident Care Component	150.9310	0.0000	317,408
3. Property Cost Component	9.6776	0.0000	20,352
4. ROE/Use Allow Component	0.5159	0.0000	1,085
5. Total Cost Per Diem	201.0498	0.0000	422,808

Resident Care Component Per-Diem Calculation

Facility Name: 22nd Street Grp Home #6 (Sunrise)

Provider Number: 28065800
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	33.8483	0.0000		A3D Allowable Resident Care Exp	71,183
B5 Allocation of D/C Expenses	114.2777	0.0000		B4 Allocation of D/C Expenses	240,326
C3 Additional Services per Diem	2.8050	0.0000		C2 Additional Services per Diem	5,899
Total Resident Care Component	150.9310	0.0000		Total Resident Care Component	317,408

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028065800 - 2016/07

RI: 238.59

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.366	151.689	196.054	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	45.432	155.336	200.769	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	45.859	156.796	202.655	0.000	0.000	0.000
4.Current Period Cost	39.925	150.931	190.856	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.934	5.865		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.925	150.931	190.856	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.967	2.932	5.899	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.993	4.528	8.520	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.967	2.932	5.899	0.000	0.000	0.000
10.Final Incentive	2.967	2.932	5.899	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	42.892	153.863	196.756	0.000	0.000	0.000
12.Plus: Property Rate Component			9.678			0.000
13.Plus: ROE/Use Rate			0.516			0.000
14.Total Current Period Base			206.949			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	45.112	161.826	206.938	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	45.112	161.826	206.938	0.000	0.000	0.000
19.Property Rate Component			9.678			0.000
20.ROE Component + ROE Interim Component			0.516			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			217.13			0.00
23.Medicaid Days		2,103			0	
24.Resident Days		2,103			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.59			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 - 2016/07
RI:261.82 / NM:340.80

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 6/23/2016

FYE: 2/28/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	249.24	261.82	7/1/2016
#8 Non-Ambulatory & #9 Medical	323.49	340.80	7/1/2016

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:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

Comments:

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) 07/2016 to 7/2016

Provider Name:	Fern Park Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28427100	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	3/1/2014 - 2/28/2015
Date:	6/23/2016	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	5,443	17,702	23,145
2. Operating Expenses component			
A. Administration			888,112
B. Plant Operation			307,404
C. Laundry			47,780
D. Housekeeping			118,173
E. Operating Expense Component & Per Diem	58.8235	58.8235	1,361,469
3. Resident Care			
A. Dietary			425,669
B. Other			0
C. Nursing			924,313
D. Resident Care & Per Diem	58.3272	58.3272	1,349,982
4. Prop Exp & Per Diem	23.8579	23.8579	552,192
5. ROE/Use Per Diem	0.1672	0.1672	3,869

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,721.50	17,702.00	20,423.50
3. Staffing Percent	0.13	0.87	1.00
4. Allocation of Direct Care	415,252.38	2,701,009.62	3,116,262.00
5. Direct Care Expense Per Diem	76.2911	152.5822	

C. Additional Services Expense

1. Medicaid Inpatient Days	5,443	17,702	23,145
2. Additional Services	48,676	158,307	206,983
3. Additional Services Exp & Per Diem	8.9429	8.9429	

D. Medicaid Per Diem Cost

1. Operating Component	58.8235	58.8235	1,361,469
2. Resident Care Component	143.5612	219.8523	4,673,227
3. Property Cost Component	23.8579	23.8579	552,192
4. ROE/Use Allow Component	0.1672	0.1672	3,869
5. Total Cost Per Diem	226.4098	302.7009	6,590,757

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100
FYE: 02/28/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		58.3272	58.3272	A3D Allowable Resident Care Exp		1,349,982
B5 Allocation of D/C Expenses		76.2911	152.5822	B4 Allocation of D/C Expenses		3,116,262
C3 Additional Services per Diem		8.9429	8.9429	C2 Additional Services per Diem		206,983
Total Resident Care Component		143.5612	219.8523	Total Resident Care Component		4,673,227

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2016/07

RI: 261.82

NM: 340.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Fern Park Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2014	2/28/2015	Unaudited	201507
Prior Cost Report	3/1/2013	2/28/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.632	139.086	199.718	60.632	211.250	271.882
2.Inflate Line 1 by Inflation Factor 1.02164913	61.945	142.097	204.042	61.945	215.823	277.768
3.Line 1 X 1.4000 X Inflation Factor 1.03030878	62.470	143.301	205.771	62.470	217.653	280.123
4.Current Period Cost	58.824	143.561	202.385	58.824	219.852	278.676
5.Incentive Basis (line 3 - line 4)	3.646	0.000		3.646	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.824	143.301	202.125	58.824	217.653	276.476
7.Incentive Line 5 x Oper 50% Res 50%	1.823	0.000	1.823	1.823	0.000	1.823
8.Incentive - Line 4 x Oper 10% Res 3%	5.882	0.000	5.882	5.882	0.000	5.882
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.823	0.000	1.823	1.823	0.000	1.823
10.Final Incentive	1.823	0.000	1.823	1.823	0.000	1.823
11.Current Period Base: (line 6 + line 10)	60.647	143.301	203.948	60.647	217.653	278.299
12.Plus: Property Rate Component			23.858			23.858
13.Plus: ROE/Use Rate			0.167			0.167
14.Total Current Period Base			227.973			302.324
15.Prospective Rate: Line 11 x Inflation 1.06051611	64.317	151.973	216.290	64.317	230.824	295.141
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.317	151.973	216.290	64.317	230.824	295.141
19.Property Rate Component			23.858			23.858
20.ROE Component + ROE Interim Component			0.167			0.167
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			240.32			319.17
23.Medicaid Days		5,443			17,702	
24.Resident Days		5,443			17,702	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.44			0.57
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			261.82			340.80



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

028500500 - 2016/07
RI:216.22 / NM:0.00

**Naranja Group Home
 (Sunrise)**
 15190 S.W. 272nd Street
 Naranja, FL 33032
 Provider Type: ICF/IID

Provider Number: 028500500
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	205.39	216.22	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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	

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

Comments:

 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) 07/2016 to 7/2016

028500500

Provider Name:	Naranja Group Home (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28500500	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	4,380	0	4,380
2. Operating Expenses component			
A. Administration			97,923
B. Plant Operation			46,990
C. Laundry			558
D. Housekeeping			3,112
E. Operating Expense Component & Per Diem	33.9231		148,583
3. Resident Care			
A. Dietary			35,473
B. Other			131,694
C. Nursing			28,228
D. Resident Care & Per Diem	44.6107		195,395
4. Prop Exp & Per Diem	8.9639		39,262
5. ROE/Use Per Diem	1.2034		5,271

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,190.00	0.00	2,190.00
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	408,720.00	0.00	408,720.00
5. Direct Care Expense Per Diem	93.3151	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,380	0	4,380
2. Additional Services	9,016	0	9,016
3. Additional Services Exp & Per Diem	2.0584	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	33.9231	0.0000	148,583
2. Resident Care Component	139.9842	0.0000	613,131
3. Property Cost Component	8.9639	0.0000	39,262
4. ROE/Use Allow Component	1.2034	0.0000	5,271

5. Total Cost Per Diem	184.0746	0.0000	806,247
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Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500
FYE: 06/30/2015

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	44.6107	0.0000		A3D Allowable Resident Care Exp		195,395
B5 Allocation of D/C Expenses	93.3151	0.0000		B4 Allocation of D/C Expenses		408,720
C3 Additional Services per Diem	2.0584	0.0000		C2 Additional Services per Diem		9,016
Total Resident Care Component	139.9842	0.0000		Total Resident Care Component		613,131

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028500500 - 2016/07

RI: 216.22

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	34.105	137.300	171.404	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	34.925	140.602	175.526	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	35.253	141.922	177.175	0.000	0.000	0.000
4.Current Period Cost	33.923	139.984	173.907	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.330	1.938		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	33.923	139.984	173.907	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.665	0.969	1.634	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.392	4.200	7.592	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.665	0.969	1.634	0.000	0.000	0.000
10.Final Incentive	0.665	0.969	1.634	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	34.588	140.953	175.541	0.000	0.000	0.000
12.Plus: Property Rate Component			8.964			0.000
13.Plus: ROE/Use Rate			1.203			0.000
14.Total Current Period Base			185.709			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	36.378	148.248	184.626	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	36.378	148.248	184.626	0.000	0.000	0.000
19.Property Rate Component			8.964			0.000
20.ROE Component + ROE Interim Component			1.203			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			194.79			0.00
23.Medicaid Days		4,380			0	
24.Resident Days		4,380			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.36			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			216.22			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 - 2016/07
RI:319.76 / NM:398.45

Sunrise - Main Facility

9040 Sunset Drive
 Miami, FL 33173

Provider Number: 028501300

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	308.00	319.76	7/1/2016
#8 Non-Ambulatory & #9 Medical	387.07	398.45	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

028501300

Provider Name:	Sunrise - Main Facility	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28501300	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	25,557	17,592	43,149
2. Operating Expenses component			
A. Administration			1,738,163
B. Plant Operation			1,038,029
C. Laundry			14,021
D. Housekeeping			166,799
E. Operating Expense Component & Per Diem	68.5303	68.5303	2,957,012
3. Resident Care			
A. Dietary			1,548,966
B. Other			954,267
C. Nursing			2,208,213
D. Resident Care & Per Diem	109.1902	109.1902	4,711,446
4. Prop Exp & Per Diem	10.7526	10.7526	463,966
5. ROE/Use Per Diem	1.8929	1.8929	81,677

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	12,778.50	17,592.00	30,370.50
3. Staffing Percent	0.42	0.58	1.00
4. Allocation of Direct Care	1,836,639.51	2,528,478.49	4,365,118.00
5. Direct Care Expense Per Diem	71.8644	143.7289	

C. Additional Services Expense

1. Medicaid Inpatient Days	25,557	17,592	43,149
2. Additional Services	407,989	280,837	688,826
3. Additional Services Exp & Per Diem	15.9639	15.9639	

D. Medicaid Per Diem Cost

1. Operating Component	68.5303	68.5303	2,957,012
2. Resident Care Component	197.0185	268.8830	9,765,390
3. Property Cost Component	10.7526	10.7526	463,966
4. ROE/Use Allow Component	1.8929	1.8929	81,677

5. Total Cost Per Diem	278.1943	350.0588	13,268,045
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Resident Care Component Per-Diem Calculation

Facility Name: Sunrise - Main Facility

Provider Number: 28501300
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		109.1902	109.1902	A3D Allowable Resident Care Exp		4,711,446
B5 Allocation of D/C Expenses		71.8644	143.7289	B4 Allocation of D/C Expenses		4,365,118
C3 Additional Services per Diem		15.9639	15.9639	C2 Additional Services per Diem		688,826
Total Resident Care Component		197.0185	268.8830	Total Resident Care Component		9,765,390

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028501300 - 2016/07

RI: 319.76

NM: 398.45

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sunrise - Main Facility

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.617	200.730	268.347	67.617	278.039	345.655
2.Inflate Line 1 by Inflation Factor 1.02404884	69.243	205.558	274.801	69.243	284.725	353.968
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	69.893	207.489	277.382	69.893	287.400	357.293
4.Current Period Cost	68.530	197.019	265.549	68.530	268.883	337.413
5.Incentive Basis (line 3 - line 4)	1.363	10.470		1.363	18.517	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.530	197.019	265.549	68.530	268.883	337.413
7.Incentive Line 5 x Oper 50% Res 50%	0.682	5.235	5.917	0.682	9.258	9.940
8.Incentive - Line 4 x Oper 10% Res 3%	6.853	5.911	12.764	6.853	8.066	14.920
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.682	5.235	5.917	0.682	8.066	8.748
10.Final Incentive	0.682	5.235	5.917	0.682	8.066	8.748
11.Current Period Base: (line 6 + line 10)	69.212	202.254	271.465	69.212	276.949	346.161
12.Plus: Property Rate Component			10.753			10.753
13.Plus: ROE/Use Rate			1.893			1.893
14.Total Current Period Base			284.111			358.807
15.Prospective Rate: Line 11 x Inflation 1.05175287	72.794	212.721	285.515	72.794	291.282	364.076
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	72.794	212.721	285.515	72.794	291.282	364.076
19.Property Rate Component			10.753			10.753
20.ROE Component + ROE Interim Component			1.893			1.893
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			298.16			376.72
23.Medicaid Days		25,557			17,592	
24.Resident Days		25,557			17,592	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.54			0.67
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			319.76			398.45



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

028505600 - 2016/07
RI:312.59 / NM:476.05

PARC Cottage
 3101 76th Way North
 St. Petersburg, FL 33710

Provider Number: 028505600
 Date: 6/23/2016
 FYE: 9/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	293.31	312.59	7/1/2016
#8 Non-Ambulatory & #9 Medical	446.77	476.05	7/1/2016

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:

Comments:

_____ 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) 07/2016 to 7/2016

028505600

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 10/1/2014 - 9/30/2015
 Days In Reporting Period: 365
 Number of Beds: 16

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

A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,285	2,555	5,840
2. Operating Expenses component			
A. Administration			342,900
B. Plant Operation			67,551
C. Laundry			6,298
D. Housekeeping			14,332
E. Operating Expense Component & Per Diem	73.8152	73.8152	431,081
3. Resident Care			
A. Dietary			125,199
B. Other			0
C. Nursing			168,256
D. Resident Care & Per Diem	50.2491	50.2491	293,455
4. Prop Exp & Per Diem	5.5755	5.5755	32,561
5. ROE/Use Per Diem	1.0570	1.0570	6,173

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,642.50	2,555.00	4,197.50
3. Staffing Percent	0.39	0.61	1.00
4. Allocation of Direct Care	499,854.92	777,552.08	1,277,407.00
5. Direct Care Expense Per Diem	152.1628	304.3257	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,285	2,555	5,840
2. Additional Services	42,000	32,666	74,666
3. Additional Services Exp & Per Diem	12.7854	12.7851	

D. Medicaid Per Diem Cost

1. Operating Component	73.8152	73.8152	431,081
2. Resident Care Component	215.1973	367.3599	1,645,528
3. Property Cost Component	5.5755	5.5755	32,561
4. ROE/Use Allow Component	1.0570	1.0570	6,173
5. Total Cost Per Diem	295.6450	447.8076	2,115,343

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		50.2491	50.2491	A3D Allowable Resident Care Exp		293,455
B5 Allocation of D/C Expenses		152.1628	304.3257	B4 Allocation of D/C Expenses		1,277,407
C3 Additional Services per Diem		12.7854	12.7851	C2 Additional Services per Diem		74,666
Total Resident Care Component		215.1973	367.3599	Total Resident Care Component		1,645,528

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028505600 - 2016/07

RI: 312.59

NM: 476.05

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	10/1/2013	9/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	63.006	199.796	262.802	63.006	350.595	413.601
2.Inflate Line 1 by Inflation Factor 1.02520071	64.594	204.831	269.425	64.594	359.430	424.024
3.Line 1 X 1.4000 X Inflation Factor 1.03528099	65.229	206.845	272.074	65.229	362.964	428.193
4.Current Period Cost	73.815	215.197	289.013	73.815	367.360	441.175
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)	65.229	206.845	272.074	65.229	362.964	428.193
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	65.229	206.845	272.074	65.229	362.964	428.193
12.Plus: Property Rate Component			5.576			5.576
13.Plus: ROE/Use Rate			1.057			1.057
14.Total Current Period Base			278.707			434.826
15.Prospective Rate: Line 11 x Inflation 1.04521348	68.179	216.197	284.376	68.179	379.375	447.553
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	68.179	216.197	284.376	68.179	379.375	447.553
19.Property Rate Component			5.576			5.576
20.ROE Component + ROE Interim Component			1.057			1.057
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			291.01			454.19
23.Medicaid Days			3,285			2,555
24.Resident Days			3,285			2,555
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.53			0.80
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			312.59			476.05



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

028512900 - 2016/07
RI:278.95 / NM:0.00

MACtown, Inc.
 151 NE 62nd Street
 Miami, FL 33138

Provider Number: 028512900
 Date: 6/23/2016
 FYE: 9/30/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	265.16	278.95	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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:

Comments:

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

028512900

Rate Period(s) 07/2015 to 7/2016

Provider Name:	MActown, Inc.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28512900	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	10/1/2013 - 9/30/2014
Date:	6/23/2016	Days In Reporting Period:	365
		Number of Beds:	56

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

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

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
FYE: 09/30/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	0.0000	0.0000		A3D Allowable Resident Care Exp	0
B5 Allocation of D/C Expenses	186.7510	0.0000		B4 Allocation of D/C Expenses	3,756,309
C3 Additional Services per Diem	0.0000	0.0000		C2 Additional Services per Diem	0
Total Resident Care Component	186.7510	0.0000		Total Resident Care Component	3,756,309

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028512900 - 2016/07

RI: 278.95

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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 1.01842893	35.949	198.172	234.121	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02580050	36.209	199.607	235.816	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	12.856		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.209	186.751	222.960	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.428	6.428	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: (line 6 + line 10)	36.209	192.354	228.563	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			241.066			0.000
15.Prospective Rate: Line 11 x Inflation 1.07155360	38.800	206.117	244.917	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	38.800	206.117	244.917	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			257.42			0.00
23.Medicaid Days		20,114			0	
24.Resident Days		20,114			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.47			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			278.95			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 - 2016/07
RI:293.99 / NM:353.89

New Horizons of NW Florida, Inc.

10050 Hillview Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 028513700

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	282.07	293.99	7/1/2016
#8 Non-Ambulatory & #9 Medical	333.13	353.89	7/1/2016

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:

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 10/1/2014 - 9/30/2015
 Days In Reporting Period: 365
 Number of Beds: 30

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

A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,011	7,635	10,646
2. Operating Expenses component			
A. Administration			711,430
B. Plant Operation			178,537
C. Laundry			48,511
D. Housekeeping			65,493
E. Operating Expense Component & Per Diem	94.3050	94.3050	1,003,971
3. Resident Care			
A. Dietary			257,743
B. Other			68,122
C. Nursing			554,303
D. Resident Care & Per Diem	82.6759	82.6759	880,168
4. Prop Exp & Per Diem	5.0299	5.0299	53,548
5. ROE/Use Per Diem	1.5766	1.5766	16,784

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,505.50	7,635.00	9,140.50
3. Staffing Percent	0.16	0.84	1.00
4. Allocation of Direct Care	186,121.67	943,898.33	1,130,020.00
5. Direct Care Expense Per Diem	61.8139	123.6278	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,011	7,635	10,646
2. Additional Services	55,430	165,389	220,819
3. Additional Services Exp & Per Diem	18.4092	21.6620	

D. Medicaid Per Diem Cost

1. Operating Component	94.3050	94.3050	1,003,971
2. Resident Care Component	162.8990	227.9657	2,231,007
3. Property Cost Component	5.0299	5.0299	53,548
4. ROE/Use Allow Component	1.5766	1.5766	16,784
5. Total Cost Per Diem	263.8105	328.8772	3,305,310

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		82.6759	82.6759	A3D Allowable Resident Care Exp		880,168
B5 Allocation of D/C Expenses		61.8139	123.6278	B4 Allocation of D/C Expenses		1,130,020
C3 Additional Services per Diem		18.4092	21.6620	C2 Additional Services per Diem		220,819
Total Resident Care Component		162.8990	227.9657	Total Resident Care Component		2,231,007

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2016/07

RI: 293.99

NM: 353.89

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

New Horizons of NW Florida, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	10/1/2013	9/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	83.591	167.163	250.754	83.591	217.334	300.925
2.Inflate Line 1 by Inflation Factor 1.02520071	85.698	171.376	257.073	85.698	222.811	308.509
3.Line 1 X 1.4000 X Inflation Factor 1.03528099	86.540	173.061	259.601	86.540	225.002	311.542
4.Current Period Cost	94.305	162.899	257.204	94.305	227.966	322.271
5.Incentive Basis (line 3 - line 4)	0.000	10.162		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	86.540	162.899	249.439	86.540	225.002	311.542
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.081	5.081	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.887	4.887	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.887	4.887	0.000	0.000	0.000
10.Final Incentive	0.000	4.887	4.887	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	86.540	167.786	254.326	86.540	225.002	311.542
12.Plus: Property Rate Component			5.030			5.030
13.Plus: ROE/Use Rate			1.577			1.577
14.Total Current Period Base			260.933			318.149
15.Prospective Rate: Line 11 x Inflation 1.04521348	90.453	175.372	265.825	90.453	235.175	325.628
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	90.453	175.372	265.825	90.453	235.175	325.628
19.Property Rate Component			5.030			5.030
20.ROE Component + ROE Interim Component			1.577			1.577
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			272.43			332.23
23.Medicaid Days		3,011			7,635	
24.Resident Days		3,011			7,635	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.49			0.60
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			293.99			353.89



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

028519600 - 2016/07
RI:354.25 / NM:0.00

BARC Housing, Inc.
 10250 N.W. 53rd Street
 Sunrise, FL 33351

Provider Number: 028519600
 Date: 6/23/2016
 FYE: 9/30/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>336.61</u>	<u>354.25</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2016</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:

Comments:

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

028519600

Rate Period(s) 07/2015 to 7/2016

Provider Name:	BARC Housing, Inc.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28519600	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	10/1/2013 - 9/30/2014
Date:	6/23/2016	Days In Reporting Period:	365
		Number of Beds:	36

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

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

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	78.3091	0.0000		A3D Allowable Resident Care Exp	996,170
B5 Allocation of D/C Expenses	115.2009	0.0000		B4 Allocation of D/C Expenses	1,465,471
C3 Additional Services per Diem	10.2027	0.0000		C2 Additional Services per Diem	129,789
Total Resident Care Component	203.7127	0.0000		Total Resident Care Component	2,591,430

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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028520000 - 2016/07
RI:241.83 / NM:328.89

Pensacola Developmental Center

One Villa Drive
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 028520000

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>234.34</u>	<u>241.83</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>316.07</u>	<u>328.89</u>	<u>7/1/2016</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:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

Comments:

For Information only - No Change in rate



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028519600 - 2016/07

RI: 354.25

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

BARC Housing, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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 1.01842893	95.098	198.849	293.948	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02580050	95.787	200.289	296.075	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)	1.131	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.656	200.289	294.944	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.565	0.000	0.565	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%	0.565	0.000	0.565	0.000	0.000	0.000
10.Final Incentive	0.565	0.000	0.565	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	95.221	200.289	295.510	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			311.447			0.000
15.Prospective Rate: Line 11 x Inflation 1.07155360	102.035	214.620	316.655	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	102.035	214.620	316.655	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			332.59			0.00
23.Medicaid Days		12,721			0	
24.Resident Days		12,721			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.25			0.00



Florida Agency For Health Care Administration

028520000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Pensacola Developmental Center**
 Provider Number: 28520000
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 6/1/2014 - 9/30/2015
 Days In Reporting Period: 487
 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	13,542	16,842	30,384
2. Operating Expenses component			
A. Administration			953,834
B. Plant Operation			506,937
C. Laundry			5,057
D. Housekeeping			272,616
E. Operating Expense Component & Per Diem	57.2158	57.2158	1,738,444
3. Resident Care			
A. Dietary			517,001
B. Other			0
C. Nursing			936,899
D. Resident Care & Per Diem	47.8508	47.8508	1,453,900
4. Prop Exp & Per Diem	14.2983	14.2983	434,439
5. ROE/Use Per Diem	0.2009	0.2009	6,103

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,771.00	16,842.00	23,613.00
3. Staffing Percent	0.29	0.71	1.00
4. Allocation of Direct Care	1,120,363.20	2,786,760.80	3,907,124.00
5. Direct Care Expense Per Diem	82.7325	165.4650	

C. Additional Services Expense

1. Medicaid Inpatient Days	13,542	16,842	30,384
2. Additional Services	117,519	146,157	263,676
3. Additional Services Exp & Per Diem	8.6781	8.6781	

D. Medicaid Per Diem Cost

1. Operating Component	57.2158	57.2158	1,738,444
2. Resident Care Component	139.2614	221.9939	5,624,700
3. Property Cost Component	14.2983	14.2983	434,439
4. ROE/Use Allow Component	0.2009	0.2009	6,103
5. Total Cost Per Diem	210.9764	293.7089	7,803,686

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

Provider Number: 28520000

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		47.8508	47.8508	A3D Allowable Resident Care Exp	1,453,900
B5 Allocation of D/C Expenses		82.7325	165.4650	B4 Allocation of D/C Expenses	3,907,124
C3 Additional Services per Diem		8.6781	8.6781	C2 Additional Services per Diem	263,676
Total Resident Care Component		139.2614	221.9939	Total Resident Care Component	5,624,700

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028520000 - 2016/07

RI: 241.83

NM: 328.89

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Pensacola Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.703	136.158	189.861	53.703	215.943	269.647
2.Inflate Line 1 by Inflation Factor 1.02772568	55.192	139.933	195.125	55.192	221.930	277.123
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	55.788	141.443	197.231	55.788	224.325	280.113
4.Current Period Cost	57.216	139.261	196.477	57.216	221.994	279.210
5.Incentive Basis (line 3 - line 4)	0.000	2.182		0.000	2.331	
6.Allowed Current Period Costs (Min of line 3 or 4)	55.788	139.261	195.049	55.788	221.994	277.782
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.091	1.091	0.000	1.166	1.166
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.178	4.178	0.000	6.660	6.660
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.091	1.091	0.000	1.166	1.166
10.Final Incentive	0.000	1.091	1.091	0.000	1.166	1.166
11.Current Period Base: (line 6 + line 10)	55.788	140.352	196.140	55.788	223.160	278.947
12.Plus: Property Rate Component			14.298			14.298
13.Plus: ROE/Use Rate			0.201			0.201
14.Total Current Period Base			210.639			293.447
15.Prospective Rate: Line 11 x Inflation 1.04958219	58.554	147.311	205.865	58.554	234.224	292.778
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	58.554	147.311	205.865	58.554	234.224	292.778
19.Property Rate Component			14.298			14.298
20.ROE Component + ROE Interim Component			0.201			0.201
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			220.36			307.28
23.Medicaid Days		13,542			16,842	
24.Resident Days		13,542			16,842	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.41			0.55
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			241.83			328.89



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

028521800 - 2016/07
RI:310.32 / NM:391.07

Ann Storck Center, Inc.
 1790 S.W. 43rd Way
 Ft. Lauderdale, FL 33317

Provider Number: 028521800
 Date: 6/23/2016
 FYE: 9/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	311.45	310.32	7/1/2016
#8 Non-Ambulatory & #9 Medical	389.11	391.07	7/1/2016

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:
 Ann Storck Center
 1790 S.W. 43RD WAY
 Ft. Lauderdale, FL 33317

Comments:

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) 07/2016 to 7/2016

Provider Name: **Ann Storck Center, Inc.**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28521800

Rate Semester : July, 2016

Audit Status: Unaudited

Cost Report : 10/1/2014 - 9/30/2015

Date: 6/23/2016

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	0	17,350	17,350
2. Operating Expenses component			
A. Administration			507,720
B. Plant Operation			568,859
C. Laundry			42,648
D. Housekeeping			51,668
E. Operating Expense Component & Per Diem	67.4867	67.4867	1,170,895
3. Resident Care			
A. Dietary			352,895
B. Other			0
C. Nursing			1,054,712
D. Resident Care & Per Diem	81.1301	81.1301	1,407,607
4. Prop Exp & Per Diem	6.6083	6.6083	114,654
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	17,350.00	17,350.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	2,598,464.00	2,598,464.00
5. Direct Care Expense Per Diem	74.8837	149.7674	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	17,350	17,350
2. Additional Services	0	596,327	596,327
3. Additional Services Exp & Per Diem	34.3704	34.3704	

D. Medicaid Per Diem Cost

1. Operating Component	67.4867	67.4867	1,170,895
2. Resident Care Component	190.3842	265.2679	4,602,398
3. Property Cost Component	6.6083	6.6083	114,654
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	264.4792	339.3629	5,887,947

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
FYE: 09/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp		81.1301	81.1301	A3D Allowable Resident Care Exp	1,407,607
B5 Allocation of D/C Expenses		74.8837	149.7674	B4 Allocation of D/C Expenses	2,598,464
C3 Additional Services per Diem		34.3704	34.3704	C2 Additional Services per Diem	596,327
Total Resident Care Component		190.3842	265.2679	Total Resident Care Component	4,602,398

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028521800 - 2016/07

RI: 310.32

NM: 391.07

Ann Storck Center, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited	201507
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:	75.514	195.331	270.845	75.514	270.265	345.779
2.Inflate Line 1 by Inflation Factor 1.04409406	78.844	203.944	282.787	78.844	282.182	361.026
3.Line 1 X 1.4000 X Inflation Factor 1.06173168	80.176	207.389	287.565	80.176	286.949	367.125
4.Current Period Cost	67.487	190.384	257.871	67.487	265.268	332.755
5.Incentive Basis (line 3 - line 4)	12.689	17.005		12.689	21.681	
6.Allowed Current Period Costs (Min of line 3 or 4)	67.487	190.384	257.871	67.487	265.268	332.755
7.Incentive Line 5 x Oper 50% Res 50%	6.345	8.502	14.847	6.345	10.841	17.185
8.Incentive - Line 4 x Oper 10% Res 3%	6.749	5.712	12.460	6.749	7.958	14.707
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.345	5.712	12.056	6.345	7.958	14.303
10.Final Incentive	6.345	5.712	12.056	6.345	7.958	14.303
11.Current Period Base: (line 6 + line 10)	73.831	196.096	269.927	73.831	273.226	347.057
12.Plus: Property Rate Component			6.608			6.608
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			276.535			353.665
15.Pro prospective Rate: Line 11 x Inflation 1.04521348	77.169	204.962	282.131	77.169	285.579	362.749
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.169	204.962	282.131	77.169	285.579	362.749
19.Property Rate Component			6.608			6.608
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			288.74			369.36
23.Medicaid Days		0			17,350	
24.Resident Days		0			17,350	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.52			0.66
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			310.32			391.07



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

028522600 - 2016/07
RI:266.97 / NM:352.77

Tallahassee Developmental Center

455 Appleyard Drive
 Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 028522600

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	247.27	266.97	7/1/2016
#8 Non-Ambulatory & #9 Medical	327.75	352.77	7/1/2016

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:
 DDMS

5050 Poplar Avenue Suite 2000 Suite 718
 Memphis, TN 38157

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028522600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Tallahassee Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28522600	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2014 - 9/30/2015
Date:	6/23/2016	Days In Reporting Period:	487
		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	8,698	17,477	26,175
2. Operating Expenses component			
A. Administration			886,930
B. Plant Operation			521,248
C. Laundry			10,500
D. Housekeeping			239,699
E. Operating Expense Component & Per Diem	63.3573	63.3573	1,658,377
3. Resident Care			
A. Dietary			526,539
B. Other			0
C. Nursing			993,609
D. Resident Care & Per Diem	58.0763	58.0763	1,520,148
4. Prop Exp & Per Diem	19.5015	19.5015	510,452
5. ROE/Use Per Diem	1.6555	1.6555	43,334

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	4,349.00	17,477.00	21,826.00
3. Staffing Percent	0.20	0.80	1.00
4. Allocation of Direct Care	828,865.50	3,330,899.50	4,159,765.00
5. Direct Care Expense Per Diem	95.2938	190.5876	

C. Additional Services Expense

1. Medicaid Inpatient Days	8,698	17,477	26,175
2. Additional Services	88,660	178,147	266,807
3. Additional Services Exp & Per Diem	10.1931	10.1932	

D. Medicaid Per Diem Cost

1. Operating Component	63.3573	63.3573	1,658,377
2. Resident Care Component	163.5632	258.8571	5,946,720
3. Property Cost Component	19.5015	19.5015	510,452
4. ROE/Use Allow Component	1.6555	1.6555	43,334
5. Total Cost Per Diem	248.0775	343.3714	8,158,883

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 28522600
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		58.0763	58.0763	A3D Allowable Resident Care Exp		1,520,148
B5 Allocation of D/C Expenses		95.2938	190.5876	B4 Allocation of D/C Expenses		4,159,765
C3 Additional Services per Diem		10.1931	10.1932	C2 Additional Services per Diem		266,807
Total Resident Care Component		163.5632	258.8571	Total Resident Care Component		5,946,720

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2016/07

RI: 266.97

NM: 352.77

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tallahassee Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	57.018	148.700	205.718	57.018	227.263	284.282
2.Inflate Line 1 by Inflation Factor 1.02772568	58.599	152.823	211.422	58.599	233.564	292.163
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	59.231	154.472	213.703	59.231	236.085	295.316
4.Current Period Cost	63.357	163.563	226.921	63.357	258.857	322.214
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)	59.231	154.472	213.703	59.231	236.085	295.316
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	59.231	154.472	213.703	59.231	236.085	295.316
12.Plus: Property Rate Component			19.502			19.502
13.Plus: ROE/Use Rate			1.656			1.656
14.Total Current Period Base			234.860			316.473
15.Prospective Rate: Line 11 x Inflation 1.04958219	62.168	162.131	224.299	62.168	247.790	309.958
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.168	162.131	224.299	62.168	247.790	309.958
19.Property Rate Component			19.502			19.502
20.ROE Component + ROE Interim Component			1.656			1.656
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			245.46			331.12
23.Medicaid Days		8,698			17,477	
24.Resident Days		8,698			17,477	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.45			0.59
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			266.97			352.77



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

028524200 - 2016/07
RI:252.75 / NM:355.81

**Ft. Walton Beach
 Developmental Ctr.**
 1045 Mar Walt Drive
 Ft. Walton Beach, FL 32547
 Provider Type: ICF/IID

Provider Number: 028524200
 Date: 6/23/2016
 FYE: 9/30/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.23</u>	<u>252.75</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>335.89</u>	<u>355.81</u>	<u>7/1/2016</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:
 DDMS
 5050 Poplar Avenue Suite 2000 Suite
 718
 Memphis, TN 38157

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028524200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Ft. Walton Beach Developmental Ctr.** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28524200 Rate Semester : July, 2016
 Audit Status: Unaudited Cost Report : 6/1/2014 - 9/30/2015
 Date: 6/23/2016 Days In Reporting Period: 487
 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	18,652	10,361	29,013
2. Operating Expenses component			
A. Administration			1,007,185
B. Plant Operation			599,406
C. Laundry			4,550
D. Housekeeping			205,855
E. Operating Expense Component & Per Diem	62.6270	62.6270	1,816,996
3. Resident Care			
A. Dietary			499,804
B. Other			0
C. Nursing			834,278
D. Resident Care & Per Diem	45.9822	45.9822	1,334,082
4. Prop Exp & Per Diem	9.4029	9.4029	272,807
5. ROE/Use Per Diem	2.0355	2.0355	59,057

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	9,326.00	10,361.00	19,687.00
3. Staffing Percent	0.47	0.53	1.00
4. Allocation of Direct Care	1,864,501.28	2,071,423.72	3,935,925.00
5. Direct Care Expense Per Diem	99.9625	199.9251	

C. Additional Services Expense

1. Medicaid Inpatient Days	18,652	10,361	29,013
2. Additional Services	216,021	119,997	336,018
3. Additional Services Exp & Per Diem	11.5817	11.5816	

D. Medicaid Per Diem Cost

1. Operating Component	62.6270	62.6270	1,816,996
2. Resident Care Component	157.5264	257.4889	5,606,025
3. Property Cost Component	9.4029	9.4029	272,807
4. ROE/Use Allow Component	2.0355	2.0355	59,057
5. Total Cost Per Diem	231.5918	331.5543	7,754,885

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 28524200
FYE: 09/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		45.9822	45.9822	A3D Allowable Resident Care Exp		1,334,082	
B5 Allocation of D/C Expenses		99.9625	199.9251	B4 Allocation of D/C Expenses		3,935,925	
C3 Additional Services per Diem		11.5817	11.5816	C2 Additional Services per Diem		336,018	
Total Resident Care Component		157.5264	257.4889	Total Resident Care Component		5,606,025	

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028524200 - 2016/07

RI: 252.75
 NM: 355.81

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	54.311	147.305	201.616	54.311	241.665	295.976
2.Inflate Line 1 by Inflation Factor 1.02772568	55.816	151.389	207.206	55.816	248.365	304.182
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	56.419	153.023	209.442	56.419	251.045	307.464
4.Current Period Cost	62.627	157.526	220.153	62.627	257.489	320.116
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)	56.419	153.023	209.442	56.419	251.045	307.464
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	56.419	153.023	209.442	56.419	251.045	307.464
12.Plus: Property Rate Component			9.403			9.403
13.Plus: ROE/Use Rate			2.036			2.036
14.Total Current Period Base			220.880			318.902
15.Pro prospective Rate: Line 11 x Inflation 1.04958219	59.216	160.610	219.826	59.216	263.493	322.709
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.216	160.610	219.826	59.216	263.493	322.709
19.Property Rate Component			9.403			9.403
20.ROE Component + ROE Interim Component			2.036			2.036
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			231.26			334.15
23.Medicaid Days		18,652			10,361	
24.Resident Days		18,652			10,361	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.43			0.60
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			252.75			355.81



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

028526900 - 2016/07
RI:243.30 / NM:323.38

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456
 Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 028526900

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	234.98	243.30	7/1/2016
#8 Non-Ambulatory & #9 Medical	310.09	323.38	7/1/2016

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:
 DDMS
 5050 Poplar Avenue Suite 2000 Suite 718
 Memphis, TN 38157

Comments:

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

028526900

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28526900	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2014 - 9/30/2015
Date:	6/23/2016	Days In Reporting Period:	487
		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	3,200	24,676	27,876
2. Operating Expenses component			
A. Administration			996,696
B. Plant Operation			484,277
C. Laundry			5,153
D. Housekeeping			237,612
E. Operating Expense Component & Per Diem	61.8359	61.8359	1,723,738
3. Resident Care			
A. Dietary			540,012
B. Other			0
C. Nursing			942,251
D. Resident Care & Per Diem	53.1734	53.1734	1,482,263
4. Prop Exp & Per Diem	13.0640	13.0640	364,172
5. ROE/Use Per Diem	0.7087	0.7087	19,756

B. Direct Care Expense

1. Staffing	0.50	1.00	
2.Total Staffing Required	1,600.00	24,676.00	26,276.00
3. Staffing Percent	0.06	0.94	1.00
4. Allocation of Direct Care	258,857.30	3,992,226.70	4,251,084.00
5. Direct Care Expense Per Diem	80.8929	161.7858	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,200	24,676	27,876
2. Additional Services	24,145	186,187	210,332
3. Additional Services Exp & Per Diem	7.5453	7.5453	

D. Medicaid Per Diem Cost

1. Operating Component	61.8359	61.8359	1,723,738
2. Resident Care Component	141.6116	222.5045	5,943,679
3. Property Cost Component	13.0640	13.0640	364,172
4. ROE/Use Allow Component	0.7087	0.7087	19,756
5. Total Cost Per Diem	217.2202	298.1131	8,051,345

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 28526900
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		53.1734	53.1734	A3D Allowable Resident Care Exp		1,482,263
B5 Allocation of D/C Expenses		80.8929	161.7858	B4 Allocation of D/C Expenses		4,251,084
C3 Additional Services per Diem		7.5453	7.5453	C2 Additional Services per Diem		210,332
Total Resident Care Component		141.6116	222.5045	Total Resident Care Component		5,943,679

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028526900 - 2016/07

RI: 243.30

NM: 323.38

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Panama City Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.782	134.043	190.824	56.782	207.366	264.148
2.Inflate Line 1 by Inflation Factor 1.02772568	58.356	137.759	196.115	58.356	213.116	271.472
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	58.986	139.246	198.231	58.986	215.415	274.401
4.Current Period Cost	61.836	141.612	203.448	61.836	222.505	284.340
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.986	139.246	198.231	58.986	215.415	274.401
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	58.986	139.246	198.231	58.986	215.415	274.401
12.Plus: Property Rate Component			13.064			13.064
13.Plus: ROE/Use Rate			0.709			0.709
14.Total Current Period Base			212.004			288.174
15.Prospective Rate: Line 11 x Inflation 1.04958219	61.910	146.150	208.060	61.910	226.096	288.007
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.910	146.150	208.060	61.910	226.096	288.007
19.Property Rate Component			13.064			13.064
20.ROE Component + ROE Interim Component			0.709			0.709
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			221.83			301.78
23.Medicaid Days			3,200			24,676
24.Resident Days			3,200			24,676
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.41			0.54
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			243.30			323.38



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

028530700 - 2016/07
RI:222.04 / NM:297.12

**Hillsborough County
 Developmental Ctr**
 14219 Bruce B Downs
 Boulevard
 Tampa, FL 33613
 Provider Type: ICF/IID

Provider Number: 028530700
 Date: 6/23/2016
 FYE: 9/30/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>209.67</u>	<u>222.04</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>280.09</u>	<u>297.12</u>	<u>7/1/2016</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:
 DDMS
 5050 Poplar Avenue Suite 2000 Suite
 718
 Memphis, TN 38157

Comments:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration

028530700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Hillsborough County Developmental Ctr** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28530700 Rate Semester : July, 2016
 Audit Status: Unaudited Cost Report : 6/1/2014 - 9/30/2015
 Date: 6/23/2016 Days In Reporting Period: 487
 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	7,382	23,052	30,434
2. Operating Expenses component			
A. Administration			921,099
B. Plant Operation			661,710
C. Laundry			1,229
D. Housekeeping			134,547
E. Operating Expense Component & Per Diem	56.4692	56.4692	1,718,585
3. Resident Care			
A. Dietary			516,902
B. Other			0
C. Nursing			1,010,872
D. Resident Care & Per Diem	50.1996	50.1996	1,527,774
4. Prop Exp & Per Diem	4.6934	4.6934	142,838
5. ROE/Use Per Diem	0.7234	0.7234	22,015

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	3,691.00	23,052.00	26,743.00
3. Staffing Percent	0.14	0.86	1.00
4. Allocation of Direct Care	534,245.18	3,336,607.82	3,870,853.00
5. Direct Care Expense Per Diem	72.3713	144.7427	

C. Additional Services Expense

1. Medicaid Inpatient Days	7,382	23,052	30,434
2. Additional Services	69,516	217,080	286,596
3. Additional Services Exp & Per Diem	9.4170	9.4170	

D. Medicaid Per Diem Cost

1. Operating Component	56.4692	56.4692	1,718,585
2. Resident Care Component	131.9879	204.3593	5,685,223
3. Property Cost Component	4.6934	4.6934	142,838
4. ROE/Use Allow Component	0.7234	0.7234	22,015
5. Total Cost Per Diem	193.8739	266.2453	7,568,661

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 28530700
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		50.1996	50.1996	A3D Allowable Resident Care Exp		1,527,774
B5 Allocation of D/C Expenses		72.3713	144.7427	B4 Allocation of D/C Expenses		3,870,853
C3 Additional Services per Diem		9.4170	9.4170	C2 Additional Services per Diem		286,596
Total Resident Care Component		131.9879	204.3593	Total Resident Care Component		5,685,223

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2016/07

RI: 222.04

NM: 297.12

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.996	127.028	179.025	51.996	195.772	247.768
2.Inflate Line 1 by Inflation Factor 1.02772568	53.438	130.550	183.988	53.438	201.200	254.638
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	54.015	131.959	185.974	54.015	203.371	257.386
4.Current Period Cost	56.469	131.988	188.457	56.469	204.359	260.829
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)	54.015	131.959	185.974	54.015	203.371	257.386
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	54.015	131.959	185.974	54.015	203.371	257.386
12.Plus: Property Rate Component			4.693			4.693
13.Plus: ROE/Use Rate			0.723			0.723
14.Total Current Period Base			191.390			262.802
15.Prospective Rate: Line 11 x Inflation 1.04958219	56.693	138.502	195.194	56.693	213.455	270.147
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.693	138.502	195.194	56.693	213.455	270.147
19.Property Rate Component			4.693			4.693
20.ROE Component + ROE Interim Component			0.723			0.723
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			200.61			275.56
23.Medicaid Days			7,382			23,052
24.Resident Days			7,382			23,052
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.37			0.50
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			222.04			297.12



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

028531500 - 2016/07
RI:366.80 / NM:443.03

Woodhouse, Inc
 1001 N.E. 3rd Avenue
 Pompano Beach, FL 33060

Provider Number: 028531500
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	353.92	366.80	7/1/2016
#8 Non-Ambulatory & #9 Medical	430.38	443.03	7/1/2016

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:

Comments:

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) 07/2016 to 7/2016

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	1,825	6,694	8,519
2. Operating Expenses component			
A. Administration			566,076
B. Plant Operation			317,177
C. Laundry			700
D. Housekeeping			93,760
E. Operating Expense Component & Per Diem	114.7685	114.7685	977,713
3. Resident Care			
A. Dietary			195,496
B. Other			0
C. Nursing			487,180
D. Resident Care & Per Diem	80.1357	80.1357	682,676
4. Prop Exp & Per Diem	17.3090	17.3090	147,455
5. ROE/Use Per Diem	1.7824	1.7824	15,184

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	6,694.00	7,606.50
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	128,190.87	940,394.13	1,068,585.00
5. Direct Care Expense Per Diem	70.2416	140.4831	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,825	6,694	8,519
2. Additional Services	85,275	312,784	398,059
3. Additional Services Exp & Per Diem	46.7260	46.7260	

D. Medicaid Per Diem Cost

1. Operating Component	114.7685	114.7685	977,713
2. Resident Care Component	197.1033	267.3448	2,149,320
3. Property Cost Component	17.3090	17.3090	147,455
4. ROE/Use Allow Component	1.7824	1.7824	15,184
5. Total Cost Per Diem	330.9632	401.2047	3,289,672

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500
FYE: 06/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		80.1357	80.1357	A3D Allowable Resident Care Exp		682,676	
B5 Allocation of D/C Expenses		70.2416	140.4831	B4 Allocation of D/C Expenses		1,068,585	
C3 Additional Services per Diem		46.7260	46.7260	C2 Additional Services per Diem		398,059	
Total Resident Care Component		197.1033	267.3448	Total Resident Care Component		2,149,320	

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2016/07

RI: 366.80

NM: 443.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.492	203.605	307.097	103.492	278.352	381.845
2.Inflate Line 1 by Inflation Factor 1.02404884	105.981	208.501	314.483	105.981	285.046	391.027
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	106.977	210.460	317.437	106.977	287.724	394.701
4.Current Period Cost	114.769	197.103	311.872	114.769	267.345	382.113
5.Incentive Basis (line 3 - line 4)	0.000	13.357		0.000	20.379	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.977	197.103	304.080	106.977	267.345	374.321
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.678	6.678	0.000	10.190	10.190
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.913	5.913	0.000	8.020	8.020
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.913	5.913	0.000	8.020	8.020
10.Final Incentive	0.000	5.913	5.913	0.000	8.020	8.020
11.Current Period Base: (line 6 + line 10)	106.977	203.016	309.993	106.977	275.365	382.342
12.Plus: Property Rate Component			17.309			17.309
13.Plus: ROE/Use Rate			1.782			1.782
14.Total Current Period Base			329.085			401.433
15.Prospective Rate: Line 11 x Inflation 1.05175287	112.513	213.523	326.036	112.513	289.616	402.129
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	112.513	213.523	326.036	112.513	289.616	402.129
19.Property Rate Component			17.309			17.309
20.ROE Component + ROE Interim Component			1.782			1.782
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			345.13			421.22
23.Medicaid Days		1,825			6,694	
24.Resident Days		1,825			6,694	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.62			0.75
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			366.80			443.03



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

028533100 - 2016/07
RI:318.86 / NM:405.28

Cape Coral Cluster (Sunrise)
 2821 Pine Island Road, S.W.
 Cape Coral, FL 33991

Provider Number: 028533100
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	308.21	318.86	7/1/2016
#8 Non-Ambulatory & #9 Medical	399.90	405.28	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

028533100

Provider Name:	Cape Coral Cluster (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28533100	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	6,918	8,743
2. Operating Expenses component			
A. Administration			445,106
B. Plant Operation			208,183
C. Laundry			2,626
D. Housekeeping			73,185
E. Operating Expense Component & Per Diem	83.3924	83.3924	729,100
3. Resident Care			
A. Dietary			135,720
B. Other			132,562
C. Nursing			448,405
D. Resident Care & Per Diem	81.9727	81.9727	716,687
4. Prop Exp & Per Diem	20.9961	20.9961	183,569
5. ROE/Use Per Diem	3.4279	3.4279	29,970

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	6,918.00	7,830.50
3. Staffing Percent	0.12	0.88	1.00
4. Allocation of Direct Care	145,327.38	1,101,780.62	1,247,108.00
5. Direct Care Expense Per Diem	79.6314	159.2629	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,825	6,918	8,743
2. Additional Services	20,721	78,548	99,269
3. Additional Services Exp & Per Diem	11.3540	11.3541	

D. Medicaid Per Diem Cost

1. Operating Component	83.3924	83.3924	729,100
2. Resident Care Component	172.9581	252.5897	2,063,064
3. Property Cost Component	20.9961	20.9961	183,569
4. ROE/Use Allow Component	3.4279	3.4279	29,970
5. Total Cost Per Diem	280.7745	360.4061	3,005,703

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100
FYE: 06/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		81.9727	81.9727	A3D Allowable Resident Care Exp		716,687	
B5 Allocation of D/C Expenses		79.6314	159.2629	B4 Allocation of D/C Expenses		1,247,108	
C3 Additional Services per Diem		11.3540	11.3541	C2 Additional Services per Diem		99,269	
Total Resident Care Component		172.9581	252.5897	Total Resident Care Component		2,063,064	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028533100 - 2016/07

RI: 318.86

NM: 405.28

Cape Coral Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.624	180.847	259.472	78.624	270.491	349.115
2.Inflate Line 1 by Inflation Factor 1.02404884	80.515	185.197	265.712	80.515	276.996	357.511
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	81.271	186.936	268.208	81.271	279.598	360.869
4.Current Period Cost	83.392	172.958	256.351	83.392	252.590	335.982
5.Incentive Basis (line 3 - line 4)	0.000	13.978		0.000	27.008	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.271	172.958	254.230	81.271	252.590	333.861
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.989	6.989	0.000	13.504	13.504
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.189	5.189	0.000	7.578	7.578
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.189	5.189	0.000	7.578	7.578
10.Final Incentive	0.000	5.189	5.189	0.000	7.578	7.578
11.Current Period Base: (line 6 + line 10)	81.271	178.147	259.418	81.271	260.167	341.439
12.Plus: Property Rate Component			20.996			20.996
13.Plus: ROE/Use Rate			3.428			3.428
14.Total Current Period Base			283.842			365.863
15.Pro prospective Rate: Line 11 x Inflation 1.05175287	85.477	187.366	272.844	85.477	273.632	359.109
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.477	187.366	272.844	85.477	273.632	359.109
19.Property Rate Component			20.996			20.996
20.ROE Component + ROE Interim Component			3.428			3.428
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			297.27			383.53
23.Medicaid Days		1,825			6,918	
24.Resident Days		1,825			6,918	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.54			0.68
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.86			405.28



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

028536600 - 2016/07
RI:245.28 / NM:273.45

Squire Court Community Home (Res-Care)

95 Squire Court
 Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	237.45	245.28	7/1/2016
#8 Non-Ambulatory & #9 Medical	268.35	273.45	7/1/2016

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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

_____ 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) 07/2016 to 7/2016

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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			80,078
B. Plant Operation			30,848
C. Laundry			508
D. Housekeeping			2,512
E. Operating Expense Component & Per Diem	52.0301	52.0301	113,946
3. Resident Care			
A. Dietary			20,279
B. Other			0
C. Nursing			20,218
D. Resident Care & Per Diem	18.4918	18.4918	40,497
4. Prop Exp & Per Diem	12.6849	12.6849	27,780
5. ROE/Use Per Diem	0.7557	0.7557	1,655

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	113,737.20	75,824.80	189,562.00
5. Direct Care Expense Per Diem	77.9022	103.8696	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	81,032	40,510	121,542
3. Additional Services Exp & Per Diem	55.5014	55.4932	

D. Medicaid Per Diem Cost

1. Operating Component	52.0301	52.0301	113,946
2. Resident Care Component	151.8954	177.8546	351,601
3. Property Cost Component	12.6849	12.6849	27,780
4. ROE/Use Allow Component	0.7557	0.7557	1,655
5. Total Cost Per Diem	217.3661	243.3253	494,982

Resident Care Component Per-Diem Calculation

Facility Name: Squire Court Community Home (Res-Care)

Provider Number: 28536600
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		18.4918	18.4918	A3D Allowable Resident Care Exp		40,497
B5 Allocation of D/C Expenses		77.9022	103.8696	B4 Allocation of D/C Expenses		189,562
C3 Additional Services per Diem		55.5014	55.4932	C2 Additional Services per Diem		121,542
Total Resident Care Component		151.8954	177.8546	Total Resident Care Component		351,601

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2016/07

RI: 245.28

NM: 273.45

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.144	158.158	200.301	42.144	188.372	230.516
2.Inflate Line 1 by Inflation Factor 1.02404884	43.157	161.961	205.118	43.157	192.902	236.059
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	43.563	163.483	207.045	43.563	194.714	238.277
4.Current Period Cost	52.030	151.895	203.926	52.030	177.855	229.885
5.Incentive Basis (line 3 - line 4)	0.000	11.587		0.000	16.859	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.563	151.895	195.458	43.563	177.855	221.417
7.Incentive Line 5 x Oper 50% Res 50%	0.000	5.794	5.794	0.000	8.430	8.430
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.557	4.557	0.000	5.336	5.336
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.557	4.557	0.000	5.336	5.336
10.Final Incentive	0.000	4.557	4.557	0.000	5.336	5.336
11.Current Period Base: (line 6 + line 10)	43.563	156.452	200.015	43.563	183.190	226.753
12.Plus: Property Rate Component			12.685			12.685
13.Plus: ROE/Use Rate			0.756			0.756
14.Total Current Period Base			213.455			240.193
15.Prospective Rate: Line 11 x Inflation 1.05175287	45.817	164.549	210.366	45.817	192.671	238.488
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	45.817	164.549	210.366	45.817	192.671	238.488
19.Property Rate Component			12.685			12.685
20.ROE Component + ROE Interim Component			0.756			0.756
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			223.81			251.93
23.Medicaid Days		1,460			730	
24.Resident Days		1,460			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.41			0.46
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			245.28			273.45



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

028537400 - 2016/07
RI:271.93 / NM:0.00

**Bayview Community Home
 (Res-Care)**
 3438 S.R. 580
 Safety Harbor, FL 34695
 Provider Type: ICF/IID

Provider Number: 028537400
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	258.06	271.93	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

Comments:

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) 07/2016 to 7/2016

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28537400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			87,727
B. Plant Operation			23,571
C. Laundry			475
D. Housekeeping			3,160
E. Operating Expense Component & Per Diem	52.4808		114,933
3. Resident Care			
A. Dietary			19,614
B. Other			0
C. Nursing			15,703
D. Resident Care & Per Diem	16.1265		35,317
4. Prop Exp & Per Diem	16.3630		35,835
5. ROE/Use Per Diem	0.7612		1,667

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	227,487.00	0.00	227,487.00
5. Direct Care Expense Per Diem	103.8753	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	112,735	0	112,735
3. Additional Services Exp & Per Diem	51.4772	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	52.4808	0.0000	114,933
2. Resident Care Component	171.4790	0.0000	375,539
3. Property Cost Component	16.3630	0.0000	35,835
4. ROE/Use Allow Component	0.7612	0.0000	1,667
5. Total Cost Per Diem	241.0840	0.0000	527,974

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	16.1265	0.0000		A3D Allowable Resident Care Exp	35,317
B5 Allocation of D/C Expenses	103.8753	0.0000		B4 Allocation of D/C Expenses	227,487
C3 Additional Services per Diem	51.4772	0.0000		C2 Additional Services per Diem	112,735
Total Resident Care Component	171.4790	0.0000		Total Resident Care Component	375,539

TOTALS
35,317
227,487
112,735
375,539

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028537400 - 2016/07

RI: 271.93

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.432	170.413	216.845	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	47.549	174.511	222.060	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	47.996	176.150	224.146	0.000	0.000	0.000
4.Current Period Cost	52.481	171.479	223.960	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	4.671		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.996	171.479	219.475	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.336	2.336	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.144	5.144	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.336	2.336	0.000	0.000	0.000
10.Final Incentive	0.000	2.336	2.336	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.996	173.815	221.810	0.000	0.000	0.000
12.Plus: Property Rate Component			16.363			0.000
13.Plus: ROE/Use Rate			0.761			0.000
14.Total Current Period Base			238.934			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	50.480	182.810	233.289	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	50.480	182.810	233.289	0.000	0.000	0.000
19.Property Rate Component			16.363			0.000
20.ROE Component + ROE Interim Component			0.761			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			250.41			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.46			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			271.93			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 - 2016/07
RI:418.82 / NM:503.87

Hendricks
 95146 Hendricks Rd, Bldg D
 Fernandina Beach, FL 32034-1474

Provider Number: 028539100
 Date: 6/23/2016
 FYE: 5/31/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>398.31</u>	<u>418.82</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>479.64</u>	<u>503.87</u>	<u>7/1/2016</u>

Rate Type:

<u> </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> </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	

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

Comments:

 For Information only - No Change in rate



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

028539100

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Hendricks**
 Provider Number: 28539100
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 6/1/2014 - 5/31/2015
 Days In Reporting Period: 365
 Number of Beds: 24

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,460	7,300	8,760
2. Operating Expenses component			
A. Administration			622,213
B. Plant Operation			406,275
C. Laundry			52,285
D. Housekeeping			76,858
E. Operating Expense Component & Per Diem	132.1497	132.1497	1,157,631
3. Resident Care			
A. Dietary			286,313
B. Other			0
C. Nursing			388,084
D. Resident Care & Per Diem	76.9860	76.9860	674,397
4. Prop Exp & Per Diem	59.2622	59.2622	519,137
5. ROE/Use Per Diem	3.2669	3.2669	28,618

B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,300.00	8,030.00
3. Staffing Percent	0.09	0.91	1.00
4. Allocation of Direct Care	110,792.36	1,107,923.64	1,218,716.00
5. Direct Care Expense Per Diem	75.8852	151.7704	

C. Additional Services Expense			
1. Medicaid Inpatient Days	1,460	7,300	8,760
2. Additional Services	44,430	222,149	266,579
3. Additional Services Exp & Per Diem	30.4315	30.4314	

D. Medicaid Per Diem Cost			
1. Operating Component	132.1497	132.1497	1,157,631
2. Resident Care Component	183.3027	259.1878	2,159,692
3. Property Cost Component	59.2622	59.2622	519,137
4. ROE/Use Allow Component	3.2669	3.2669	28,618
5. Total Cost Per Diem	377.9815	453.8666	3,865,078

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100

FYE: 05/31/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	76.9860	76.9860	A3D Allowable Resident Care Exp	674,397
B5 Allocation of D/C Expenses	75.8852	151.7704	B4 Allocation of D/C Expenses	1,218,716
C3 Additional Services per Diem	30.4315	30.4314	C2 Additional Services per Diem	266,579
Total Resident Care Component	183.3027	259.1878	Total Resident Care Component	2,159,692

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2016/07

RI: 418.82

NM: 503.87

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Hendricks

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	5/31/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	137.937	174.368	312.304	137.937	253.769	391.706
2.Inflate Line 1 by Inflation Factor 1.02343244	141.169	178.453	319.622	141.169	259.716	400.885
3.Line 1 X 1.4000 X Inflation Factor 1.03280542	142.462	180.088	322.550	142.462	262.094	404.556
4.Current Period Cost	132.150	183.303	315.452	132.150	259.188	391.338
5.Incentive Basis (line 3 - line 4)	10.312	0.000		10.312	2.907	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.150	180.088	312.237	132.150	259.188	391.338
7.Incentive Line 5 x Oper 50% Res 50%	5.156	0.000	5.156	5.156	1.453	6.609
8.Incentive - Line 4 x Oper 10% Res 3%	13.215	0.000	13.215	13.215	7.776	20.991
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.156	0.000	5.156	5.156	1.453	6.609
10.Final Incentive	5.156	0.000	5.156	5.156	1.453	6.609
11.Current Period Base: (line 6 + line 10)	137.306	180.088	317.393	137.306	260.641	397.947
12.Plus: Property Rate Component			59.262			59.262
13.Plus: ROE/Use Rate			3.267			3.267
14.Total Current Period Base			379.923			460.476
15.Prospective Rate: Line 11 x Inflation 1.05398512	144.718	189.810	334.528	144.718	274.712	419.430
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	144.718	189.810	334.528	144.718	274.712	419.430
19.Property Rate Component			59.262			59.262
20.ROE Component + ROE Interim Component			3.267			3.267
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			397.06			481.96
23.Medicaid Days		1,460			7,300	
24.Resident Days		1,460			7,300	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.70			0.85
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			418.82			503.87



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

028541200 - 2016/07
RI:273.78 / NM:310.78

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

2281 Twin Lane Drive
 Dundedun, FL 34698

Provider Type: ICF/IID

Provider Number: 028541200

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	262.26	273.78	7/1/2016
#8 Non-Ambulatory & #9 Medical	297.38	310.78	7/1/2016

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:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

Comments:

For Information only - No Change in rate



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

028541200

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Twin Lane Community Home (Res-Care)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28541200	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	Days In Reporting Period:	365
		Number of Beds:	6

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

<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,008	999	2,007
2. Operating Expenses component			
A. Administration			90,668
B. Plant Operation			22,312
C. Laundry			509
D. Housekeeping			2,835
E. Operating Expense Component & Per Diem	57.9591	57.9591	116,324
3. Resident Care			
A. Dietary			20,539
B. Other			0
C. Nursing			18,159
D. Resident Care & Per Diem	19.2815	19.2815	38,698
4. Prop Exp & Per Diem	15.1545	15.1545	30,415
5. ROE/Use Per Diem	0.9522	0.9522	1,911
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	756.00	999.00	1,755.00
3. Staffing Percent	0.43	0.57	1.00
4. Allocation of Direct Care	105,001.29	138,751.71	243,753.00
5. Direct Care Expense Per Diem	104.1679	138.8906	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,008	999	2,007
2. Additional Services	52,935	52,471	105,406
3. Additional Services Exp & Per Diem	52.5149	52.5235	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.9591	57.9591	116,324
2. Resident Care Component	175.9643	210.6956	387,857
3. Property Cost Component	15.1545	15.1545	30,415
4. ROE/Use Allow Component	0.9522	0.9522	1,911
5. Total Cost Per Diem	250.0301	284.7614	536,507

Resident Care Component Per-Diem Calculation

Facility Name: Twin Lane Community Home (Res-Care)

Provider Number: 28541200

FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	19.2815	19.2815	A3D Allowable Resident Care Exp	38,698
B5 Allocation of D/C Expenses	104.1679	138.8906	B4 Allocation of D/C Expenses	243,753
C3 Additional Services per Diem	52.5149	52.5235	C2 Additional Services per Diem	105,406
Total Resident Care Component	175.9643	210.6956	Total Resident Care Component	387,857

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2016/07

RI: 273.78

NM: 310.78

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Twin Lane Community Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.869	176.476	220.345	43.869	210.812	254.681
2.Inflate Line 1 by Inflation Factor 1.02404884	44.924	180.720	225.644	44.924	215.882	260.806
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	45.346	182.418	227.764	45.346	217.910	263.256
4.Current Period Cost	57.959	175.964	233.923	57.959	210.696	268.655
5.Incentive Basis (line 3 - line 4)	0.000	6.453		0.000	7.214	
6.Allowed Current Period Costs (Min of line 3 or 4)	45.346	175.964	221.311	45.346	210.696	256.042
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.227	3.227	0.000	3.607	3.607
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.279	5.279	0.000	6.321	6.321
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.227	3.227	0.000	3.607	3.607
10.Final Incentive	0.000	3.227	3.227	0.000	3.607	3.607
11.Current Period Base: (line 6 + line 10)	45.346	179.191	224.537	45.346	214.303	259.649
12.Plus: Property Rate Component			15.155			15.155
13.Plus: ROE/Use Rate			0.952			0.952
14.Total Current Period Base			240.644			275.756
15.Prospective Rate: Line 11 x Inflation 1.05175287	47.693	188.465	236.158	47.693	225.393	273.086
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	47.693	188.465	236.158	47.693	225.393	273.086
19.Property Rate Component			15.155			15.155
20.ROE Component + ROE Interim Component			0.952			0.952
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			252.26			289.19
23.Medicaid Days		1,008			999	
24.Resident Days		1,008			999	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.46			0.52
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			273.78			310.78



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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2016/07
RI:212.95 / NM:0.00

**62nd Place Grp Home #17
 (Sunrise)**

19963 N.W. 62nd Place
 Miami Lakes, FL 33015

Provider Type: ICF/IID

Provider Number: 028547100

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	209.32	212.95	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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

Comments:

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

028547100

Rate Period(s) 07/2016 to 7/2016

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28547100	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	2,153	0	2,153
2. Operating Expenses component			
A. Administration			51,289
B. Plant Operation			16,503
C. Laundry			571
D. Housekeeping			2,119
E. Operating Expense Component & Per Diem	32.7366		70,482
3. Resident Care			
A. Dietary			21,023
B. Other			34,765
C. Nursing			12,917
D. Resident Care & Per Diem	31.9113		68,705
4. Prop Exp & Per Diem	13.3288		28,697
5. ROE/Use Per Diem	0.3205		690
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,614.75	0.00	1,614.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	221,982.00	0.00	221,982.00
5. Direct Care Expense Per Diem	103.1036	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,153	0	2,153
2. Additional Services	787	0	787
3. Additional Services Exp & Per Diem	0.3655	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	32.7366	0.0000	70,482
2. Resident Care Component	135.3804	0.0000	291,474
3. Property Cost Component	13.3288	0.0000	28,697
4. ROE/Use Allow Component	0.3205	0.0000	690
5. Total Cost Per Diem	181.7663	0.0000	391,343

Resident Care Component Per-Diem Calculation

Facility Name: 62nd Place Grp Home #17 (Sunrise)

Provider Number: 28547100

FYE: 06/30/2015

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.9113	0.0000	A3D Allowable Resident Care Exp	68,705
B5 Allocation of D/C Expenses	103.1036	0.0000	B4 Allocation of D/C Expenses	221,982
C3 Additional Services per Diem	0.3655	0.0000	C2 Additional Services per Diem	787
Total Resident Care Component	135.3804	0.0000	Total Resident Care Component	291,474

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028547100 - 2016/07

RI: 212.95

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.162	128.785	169.947	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	42.152	131.882	174.034	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	42.548	133.121	175.668	0.000	0.000	0.000
4.Current Period Cost	32.737	135.380	168.117	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	9.811	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	32.737	133.121	165.857	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.906	0.000	4.906	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.274	0.000	3.274	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.274	0.000	3.274	0.000	0.000	0.000
10.Final Incentive	3.274	0.000	3.274	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	36.010	133.121	169.131	0.000	0.000	0.000
12.Plus: Property Rate Component			13.329			0.000
13.Plus: ROE/Use Rate			0.321			0.000
14.Total Current Period Base			182.780			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	37.874	140.010	177.884	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	37.874	140.010	177.884	0.000	0.000	0.000
19.Property Rate Component			13.329			0.000
20.ROE Component + ROE Interim Component			0.321			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			191.53			0.00
23.Medicaid Days		2,153			0	
24.Resident Days		2,153			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.36			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			212.95			0.00



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028548000 - 2016/07
RI:239.94 / NM:282.60

**138th Court Grp Home #16
 (Sunrise)**

3210 S.W. 138th Court
 Miami, FL 33175

Provider Type: ICF/IID

Provider Number: 028548000

Date: 6/23/2016


FYE: 6/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.40</u>	<u>239.94</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>267.89</u>	<u>282.60</u>	<u>7/1/2016</u>

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:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

Comments:

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) 07/2016 to 7/2016

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28548000	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	1,384	730	2,114
2. Operating Expenses component			
A. Administration			60,288
B. Plant Operation			22,606
C. Laundry			401
D. Housekeeping			1,592
E. Operating Expense Component & Per Diem	40.1547	40.1547	84,887
3. Resident Care			
A. Dietary			13,928
B. Other			27,488
C. Nursing			4,006
D. Resident Care & Per Diem	21.4863	21.4863	45,422
4. Prop Exp & Per Diem	14.8936	14.8936	31,485
5. ROE/Use Per Diem	0.5151	0.5151	1,089

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,038.00	730.00	1,768.00
3. Staffing Percent	0.59	0.41	1.00
4. Allocation of Direct Care	174,917.09	123,014.91	297,932.00
5. Direct Care Expense Per Diem	126.3852	168.5136	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,384	730	2,114
2. Additional Services	5,701	3,007	8,708
3. Additional Services Exp & Per Diem	4.1192	4.1192	

D. Medicaid Per Diem Cost

1. Operating Component	40.1547	40.1547	84,887
2. Resident Care Component	151.9907	194.1191	352,062
3. Property Cost Component	14.8936	14.8936	31,485
4. ROE/Use Allow Component	0.5151	0.5151	1,089
5. Total Cost Per Diem	207.5541	249.6825	469,523

Resident Care Component Per-Diem Calculation

Facility Name: 138th Court Grp Home #16 (Sunrise)

Provider Number: 28548000
FYE: 06/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		21.4863	21.4863	A3D Allowable Resident Care Exp	45,422
B5 Allocation of D/C Expenses		126.3852	168.5136	B4 Allocation of D/C Expenses	297,932
C3 Additional Services per Diem		4.1192	4.1192	C2 Additional Services per Diem	8,708
Total Resident Care Component		151.9907	194.1191	Total Resident Care Component	352,062
				TOTALS	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028548000 - 2016/07

RI: 239.94

NM: 282.60

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.504	148.176	187.680	39.504	186.782	226.286
2.Inflate Line 1 by Inflation Factor 1.02404884	40.454	151.739	192.194	40.454	191.273	231.728
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	40.834	153.165	193.999	40.834	193.070	233.905
4.Current Period Cost	40.155	151.991	192.145	40.155	194.119	234.274
5.Incentive Basis (line 3 - line 4)	0.680	1.174		0.680	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.155	151.991	192.145	40.155	193.070	233.225
7.Incentive Line 5 x Oper 50% Res 50%	0.340	0.587	0.927	0.340	0.000	0.340
8.Incentive - Line 4 x Oper 10% Res 3%	4.015	4.560	8.575	4.015	0.000	4.015
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.340	0.587	0.927	0.340	0.000	0.340
10.Final Incentive	0.340	0.587	0.927	0.340	0.000	0.340
11.Current Period Base: (line 6 + line 10)	40.495	152.578	193.072	40.495	193.070	233.565
12.Plus: Property Rate Component			14.894			14.894
13.Plus: ROE/Use Rate			0.515			0.515
14.Total Current Period Base			208.481			248.973
15.Prospective Rate: Line 11 x Inflation 1.05175287	42.590	160.474	203.064	42.590	203.062	245.652
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	42.590	160.474	203.064	42.590	203.062	245.652
19.Property Rate Component			14.894			14.894
20.ROE Component + ROE Interim Component			0.515			0.515
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			218.47			261.06
23.Medicaid Days			1,384			730
24.Resident Days			1,384			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.48
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			239.94			282.60



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 2727 Mahan Drive - Mail Stop 23
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028552800 - 2016/07
RI:224.24 / NM:262.07

**26th Terrace Grp Home #12
 (Sunrise)**

1219 26th Terrace
 Cape Coral, FL 33904

Provider Type: ICF/IID

Provider Number: 028552800

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	212.05	224.24	7/1/2016
#8 Non-Ambulatory & #9 Medical	247.59	262.07	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

Provider Name: **26th Terrace Grp Home #12 (Sunrise)** Cost Report Entered By : Pridgeon, Chantelle
 Provider Number: 28552800 Rate Semester : July, 2016
 Audit Status: Unaudited Cost Report : 7/1/2014 - 6/30/2015
 Date: 6/23/2016 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	1,454	730	2,184
2. Operating Expenses component			
A. Administration			73,713
B. Plant Operation			28,239
C. Laundry			94
D. Housekeeping			3,230
E. Operating Expense Component & Per Diem	48.2033	48.2033	105,276
3. Resident Care			
A. Dietary			17,630
B. Other			32,313
C. Nursing			0
D. Resident Care & Per Diem	22.8677	22.8677	49,943
4. Prop Exp & Per Diem	10.2747	10.2747	22,440
5. ROE/Use Per Diem	1.0778	1.0778	2,354

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,090.50	730.00	1,820.50
3. Staffing Percent	0.60	0.40	1.00
4. Allocation of Direct Care	169,763.98	113,643.02	283,407.00
5. Direct Care Expense Per Diem	116.7565	155.6754	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,454	730	2,184
2. Additional Services	5,815	2,920	8,735
3. Additional Services Exp & Per Diem	3.9993	4.0000	

D. Medicaid Per Diem Cost

1. Operating Component	48.2033	48.2033	105,276
2. Resident Care Component	143.6235	182.5431	342,085
3. Property Cost Component	10.2747	10.2747	22,440
4. ROE/Use Allow Component	1.0778	1.0778	2,354
5. Total Cost Per Diem	203.1793	242.0989	472,155

Resident Care Component Per-Diem Calculation

Facility Name: 26th Terrace Grp Home #12 (Sunrise)

Provider Number: 28552800
FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		22.8677	22.8677	A3D Allowable Resident Care Exp		49,943
B5 Allocation of D/C Expenses		116.7565	155.6754	B4 Allocation of D/C Expenses		283,407
C3 Additional Services per Diem		3.9993	4.0000	C2 Additional Services per Diem		8,735
Total Resident Care Component		143.6235	182.5431	Total Resident Care Component		342,085

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2016/07

RI: 224.24

NM: 262.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.476	131.621	176.097	44.476	166.366	210.842
2.Inflate Line 1 by Inflation Factor 1.02404884	45.545	134.787	180.332	45.545	170.367	215.913
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	45.973	136.053	182.026	45.973	171.968	217.941
4.Current Period Cost	48.203	143.624	191.827	48.203	182.543	230.746
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)	45.973	136.053	182.026	45.973	171.968	217.941
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	45.973	136.053	182.026	45.973	171.968	217.941
12.Plus: Property Rate Component			10.275			10.275
13.Plus: ROE/Use Rate			1.078			1.078
14.Total Current Period Base			193.378			229.293
15.Prospective Rate: Line 11 x Inflation 1.05175287	48.352	143.094	191.446	48.352	180.867	229.220
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	48.352	143.094	191.446	48.352	180.867	229.220
19.Property Rate Component			10.275			10.275
20.ROE Component + ROE Interim Component			1.078			1.078
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			202.80			240.57
23.Medicaid Days		1,454			730	
24.Resident Days		1,454			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.38			0.44
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			224.24			262.07



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028553600 - 2016/07
RI:289.67 / NM:0.00

Country Meadows Grp Home #13 (Sunrise)

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.98</u>	<u>289.67</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>352.04</u>	<u>0.00</u>	<u>7/1/2016</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:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

Comments:

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) 07/2016 to 7/2016

Provider Name:	Country Meadows Grp Home #13 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28553600	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			78,715
B. Plant Operation			33,778
C. Laundry			332
D. Housekeeping			753
E. Operating Expense Component & Per Diem	51.8621		113,578
3. Resident Care			
A. Dietary			16,927
B. Other			45,416
C. Nursing			0
D. Resident Care & Per Diem	28.4671		62,343
4. Prop Exp & Per Diem	15.9301		34,887
5. ROE/Use Per Diem	0.4703		1,030

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	299,693.00	0.00	299,693.00
5. Direct Care Expense Per Diem	136.8461	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	25,554	0	25,554
3. Additional Services Exp & Per Diem	11.6685	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	51.8621	0.0000	113,578
2. Resident Care Component	176.9817	0.0000	387,590
3. Property Cost Component	15.9301	0.0000	34,887
4. ROE/Use Allow Component	0.4703	0.0000	1,030
5. Total Cost Per Diem	245.2442	0.0000	537,085

Resident Care Component Per-Diem Calculation

Facility Name: Country Meadows Grp Home #13 (Sunrise)

Provider Number: 28553600
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		28.4671	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		136.8461	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		11.6685	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		176.9817	0.0000	Total Resident Care Component	
				TOTALS	
				62,343	
				299,693	
				25,554	
				387,590	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028553600 - 2016/07

RI: 289.67

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Country Meadows Grp Home #13 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.116	194.636	260.752	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	67.706	199.317	267.023	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	68.342	201.189	269.531	0.000	0.000	0.000
4.Current Period Cost	51.862	176.982	228.844	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	16.480	24.207		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	51.862	176.982	228.844	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	8.240	12.104	20.344	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.186	5.309	10.496	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.186	5.309	10.496	0.000	0.000	0.000
10.Final Incentive	5.186	5.309	10.496	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	57.048	182.291	239.339	0.000	0.000	0.000
12.Plus: Property Rate Component			15.930			0.000
13.Plus: ROE/Use Rate			0.470			0.000
14.Total Current Period Base			255.740			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	60.001	191.725	251.726	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	60.001	191.725	251.726	0.000	0.000	0.000
19.Property Rate Component			15.930			0.000
20.ROE Component + ROE Interim Component			0.470			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			268.13			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.49			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			289.67			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

028557900 - 2016/07
RI:221.74 / NM:0.00

**148th Court Grp Home #20
 (Sunrise)**

5436 S.W. 148th Court
 Miami, FL 33185

Provider Type: ICF/IID

Provider Number: 028557900

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.51</u>	<u>221.74</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2016</u>

Rate Type:

<u> </u> Interim	<u> X </u>	<u> </u> Prospective
<u> </u> Total Interim		<u> X </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> 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	

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

Comments:

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) 07/2016 to 7/2016

028557900

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28557900	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			50,835
B. Plant Operation			25,505
C. Laundry			597
D. Housekeeping			1,604
E. Operating Expense Component & Per Diem	35.8635		78,541
3. Resident Care			
A. Dietary			14,108
B. Other			61,167
C. Nursing			1,254
D. Resident Care & Per Diem	34.9447		76,529
4. Prop Exp & Per Diem	10.8868		23,842
5. ROE/Use Per Diem	0.2311		506

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	216,252.00	0.00	216,252.00
5. Direct Care Expense Per Diem	98.7452	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	6,974	0	6,974
3. Additional Services Exp & Per Diem	3.1845	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	35.8635	0.0000	78,541
2. Resident Care Component	136.8744	0.0000	299,755
3. Property Cost Component	10.8868	0.0000	23,842
4. ROE/Use Allow Component	0.2311	0.0000	506
5. Total Cost Per Diem	183.8558	0.0000	402,644

Resident Care Component Per-Diem Calculation

Facility Name: 148th Court Grp Home #20 (Sunrise)

Provider Number: 28557900
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	34.9447	0.0000		A3D Allowable Resident Care Exp	76,529
B5 Allocation of D/C Expenses	98.7452	0.0000		B4 Allocation of D/C Expenses	216,252
C3 Additional Services per Diem	3.1845	0.0000		C2 Additional Services per Diem	6,974
Total Resident Care Component	136.8744	0.0000		Total Resident Care Component	299,755

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028557900 - 2016/07

RI: 221.74

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.562	162.358	202.920	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	41.537	166.263	207.800	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	41.927	167.824	209.752	0.000	0.000	0.000
4.Current Period Cost	35.864	136.874	172.738	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	6.064	30.950		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	35.864	136.874	172.738	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.032	15.475	18.507	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.586	4.106	7.693	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.032	4.106	7.138	0.000	0.000	0.000
10.Final Incentive	3.032	4.106	7.138	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.895	140.981	179.876	0.000	0.000	0.000
12.Plus: Property Rate Component			10.887			0.000
13.Plus: ROE/Use Rate			0.231			0.000
14.Total Current Period Base			190.994			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	40.908	148.277	189.185	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	40.908	148.277	189.185	0.000	0.000	0.000
19.Property Rate Component			10.887			0.000
20.ROE Component + ROE Interim Component			0.231			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			200.30			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.37			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			221.74			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 - 2016/07
RI:226.48 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes, FL 33015

Provider Number: 028558700
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	219.97	226.48	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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

Comments:

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

028558700

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Sunrise Oakmont	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28558700	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	2,135	0	2,135
2. Operating Expenses component			
A. Administration			54,183
B. Plant Operation			23,967
C. Laundry			1,169
D. Housekeeping			1,700
E. Operating Expense Component & Per Diem	37,9480		81,019
3. Resident Care			
A. Dietary			19,496
B. Other			40,235
C. Nursing			364
D. Resident Care & Per Diem	28,1475		60,095
4. Prop Exp & Per Diem	14,9110		31,835
5. ROE/Use Per Diem	0.1396		298

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,601.25	0.00	1,601.25
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	233,133.00	0.00	233,133.00
5. Direct Care Expense Per Diem	109.1958	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,135	0	2,135
2. Additional Services	280	0	280
3. Additional Services Exp & Per Diem	0.1311	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	37,9480	0.0000	81,019
2. Resident Care Component	137,4744	0.0000	293,508
3. Property Cost Component	14,9110	0.0000	31,835
4. ROE/Use Allow Component	0.1396	0.0000	298
5. Total Cost Per Diem	190.4730	0.0000	406,660

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		28.1475	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		109.1958	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		0.1311	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		137.4744	0.0000	Total Resident Care Component	
				TOTALS	
				60,095	
				233,133	
				280	
				293,508	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2016/07

RI: 226.48

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.028	139.781	179.809	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	40.990	143.143	184.133	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	41.375	144.488	185.863	0.000	0.000	0.000
4.Current Period Cost	37.948	137.474	175.422	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.427	7.013		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.948	137.474	175.422	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.714	3.507	5.220	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.795	4.124	7.919	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.714	3.507	5.220	0.000	0.000	0.000
10.Final Incentive	1.714	3.507	5.220	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.662	140.981	180.643	0.000	0.000	0.000
12.Plus: Property Rate Component			14.911			0.000
13.Plus: ROE/Use Rate			0.140			0.000
14.Total Current Period Base			195.693			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	41.714	148.277	189.991	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	41.714	148.277	189.991	0.000	0.000	0.000
19.Property Rate Component			14.911			0.000
20.ROE Component + ROE Interim Component			0.140			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			205.04			0.00
23.Medicaid Days		2,135			0	
24.Resident Days		2,135			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.38			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			226.48			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 - 2016/07
RI:237.53 / NM:0.00

**53rd Court Grp Home #9
 (Sunrise)**

10228 S.W. 53rd Court
 Cooper City, FL 33328

Provider Type: ICF/IID

Provider Number: 028559500

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>226.27</u>	<u>237.53</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2016</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> 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	

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

Comments:

 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) 07/2016 to 7/2016

028559500

Provider Name:	53rd Court Grp Home #9 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28559500	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			62,179
B. Plant Operation			25,074
C. Laundry			610
D. Housekeeping			2,641
E. Operating Expense Component & Per Diem	41.3260		90,504
3. Resident Care			
A. Dietary			22,658
B. Other			42,043
C. Nursing			3,929
D. Resident Care & Per Diem	31.3379		68,630
4. Prop Exp & Per Diem	14.1658		31,023
5. ROE/Use Per Diem	0.6530		1,430

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	289,100.00	0.00	289,100.00
5. Direct Care Expense Per Diem	132.0091	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	1,237	0	1,237
3. Additional Services Exp & Per Diem	0.5648	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	41.3260	0.0000	90,504
2. Resident Care Component	163.9118	0.0000	358,967
3. Property Cost Component	14.1658	0.0000	31,023
4. ROE/Use Allow Component	0.6530	0.0000	1,430
5. Total Cost Per Diem	220.0566	0.0000	481,924

Resident Care Component Per-Diem Calculation

Facility Name: 53rd Court Grp Home #9 (Sunrise)

Provider Number: 28559500
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		31.3379	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		132.0091	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		0.5648	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		163.9118	0.0000	Total Resident Care Component	
				TOTALS	
				68,630	
				289,100	
				1,237	
				358,967	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028559500 - 2016/07

RI: 237.53

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.932	144.157	186.089	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	42.941	147.624	190.564	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	43.344	149.010	192.354	0.000	0.000	0.000
4.Current Period Cost	41.326	163.912	205.238	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.018	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.326	149.010	190.336	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.009	0.000	1.009	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.133	0.000	4.133	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.009	0.000	1.009	0.000	0.000	0.000
10.Final Incentive	1.009	0.000	1.009	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	42.335	149.010	191.345	0.000	0.000	0.000
12.Plus: Property Rate Component			14.166			0.000
13.Plus: ROE/Use Rate			0.653			0.000
14.Total Current Period Base			206.164			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	44.526	156.722	201.248	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	44.526	156.722	201.248	0.000	0.000	0.000
19.Property Rate Component			14.166			0.000
20.ROE Component + ROE Interim Component			0.653			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			216.07			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			237.53			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 - 2016/07
RI:235.77 / NM:0.00

**55th Court Grp Home #15
 (Sunrise)**

8430 S.W. 55th Court
 Davie, FL 33320

Provider Type: ICF/IID

Provider Number: 028560900

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	224.64	235.77	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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 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

Comments:

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

028560900

Rate Period(s) 07/2016 to 7/2016

Provider Name:	55th Court Grp Home #15 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28560900	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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			60,268
B. Plant Operation			20,299
C. Laundry			673
D. Housekeeping			1,983
E. Operating Expense Component & Per Diem	38.0014		83,223
3. Resident Care			
A. Dietary			18,081
B. Other			42,816
C. Nursing			7,051
D. Resident Care & Per Diem	31.0265		67,948
4. Prop Exp & Per Diem	8.8397		19,359
5. ROE/Use Per Diem	0.9813		2,149

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	271,445.00	0.00	271,445.00
5. Direct Care Expense Per Diem	123.9475	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	1,008	0	1,008
3. Additional Services Exp & Per Diem	0.4603	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.0014	0.0000	83,223
2. Resident Care Component	155.4343	0.0000	340,401
3. Property Cost Component	8.8397	0.0000	19,359
4. ROE/Use Allow Component	0.9813	0.0000	2,149
5. Total Cost Per Diem	203.2567	0.0000	445,132

Resident Care Component Per-Diem Calculation

Facility Name: 55th Court Grp Home #15 (Sunrise)

Provider Number: 28560900
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	31.0265	0.0000		A3D Allowable Resident Care Exp	67,948
B5 Allocation of D/C Expenses	123.9475	0.0000		B4 Allocation of D/C Expenses	271,445
C3 Additional Services per Diem	0.4603	0.0000		C2 Additional Services per Diem	1,008
Total Resident Care Component	155.4343	0.0000		Total Resident Care Component	340,401

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028560900 - 2016/07

RI: 235.77

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.627	149.398	190.025	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	41.604	152.991	194.595	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	41.995	154.428	196.423	0.000	0.000	0.000
4.Current Period Cost	38.001	155.434	193.436	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.993	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.001	154.428	192.429	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.997	0.000	1.997	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.800	0.000	3.800	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.997	0.000	1.997	0.000	0.000	0.000
10.Final Incentive	1.997	0.000	1.997	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.998	154.428	194.426	0.000	0.000	0.000
12.Plus: Property Rate Component			8.840			0.000
13.Plus: ROE/Use Rate			0.981			0.000
14.Total Current Period Base			204.247			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	42.068	162.420	204.488	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	42.068	162.420	204.488	0.000	0.000	0.000
19.Property Rate Component			8.840			0.000
20.ROE Component + ROE Interim Component			0.981			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			214.31			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			235.77			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

028561700 - 2016/07
RI:247.47 / NM:0.00

**Wentworth Drive Grp Home
 #18 (Sunrise)**

18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Number: 028561700

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	238.39	247.47	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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

Comments:

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

028561700

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 7/1/2014 - 6/30/2015
 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	2,045	0	2,045
2. Operating Expenses component			
A. Administration			57,279
B. Plant Operation			19,093
C. Laundry			762
D. Housekeeping			1,605
E. Operating Expense Component & Per Diem	38.5032		78,739
3. Resident Care			
A. Dietary			20,551
B. Other			39,463
C. Nursing			498
D. Resident Care & Per Diem	29.5902		60,512
4. Prop Exp & Per Diem	11.9819		24,503
5. ROE/Use Per Diem	0.2152		440

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,533.75	0.00	1,533.75
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	273,912.00	0.00	273,912.00
5. Direct Care Expense Per Diem	133.9423	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,045	0	2,045
2. Additional Services	869	0	869
3. Additional Services Exp & Per Diem	0.4249	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	38.5032	0.0000	78,739
2. Resident Care Component	163.9574	0.0000	335,293
3. Property Cost Component	11.9819	0.0000	24,503
4. ROE/Use Allow Component	0.2152	0.0000	440
5. Total Cost Per Diem	214.6577	0.0000	438,975

Resident Care Component Per-Diem Calculation

Facility Name: Wentworth Drive Grp Home #18 (Sunrise)

Provider Number: 28561700
FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	29.5902	0.0000		A3D Allowable Resident Care Exp	60,512
B5 Allocation of D/C Expenses	133.9423	0.0000		B4 Allocation of D/C Expenses	273,912
C3 Additional Services per Diem	0.4249	0.0000		C2 Additional Services per Diem	869
Total Resident Care Component	163.9574	0.0000		Total Resident Care Component	335,293

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028561700 - 2016/07

RI: 247.47

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.754	158.698	197.453	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	39.686	162.515	202.201	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	40.059	164.042	204.100	0.000	0.000	0.000
4.Current Period Cost	38.503	163.957	202.461	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.556	0.084		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.503	163.957	202.461	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.778	0.042	0.820	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.850	4.919	8.769	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.778	0.042	0.820	0.000	0.000	0.000
10.Final Incentive	0.778	0.042	0.820	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.281	163.999	203.280	0.000	0.000	0.000
12.Plus: Property Rate Component			11.982			0.000
13.Plus: ROE/Use Rate			0.215			0.000
14.Total Current Period Base			215.478			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	41.314	172.487	213.801	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	41.314	172.487	213.801	0.000	0.000	0.000
19.Property Rate Component			11.982			0.000
20.ROE Component + ROE Interim Component			0.215			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			226.00			0.00
23.Medicaid Days			2,045			0
24.Resident Days			2,045			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.42			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			247.47			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 - 2016/07
RI:328.98 / NM:401.09

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 6/23/2016
 FYE: 11/30/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	319.61	328.98	7/1/2016
#8 Non-Ambulatory & #9 Medical	389.27	401.09	7/1/2016

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:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

Comments:

_____ 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) 07/2016 to 7/2016

028565000

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 12/1/2013 - 11/30/2014
 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	10,900	12,319	23,219
2. Operating Expenses component			
A. Administration			1,332,953
B. Plant Operation			358,117
C. Laundry			45,205
D. Housekeeping			19,589
E. Operating Expense Component & Per Diem	75.6219	75.6219	1,755,864
3. Resident Care			
A. Dietary			598,496
B. Other			56,511
C. Nursing			851,388
D. Resident Care & Per Diem	64.8777	64.8777	1,506,395
4. Prop Exp & Per Diem	19.5577	19.5577	454,110
5. ROE/Use Per Diem	0.1006	0.1006	2,335

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	5,450.00	12,319.00	17,769.00
3. Staffing Percent	0.31	0.69	1.00
4. Allocation of Direct Care	715,429.28	1,617,132.72	2,332,562.00
5. Direct Care Expense Per Diem	65.6357	131.2714	

C. Additional Services Expense

1. Medicaid Inpatient Days	10,900	12,319	23,219
2. Additional Services	645,223	729,221	1,374,444
3. Additional Services Exp & Per Diem	59.1948	59.1948	

D. Medicaid Per Diem Cost

1. Operating Component	75.6219	75.6219	1,755,864
2. Resident Care Component	189.7082	255.3439	5,213,401
3. Property Cost Component	19.5577	19.5577	454,110
4. ROE/Use Allow Component	0.1006	0.1006	2,335
5. Total Cost Per Diem	284.9884	350.6241	7,425,710

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2014

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		64.8777	64.8777	A3D Allowable Resident Care Exp	1,506,395
B5 Allocation of D/C Expenses		65.6357	131.2714	B4 Allocation of D/C Expenses	2,332,562
C3 Additional Services per Diem		59.1948	59.1948	C2 Additional Services per Diem	1,374,444
Total Resident Care Component		189.7082	255.3439	Total Resident Care Component	5,213,401

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028565000 - 2016/07

RI: 328.98

NM: 401.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201507
Prior Cost Report	12/1/2012	11/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.474	188.054	266.529	78.474	255.466	333.940
2.Inflate Line 1 by Inflation Factor 1.01959499	80.012	191.739	271.751	80.012	260.472	340.484
3.Line 1 X 1.4000 X Inflation Factor 1.02743299	80.627	193.213	273.840	80.627	262.474	343.101
4.Current Period Cost	75.622	189.708	265.330	75.622	255.344	330.966
5.Incentive Basis (line 3 - line 4)	5.005	3.505		5.005	7.131	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.622	189.708	265.330	75.622	255.344	330.966
7.Incentive Line 5 x Oper 50% Res 50%	2.502	1.752	4.255	2.502	3.565	6.068
8.Incentive - Line 4 x Oper 10% Res 3%	7.562	5.691	13.253	7.562	7.660	15.223
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.502	1.752	4.255	2.502	3.565	6.068
10.Final Incentive	2.502	1.752	4.255	2.502	3.565	6.068
11.Current Period Base: (line 6 + line 10)	78.124	191.461	269.585	78.124	258.909	337.034
12.Plus: Property Rate Component			19.558			19.558
13.Plus: ROE/Use Rate			0.101			0.101
14.Total Current Period Base			289.243			356.692
15.Prospective Rate: Line 11 x Inflation 1.06723498	83.377	204.334	287.711	83.377	276.317	359.694
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	83.377	204.334	287.711	83.377	276.317	359.694
19.Property Rate Component			19.558			19.558
20.ROE Component + ROE Interim Component			0.101			0.101
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			307.37			379.35
23.Medicaid Days		10,900			12,319	
24.Resident Days		10,900			12,319	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.55			0.67
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			328.98			401.09



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

028566800 - 2016/07
RI:323.64 / NM:387.10

Washington Square
 1401 North U.S. Highway 1
 Titusville, FL 32796

Provider Number: 028566800
 Date: 6/23/2016
 FYE: 11/30/2014
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	315.78	323.64	7/1/2016
#8 Non-Ambulatory & #9 Medical	374.99	387.10	7/1/2016

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:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

Comments:

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) 07/2016 to 7/2016

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 12/1/2013 - 11/30/2014
 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	5,212	18,014	23,226
2. Operating Expenses component			
A. Administration			1,342,539
B. Plant Operation			380,036
C. Laundry			52,038
D. Housekeeping			20,132
E. Operating Expense Component & Per Diem	77.2731	77.2731	1,794,745
3. Resident Care			
A. Dietary			581,988
B. Other			66,239
C. Nursing			887,378
D. Resident Care & Per Diem	66.1158	66.1158	1,535,605
4. Prop Exp & Per Diem	17.9098	17.9098	415,973
5. ROE/Use Per Diem	0.0897	0.0897	2,084

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,606.00	18,014.00	20,620.00
3. Staffing Percent	0.13	0.87	1.00
4. Allocation of Direct Care	312,000.75	2,156,708.25	2,468,709.00
5. Direct Care Expense Per Diem	59.8620	119.7240	

C. Additional Services Expense

1. Medicaid Inpatient Days	5,212	18,014	23,226
2. Additional Services	304,365	1,051,962	1,356,327
3. Additional Services Exp & Per Diem	58.3970	58.3969	

D. Medicaid Per Diem Cost

1. Operating Component	77.2731	77.2731	1,794,745
2. Resident Care Component	184.3748	244.2367	5,360,641
3. Property Cost Component	17.9098	17.9098	415,973
4. ROE/Use Allow Component	0.0897	0.0897	2,084
5. Total Cost Per Diem	279.6474	339.5093	7,573,443

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800

FYE: 11/30/2014

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		66.1158	66.1158	A3D Allowable Resident Care Exp	1,535,605
B5 Allocation of D/C Expenses		59.8620	119.7240	B4 Allocation of D/C Expenses	2,468,709
C3 Additional Services per Diem		58.3970	58.3969	C2 Additional Services per Diem	1,356,327
Total Resident Care Component		184.3748	244.2367	Total Resident Care Component	5,360,641

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2016/07

RI: 323.64

NM: 387.10

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Washington Square

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201507
Prior Cost Report	12/1/2012	11/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.887	185.525	263.412	77.887	242.822	320.709
2. Inflate Line 1 by Inflation Factor 1.01959499	79.413	189.160	268.573	79.413	247.580	326.993
3. Line 1 X 1.4000 X Inflation Factor 1.02743299	80.024	190.614	270.638	80.024	249.483	329.507
4. Current Period Cost	77.273	184.375	261.648	77.273	244.237	321.510
5. Incentive Basis (line 3 - line 4)	2.751	6.239		2.751	5.246	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.273	184.375	261.648	77.273	244.237	321.510
7. Incentive Line 5 x Oper 50% Res 50%	1.375	3.120	4.495	1.375	2.623	3.999
8. Incentive - Line 4 x Oper 10% Res 3%	7.727	5.531	13.259	7.727	7.327	15.054
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.375	3.120	4.495	1.375	2.623	3.999
10. Final Incentive	1.375	3.120	4.495	1.375	2.623	3.999
11. Current Period Base: (line 6 + line 10)	78.648	187.494	266.143	78.648	246.860	325.508
12. Plus: Property Rate Component			17.910			17.910
13. Plus: ROE/Use Rate			0.090			0.090
14. Total Current Period Base			284.142			343.508
15. Prospective Rate: Line 11 x Inflation 1.06723498	83.936	200.101	284.037	83.936	263.458	347.394
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.936	200.101	284.037	83.936	263.458	347.394
19. Property Rate Component			17.910			17.910
20. ROE Component + ROE Interim Component			0.090			0.090
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			302.04			365.39
23. Medicaid Days		5,212			18,014	
24. Resident Days		5,212			18,014	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$21.06)			21.06			21.06
27. Less or Plus: Buy Back - QAF (.001684964)			0.54			0.65
28. Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			323.64			387.10



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

028567600 - 2016/07
RI:321.54 / NM:382.86

Howell Branch Court
 3664 Howell Branch Road
 Winter Park, FL 32792


Provider Number: 028567600
 Date: 6/23/2016
 FYE: 11/30/2014
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.02</u>	<u>321.54</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>366.48</u>	<u>382.86</u>	<u>7/1/2016</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> 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	

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

Comments:

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

028567600

Rate Period(s) 07/2016 to 7/2016

Provider Name:	Howell Branch Court	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28567600	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2013 - 11/30/2014
Date:	6/23/2016	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	3,216	19,493	22,709
2. Operating Expenses component			
A. Administration			1,324,120
B. Plant Operation			370,091
C. Laundry			48,679
D. Housekeeping			26,566
E. Operating Expense Component & Per Diem	77.9187	77.9187	1,769,456
3. Resident Care			
A. Dietary			575,723
B. Other			80,063
C. Nursing			876,795
D. Resident Care & Per Diem	67.4878	67.4878	1,532,581
4. Prop Exp & Per Diem	18.4328	18.4328	418,591
5. ROE/Use Per Diem	0.1073	0.1073	2,436

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,608.00	19,493.00	21,101.00
3. Staffing Percent	0.08	0.92	1.00
4. Allocation of Direct Care	185,158.83	2,244,590.17	2,429,749.00
5. Direct Care Expense Per Diem	57.5743	115.1485	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,216	19,493	22,709
2. Additional Services	196,048	1,188,298	1,384,346
3. Additional Services Exp & Per Diem	60.9602	60.9602	

D. Medicaid Per Diem Cost

1. Operating Component	77.9187	77.9187	1,769,456
2. Resident Care Component	186.0223	243.5965	5,346,676
3. Property Cost Component	18.4328	18.4328	418,591
4. ROE/Use Allow Component	0.1073	0.1073	2,436
5. Total Cost Per Diem	282.4811	340.0553	7,537,159

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2014

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		67.4878	67.4878	A3D Allowable Resident Care Exp	1,532,581
B5 Allocation of D/C Expenses		57.5743	115.1485	B4 Allocation of D/C Expenses	2,429,749
C3 Additional Services per Diem		60.9602	60.9602	C2 Additional Services per Diem	1,384,346
Total Resident Care Component		186.0223	243.5965	Total Resident Care Component	5,346,676

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and
Finance

028567600 - 2016/07

RI: 321.54

NM: 382.86

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Howell Branch Court

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2013	11/30/2014	Unaudited	201507
Prior Cost Report	12/1/2012	11/30/2013	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.281	181.652	256.932	75.281	237.258	312.539
2. Inflate Line 1 by Inflation Factor 1.01959499	76.756	185.211	261.967	76.756	241.907	318.663
3. Line 1 X 1.4000 X Inflation Factor 1.02743299	77.346	186.635	263.981	77.346	243.767	321.113
4. Current Period Cost	77.919	186.022	263.941	77.919	243.597	321.515
5. Incentive Basis (line 3 - line 4)	0.000	0.612		0.000	0.170	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.346	186.022	263.368	77.346	243.597	320.942
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.306	0.306	0.000	0.085	0.085
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.581	5.581	0.000	7.308	7.308
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.306	0.306	0.000	0.085	0.085
10. Final Incentive	0.000	0.306	0.306	0.000	0.085	0.085
11. Current Period Base: (line 6 + line 10)	77.346	186.329	263.674	77.346	243.682	321.028
12. Plus: Property Rate Component			18.433			18.433
13. Plus: ROE/Use Rate			0.107			0.107
14. Total Current Period Base			282.215			339.568
15. Prospective Rate: Line 11 x Inflation 1.06723498	82.546	198.856	281.403	82.546	260.066	342.612
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.546	198.856	281.403	82.546	260.066	342.612
19. Property Rate Component			18.433			18.433
20. ROE Component + ROE Interim Component			0.107			0.107
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			299.94			361.15
23. Medicaid Days		3,216			19,493	
24. Resident Days		3,216			19,493	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$21.06)			21.06			21.06
27. Less or Plus: Buy Back - QAF (.001684964)			0.54			0.64
28. Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			321.54			382.86



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

028568400 - 2016/07
RI:257.77 / NM:0.00

157th Terrace (Sunrise)
 9790 S. W. 157th Terrace
 Miami, FL 33157

Provider Number: 028568400
 Date: 6/23/2016
 FYE: 6/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	242.04	257.77	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

028568400

Provider Name:	157th Terrace (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28568400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	2,110	0	2,110
2. Operating Expenses component			
A. Administration			61,184
B. Plant Operation			28,837
C. Laundry			977
D. Housekeeping			816
E. Operating Expense Component & Per Diem	43.5137		91,814
3. Resident Care			
A. Dietary			15,193
B. Other			55,968
C. Nursing			6,232
D. Resident Care & Per Diem	36.6791		77,393
4. Prop Exp & Per Diem	15.0924		31,845
5. ROE/Use Per Diem	2.2441		4,735

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,582.50	0.00	1,582.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	274,964.00	0.00	274,964.00
5. Direct Care Expense Per Diem	130.3147	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,110	0	2,110
2. Additional Services	12,566	0	12,566
3. Additional Services Exp & Per Diem	5.9555	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	43.5137	0.0000	91,814
2. Resident Care Component	172.9493	0.0000	364,923
3. Property Cost Component	15.0924	0.0000	31,845
4. ROE/Use Allow Component	2.2441	0.0000	4,735
5. Total Cost Per Diem	233.7995	0.0000	493,317

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400

FYE: 06/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	36.6791	0.0000		A3D Allowable Resident Care Exp	77,393
B5 Allocation of D/C Expenses	130.3147	0.0000		B4 Allocation of D/C Expenses	274,964
C3 Additional Services per Diem	5.9555	0.0000		C2 Additional Services per Diem	12,566
Total Resident Care Component	172.9493	0.0000		Total Resident Care Component	364,923

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028568400 - 2016/07

RI: 257.77

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	37.504	163.883	201.387	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02404884	38.406	167.824	206.230	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	38.767	169.400	208.167	0.000	0.000	0.000
4.Current Period Cost	43.514	172.949	216.463	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.767	169.400	208.167	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.767	169.400	208.167	0.000	0.000	0.000
12.Plus: Property Rate Component			15.092			0.000
13.Plus: ROE/Use Rate			2.244			0.000
14.Total Current Period Base			225.504			0.000
15.Prospective Rate: Line 11 x Inflation 1.05175287	40.773	178.167	218.941	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	40.773	178.167	218.941	0.000	0.000	0.000
19.Property Rate Component			15.092			0.000
20.ROE Component + ROE Interim Component			2.244			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			236.28			0.00
23.Medicaid Days		2,110			0	
24.Resident Days		2,110			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.43			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			257.77			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 - 2016/07
RI:294.62 / NM:342.98

**145th Street Group Home
 (Sunrise)**

14935 S.W. 145th Street
 Miami, FL 33196

Provider Type: ICF/IID

Provider Number: 028569200

Date: 6/23/2016

FYE: 6/30/2015

Audit Status: Unaudited

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	279.98	294.62	7/1/2016
#8 Non-Ambulatory & #9 Medical	326.26	342.98	7/1/2016

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

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28569200	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/23/2016	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	1,706	2,071
2. Operating Expenses component			
A. Administration			76,836
B. Plant Operation			37,500
C. Laundry			467
D. Housekeeping			1,689
E. Operating Expense Component & Per Diem	56.2492	56.2492	116,492
3. Resident Care			
A. Dietary			14,056
B. Other			50,510
C. Nursing			18,707
D. Resident Care & Per Diem	40.2091	40.2091	83,273
4. Prop Exp & Per Diem	18.7721	18.7721	38,877
5. ROE/Use Per Diem	2.6499	2.6499	5,488

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,706.00	1,979.75
3. Staffing Percent	0.14	0.86	1.00
4. Allocation of Direct Care	49,322.56	307,376.44	356,699.00
5. Direct Care Expense Per Diem	135.1303	180.1738	

C. Additional Services Expense

1. Medicaid Inpatient Days	365	1,706	2,071
2. Additional Services	2,163	10,112	12,275
3. Additional Services Exp & Per Diem	5.9260	5.9273	

D. Medicaid Per Diem Cost

1. Operating Component	56.2492	56.2492	116,492
2. Resident Care Component	181.2654	226.3102	452,247
3. Property Cost Component	18.7721	18.7721	38,877
4. ROE/Use Allow Component	2.6499	2.6499	5,488
5. Total Cost Per Diem	258.9366	303.9814	613,104

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200

FYE: 06/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		40.2091	40.2091	A3D Allowable Resident Care Exp		83,273
B5 Allocation of D/C Expenses		135.1303	180.1738	B4 Allocation of D/C Expenses		356,699
C3 Additional Services per Diem		5.9260	5.9273	C2 Additional Services per Diem		12,275
Total Resident Care Component		181.2654	226.3102	Total Resident Care Component		452,247

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028569200 - 2016/07

RI: 294.62

NM: 342.98

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.329	180.911	234.240	53.329	226.152	279.481
2.Inflate Line 1 by Inflation Factor 1.02404884	54.612	185.261	239.873	54.612	231.591	286.202
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	55.125	187.002	242.126	55.125	233.766	288.891
4.Current Period Cost	56.249	181.265	237.515	56.249	226.310	282.559
5.Incentive Basis (line 3 - line 4)	0.000	5.736		0.000	7.456	
6.Allowed Current Period Costs (Min of line 3 or 4)	55.125	181.265	236.390	55.125	226.310	281.435
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.868	2.868	0.000	3.728	3.728
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.438	5.438	0.000	6.789	6.789
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.868	2.868	0.000	3.728	3.728
10.Final Incentive	0.000	2.868	2.868	0.000	3.728	3.728
11.Current Period Base: (line 6 + line 10)	55.125	184.134	239.258	55.125	230.038	285.163
12.Plus: Property Rate Component			18.772			18.772
13.Plus: ROE/Use Rate			2.650			2.650
14.Total Current Period Base			260.680			306.585
15.Pro prospective Rate: Line 11 x Inflation 1.05175287	57.978	193.663	251.641	57.978	241.943	299.921
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.978	193.663	251.641	57.978	241.943	299.921
19.Property Rate Component			18.772			18.772
20.ROE Component + ROE Interim Component			2.650			2.650
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			273.06			321.34
23.Medicaid Days		365			1,706	
24.Resident Days		365			1,706	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.50			0.58
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			294.62			342.98



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031256800 - 2016/07
RI:387.35 / NM:454.35

Avon Park Cluster (Mentor)

55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	378.39	387.35	7/1/2016
#8 Non-Ambulatory & #9 Medical	431.38	454.35	7/1/2016

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"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

031256800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2016

Provider Name: **Avon Park Cluster (Mentor)**
 Provider Number: 31256800
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 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
--	------------------------------------	----------------

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

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800

FYE: 05/31/2014

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp		131.1525	131.1525	A3D Allowable Resident Care Exp	1,137,223
B5 Allocation of D/C Expenses		60.2044	120.4087	B4 Allocation of D/C Expenses	1,044,064
C3 Additional Services per Diem		26.3875	26.3875	C2 Additional Services per Diem	228,806
Total Resident Care Component		217.7444	277.9487	Total Resident Care Component	2,410,093

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Office of Medicaid Cost Reimbursement Planning and Finance

031256800 - 2016/07

RI: 387.35

NM: 454.35

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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 1.07868257	114.189	241.923	356.112	114.189	308.813	423.002
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.189	241.923	356.112	114.189	308.813	423.002
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			365.64			432.53
23.Medicaid Days		0			8,671	
24.Resident Days		0			8,671	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.65			0.76
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			387.35			454.35



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031257600 - 2016/07
RI:399.29 / NM:495.73

Eagle Watch Cluster (Mentor)

1725 Fifth Street
 Daytona Beach, FL 32117

Provider Number: 031257600

Date: 6/23/2016

FYE: 5/31/2014


Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	380.56	399.29	7/1/2016
#8 Non-Ambulatory & #9 Medical	472.28	495.73	7/1/2016

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:
 National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

Comments:

 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 7/2016

031257600

Provider Name:	Eagle Watch Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31257600	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600

FYE: 05/31/2014

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		100.3843	100.3843	A3D Allowable Resident Care Exp		877,760
B5 Allocation of D/C Expenses		87.2081	174.4161	B4 Allocation of D/C Expenses		1,304,371
C3 Additional Services per Diem		21.4097	21.4091	C2 Additional Services per Diem		187,203
Total Resident Care Component		209.0021	296.2095	Total Resident Care Component		2,369,334

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031257600 - 2016/07

RI: 399.29

NM: 495.73

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 08/27/2015 - 11/14/2015 Days Eligible: 286 of 366

Eligibility Factor : 78.14%

	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 78.14%	0.000	4.900	4.900	0.000	6.944	6.944
10.Final Incentive	0.000	4.900	4.900	0.000	6.944	6.944
11.Current Period Base: (line 6 + line 10)	99.976	213.902	313.878	99.976	303.153	403.130
12.Plus: Property Rate Component			11.500			11.500
13.Plus: ROE/Use Rate			1.034			1.034
14.Total Current Period Base			326.411			415.663
15.Prospective Rate: Line 11 x Inflation 1.07868257	107.843	230.732	338.575	107.843	327.006	434.849
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	107.843	257.185	365.028	107.843	353.459	461.302
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			377.56			473.84
23.Medicaid Days		2,531			6,213	
24.Resident Days		2,531			6,213	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.67			0.83
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			399.29			495.73

* See Attachment

**Health Insurance IRR #267 IRR # - Eagle Watch Cluster (Mentor)- Provider #0312576-00
Other Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 1/1/2015 - Rate Semester 7/1/2016**

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 1/1/2015 \$ 26.45		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		107.843	230.732	11.500	1.034	351.11
Prospective Rate w/o ROE		107.843	230.732	11.500	0.000	350.07
Allocation of IRR		0.000	26.453	0.000	0.000	26.45
Final Per Diem (Line 22)		107.843	257.185	11.500	1.034	377.56
L22. Final Per Diem Rate - LOC 7		377.56				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.67				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		399.29				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 1/1/2015 \$ 26.45		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		107.843	327.006	11.500	1.034	447.38
Prospective Rate w/o ROE		107.843	327.006	11.500	0.000	446.35
Allocation of IRR		0.000	26.453	0.000	0.000	26.45
Final Per Diem (Line 22)		107.843	353.459	11.500	1.034	473.84
L22. Final Per Diem Rate - LOC 8, 9		473.84				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.83				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		495.73				



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

031258400 - 2016/07
RI:383.17 / NM:482.70

Point West Cluster (Mentor)

4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	363.85	383.17	7/1/2016
#8 Non-Ambulatory & #9 Medical	458.15	482.70	7/1/2016

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

Comments:

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 7/2016

031258400

Provider Name:	Point West Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31258400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	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

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400

FYE: 05/31/2014

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	100.5966	100.5966		A3D Allowable Resident Care Exp		828,614
B5 Allocation of D/C Expenses	89.7706	179.5412		B4 Allocation of D/C Expenses		1,395,843
C3 Additional Services per Diem	23.3514	23.3515		C2 Additional Services per Diem		192,346
Total Resident Care Component	213.7186	303.4893		Total Resident Care Component		2,416,803

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2016/07

RI: 383.17

NM: 482.70

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Point West Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 02/04/2016 - 04/30/2016 Days Eligible: 279 of 366

Eligibility Factor : 76.23%

	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:	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 76.23%	0.000	4.600	4.600	0.000	6.940	6.940
10.Final Incentive	0.000	4.600	4.600	0.000	6.940	6.940
11.Current Period Base: (line 6 + line 10)	105.674	218.319	323.993	105.674	310.430	416.104
12.Plus: Property Rate Component			10.347			10.347
13.Plus: ROE/Use Rate			1.638			1.638
14.Total Current Period Base			335.978			428.088
15.Prospective Rate: Line 11 x Inflation 1.07868257	113.989	235.497	349.485	113.989	334.855	448.844
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.989	235.497	349.485	113.989	334.855	448.844
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			361.47			460.83
23.Medicaid Days		925			7,312	
24.Resident Days		925			7,312	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.64			0.81
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			383.17			482.70



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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031259200 - 2016/07
RI:355.59 / NM:439.77

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	338.34	355.59	7/1/2016
#8 Non-Ambulatory & #9 Medical	418.37	439.77	7/1/2016

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

Comments:

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 7/2016

031259200

Provider Name:	Hodges Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31259200	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	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

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 05/31/2014

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		103.0724	103.0724	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		76.6025	153.2049	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		12.1836	12.1825	C2 Additional Services per Diem	
Total Resident Care Component		191.8585	268.4598	Total Resident Care Component	
				TOTALS	
				865,190	
				1,258,042	
				102,260	
				2,225,492	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031259200 - 2016/07

RI: 355.59

NM: 439.77

Hodges Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 07/13/2015 - 12/16/2015 Days Eligible: 209 of 366

Eligibility Factor : 57.10%

	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 57.10%	0.000	3.287	3.287	0.000	4.599	4.599
10. Final Incentive	0.000	3.287	3.287	0.000	4.599	4.599
11. Current Period Base: (line 6 + line 10)	103.995	195.145	299.140	103.995	273.059	377.054
12. Plus: Property Rate Component			9.185			9.185
13. Plus: ROE/Use Rate			2.066			2.066
14. Total Current Period Base			310.391			388.305
15. Prospective Rate: Line 11 x Inflation 1.07868257	112.178	210.500	322.677	112.178	294.544	406.721
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.178	210.500	322.677	112.178	294.544	406.721
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			333.93			417.97
23. Medicaid Days		365			8,029	
24. Resident Days		365			8,029	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$21.06)			21.06			21.06
27. Less or Plus: Buy Back - QAF (.001684964)			0.60			0.74
28. Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			355.59			439.77



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 Tallahassee, Florida 32308

031260600 - 2016/07
RI:355.62 / NM:435.74

Kinkaid Cluster (Mentor)

5808 Kinkaid Road
 Jacksonville, FL 32244

Provider Number: 031260600

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	336.80	355.62	7/1/2016
#8 Non-Ambulatory & #9 Medical	412.23	435.74	7/1/2016

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

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/>	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Unaudited Costs	<input type="checkbox"/>	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>	<input type="checkbox"/>
<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:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

031260600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Kinkaid Cluster (Mentor)**
 Provider Number: 31260600
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 6/1/2014 - 9/30/2015
 Days In Reporting Period: 487
 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	1,278	9,447	10,725
2. Operating Expenses component			
A. Administration			682,636
B. Plant Operation			292,178
C. Laundry			0
D. Housekeeping			118,084
E. Operating Expense Component & Per Diem	101.9019	101.9019	1,092,898
3. Resident Care			
A. Dietary			186,167
B. Other			0
C. Nursing			880,675
D. Resident Care & Per Diem	99.4724	99.4724	1,066,842
4. Prop Exp & Per Diem	15.2040	15.2040	163,063
5. ROE/Use Per Diem	1.2524	1.2524	13,432

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	639.00	9,447.00	10,086.00
3. Staffing Percent	0.06	0.94	1.00
4. Allocation of Direct Care	97,016.75	1,434,299.25	1,531,316.00
5. Direct Care Expense Per Diem	75.9130	151.8259	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,278	9,447	10,725
2. Additional Services	26,911	198,926	225,837
3. Additional Services Exp & Per Diem	21.0571	21.0571	

D. Medicaid Per Diem Cost

1. Operating Component	101.9019	101.9019	1,092,898
2. Resident Care Component	196.4425	272.3554	2,823,995
3. Property Cost Component	15.2040	15.2040	163,063
4. ROE/Use Allow Component	1.2524	1.2524	13,432
5. Total Cost Per Diem	314.8008	390.7137	4,093,388

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		99.4724	99.4724	A3D Allowable Resident Care Exp	1,066,842
B5 Allocation of D/C Expenses		75.9130	151.8259	B4 Allocation of D/C Expenses	1,531,316
C3 Additional Services per Diem		21.0571	21.0571	C2 Additional Services per Diem	225,837
Total Resident Care Component		196.4425	272.3554	Total Resident Care Component	2,823,995

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031260600 - 2016/07

RI: 355.62

NM: 435.74

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.895	193.317	295.211	101.895	266.953	368.848
2.Inflate Line 1 by Inflation Factor 1.02772568	104.720	198.677	303.396	104.720	274.355	379.074
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	105.850	200.821	306.670	105.850	277.315	383.165
4.Current Period Cost	101.902	196.443	298.344	101.902	272.355	374.257
5.Incentive Basis (line 3 - line 4)	3.948	4.378		3.948	4.960	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.902	196.443	298.344	101.902	272.355	374.257
7.Incentive Line 5 x Oper 50% Res 50%	1.974	2.189	4.163	1.974	2.480	4.454
8.Incentive - Line 4 x Oper 10% Res 3%	10.190	5.893	16.083	10.190	8.171	18.361
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.974	2.189	4.163	1.974	2.480	4.454
10.Final Incentive	1.974	2.189	4.163	1.974	2.480	4.454
11.Current Period Base: (line 6 + line 10)	103.876	198.632	302.507	103.876	274.835	378.711
12.Plus: Property Rate Component			15.204			15.204
13.Plus: ROE/Use Rate			1.252			1.252
14.Total Current Period Base			318.964			395.168
15.Propective Rate: Line 11 x Inflation 1.04958219	109.026	208.480	317.506	109.026	288.462	397.488
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.026	208.480	317.506	109.026	288.462	397.488
19.Property Rate Component			15.204			15.204
20.ROE Component + ROE Interim Component			1.252			1.252
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			333.96			413.94
23.Medicaid Days		1,278			9,447	
24.Resident Days		1,278			9,447	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.73
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			355.62			435.74



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

031261400 - 2016/07
RI:377.58 / NM:470.74

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.98	377.58	7/1/2016
#8 Non-Ambulatory & #9 Medical	447.30	470.74	7/1/2016

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

Comments:

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 7/2016

Provider Name:	Flamingo Drive Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31261400	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	8,328	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

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400

FYE: 05/31/2014

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		104.6100	104.6100	A3D Allowable Resident Care Exp		871,192
B5 Allocation of D/C Expenses		72.9647	145.9293	B4 Allocation of D/C Expenses		1,215,299
C3 Additional Services per Diem		28.6164	28.6164	C2 Additional Services per Diem		238,317
Total Resident Care Component		206.1911	279.1557	Total Resident Care Component		2,324,808

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031261400 - 2016/07

RI: 377.58

NM: 470.74

Flamingo Drive Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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.Prospective Rate: Line 11 x Inflation 1.07868257	112.022	229.087	341.110	112.022	310.154	422.176
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	11.940	11.940
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	112.022	229.087	341.110	112.022	322.094	434.116
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			355.88			448.89
23.Medicaid Days		0			8,328	
24.Resident Days		0			8,328	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.64			0.79
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			377.58			470.74

* See Attachment

1:1 Staffing IRR # - Flamingo Drive Cluster (Mentor)- Provider #0312614-00
Staffing Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 7/1/2015 - Rate Semester 7/1/2016

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 7/1/2015 \$ 0.00		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		112.022	229.087	11.151	3.621	355.88
Prospective Rate w/o ROE		112.022	229.087	11.151	0.000	352.26
Allocation of IRR		0.000	0.000	0.000	0.000	0.00
Final Per Diem (Line 22)		112.022	229.087	11.151	3.621	355.88
L22. Final Per Diem Rate - LOC 7		355.88				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.64				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		377.58				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 7/1/2015 \$ 11.94		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		112.022	310.154	11.151	3.621	436.95
Prospective Rate w/o ROE		112.022	310.154	11.151	0.000	433.33
Allocation of IRR		0.000	11.940	0.000	0.000	11.94
Final Per Diem (Line 22)		112.022	322.094	11.151	3.621	448.89
L22. Final Per Diem Rate - LOC 8, 9		448.89				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.79				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		470.74				



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

031262200 - 2016/07
RI:380.76 / NM:0.00

**Barranger Group Home
 (Mentor)**

9513 Barranger Drive
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	362.38	380.76	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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"/> Interim Component	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Settlement Based on Costs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X	<input type="checkbox"/>
<input type="checkbox"/> Unaudited Costs	<input type="checkbox"/>
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<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

Comments:

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 7/2016

031262200

Provider Name: Barranger Group Home (Mentor)	Cost Report Entered By : Pridgeon, Chantelle
Provider Number: 31262200	Rate Semester : July, 2016
Audit Status: Unaudited	Cost Report : 6/1/2013 - 5/31/2014
Date: 6/23/2016	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	2,115	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

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200

FYE: 05/31/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		23.5603	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		150.9314	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		8.7248	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		183.2165	0.0000	Total Resident Care Component	

TOTALS
49,830
319,220
18,453
387,503

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031262200 - 2016/07

RI: 380.76

NM: 0.00

Barranger Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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:	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 100.00%	0.000	5.496	5.496	0.000	0.000	0.000
10.Final Incentive	0.000	5.496	5.496	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	68.430	188.713	257.143	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			275.436			0.000
15.Prospective Rate: Line 11 x Inflation 1.07868257	73.814	203.561	277.376	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	73.814	266.951	340.766	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			359.06			0.00
23.Medicaid Days		2,115			0	
24.Resident Days		2,115			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.64			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			380.76			0.00

* See Attachment

Staffing IRR 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 7/1/2016

		Residential/Institutional (Level of Care 7)				
		Operating	Resident	Property	ROE	
Residential/Institutional IRR Effective 11/1/2014		\$ 63.39				
Description		Component	Care Component	Component	Component	Totals
Prospective Rate (Line 15)		73.814	203.561	18.293	0.000	295.67
Prospective Rate w/o ROE		73.814	203.561	18.293	0.000	295.67
Allocation of IRR		0.000	63.390	0.000	0.000	63.39
Final Per Diem (Line 22)		73.814	266.951	18.293	0.000	359.06
L22. Final Per Diem Rate - LOC 7		359.06				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.64				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		380.76				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
		Operating	Resident	Property	ROE	
Non-Ambulatory/Medical IRR Effective 11/1/2014		\$ 0.00				
Description		Component	Care Component	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 (\$21.06)		0.00				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.00				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		0.00				



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031263100 - 2016/07
RI:272.28 / NM:0.00

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	258.88	272.28	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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

Comments:

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 7/2016

Provider Name:	Greenridge Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31263100	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2013 - 5/31/2014
Date:	6/23/2016	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	2,173	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

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 05/31/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		15.0221	0.0000	A3D Allowable Resident Care Exp	32,643
B5 Allocation of D/C Expenses		126.4211	0.0000	B4 Allocation of D/C Expenses	274,713
C3 Additional Services per Diem		8.2181	0.0000	C2 Additional Services per Diem	17,858
Total Resident Care Component		149.6613	0.0000	Total Resident Care Component	325,214
				TOTALS	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031263100 - 2016/07

RI: 272.28

NM: 0.00

Greenridge Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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.Prospective Rate: Line 11 x Inflation 1.07868257	69.526	166.280	235.806	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	69.526	166.280	235.806	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			250.76			0.00
23.Medicaid Days		2,173			0	
24.Resident Days		2,173			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.46			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			272.28			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 - 2016/07
RI:357.61 / NM:431.42

Pensacola Cluster (Mentor)

9460 S. University Parkway
 Pensacola, FL 32515

Provider Number: 031264900

Date: 6/23/2016

FYE: 5/31/2014

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	348.82	357.61	7/1/2016
#8 Non-Ambulatory & #9 Medical	408.89	431.42	7/1/2016

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

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2016

Provider Name: Pensacola Cluster (Mentor)
Provider Number: 31264900
Audit Status: Unaudited
Date: 6/23/2016
Cost Report Entered By: Pridgeon, Chantelle
Rate Semester: July, 2016
Cost Report: 6/1/2013 - 5/31/2014
Days In Reporting Period: 365
Number of Beds: 24

Table with 3 columns: Column A Residential Institutional, Column B Non-Ambulatory Medical, Column C Total

A. Allocation of Expenses (excluding B & C)

Table with 4 columns: Description, Column A, Column B, Column C Total. Rows include Resident Days, Operating Expenses component (Administration, Plant Operation, Laundry, Housekeeping, Operating Expense Component & Per Diem), Resident Care (Dietary, Other, Nursing, Resident Care & Per Diem), Prop Exp & Per Diem, ROE/Use Per Diem.

B. Direct Care Expense

Table with 4 columns: Description, Column A, Column B, Column C Total. Rows include Staffing, Total Staffing Required, Staffing Percent, Allocation of Direct Care, Direct Care Expense Per Diem.

C. Additional Services Expense

Table with 4 columns: Description, Column A, Column B, Column C Total. Rows include Medicaid Inpatient Days, Additional Services, Additional Services Exp & Per Diem.

D. Medicaid Per Diem Cost

Table with 4 columns: Description, Column A, Column B, Column C Total. Rows include Operating Component, Resident Care Component, Property Cost Component, ROE/Use Allow Component, 5. Total Cost Per Diem.

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 05/31/2014

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp		99.9226	99.9226	A3D Allowable Resident Care Exp	851,540
B5 Allocation of D/C Expenses		66.3171	132.6341	B4 Allocation of D/C Expenses	1,130,308
C3 Additional Services per Diem		21.9774	21.9774	C2 Additional Services per Diem	187,291
Total Resident Care Component		188.2171	254.5341	Total Resident Care Component	2,169,139

Printed on: 6/23/2016 8:41 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2016/07

RI: 357.61

NM: 431.42

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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:	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 100.00%	0.000	5.647	5.647	0.000	7.636	7.636
10.Final Incentive	0.000	5.647	5.647	0.000	7.636	7.636
11.Current Period Base: (line 6 + line 10)	110.228	193.864	304.092	110.228	262.170	372.398
12.Plus: Property Rate Component			6.853			6.853
13.Plus: ROE/Use Rate			1.081			1.081
14.Total Current Period Base			312.027			380.333
15.Prospective Rate: Line 11 x Inflation 1.07868257	118.901	209.117	328.019	118.901	282.798	401.700
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.901	209.117	328.019	118.901	282.798	401.700
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			335.95			409.63
23.Medicaid Days		0			8,522	
24.Resident Days		0			8,522	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.60			0.73
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			357.61			431.42



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

031265700 - 2016/07
RI:286.97 / NM:0.00

**Caprona Group Home
 (Mentor)**
 111 N.E Caprona Avenue
 Port St. Lucie, FL 34983
 Provider Type: ICF/IID

Provider Number: 031265700
 Date: 6/23/2016
 FYE: 5/31/2014
 Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>272.91</u>	<u>286.97</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2016</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

Comments:

For Information only - No Change in rate



Florida Agency For Health Care Administration

031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2016

Provider Name: **Caprona Group Home (Mentor)**
 Provider Number: 31265700
 Audit Status: Unaudited
 Date: 6/23/2016

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2016
 Cost Report : 6/1/2013 - 5/31/2014
 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			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

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 05/31/2014

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	37.4936	0.0000		A3D Allowable Resident Care Exp	82,111
B5 Allocation of D/C Expenses	107.5612	0.0000		B4 Allocation of D/C Expenses	235,559
C3 Additional Services per Diem	9.8352	0.0000		C2 Additional Services per Diem	21,539
Total Resident Care Component	154.8900	0.0000		Total Resident Care Component	339,209

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2016/07

RI: 286.97

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

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: (line 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 1.07868257	73.852	172.089	245.942	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	73.852	172.089	245.942	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			265.43			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.48			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			286.97			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

031266500 - 2016/07
RI:237.80 / NM:269.58

**Rich Street Group Home
 (Mentor)**

2318 S.E. Rich Street
 Port St. Lucie, FL 34984

Provider Type: ICF/IID

Provider Number: 031266500

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	226.19	237.80	7/1/2016
#8 Non-Ambulatory & #9 Medical	255.95	269.58	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

031266500

Provider Name:	Rich Street Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31266500	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2014 - 9/30/2015
Date:	6/23/2016	Days In Reporting Period:	487
		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	1,849	1,035	2,884
2. Operating Expenses component			
A. Administration			96,803
B. Plant Operation			45,475
C. Laundry			0
D. Housekeeping			8,346
E. Operating Expense Component & Per Diem	52.2275	52.2275	150,624
3. Resident Care			
A. Dietary			30,682
B. Other			0
C. Nursing			33,621
D. Resident Care & Per Diem	22.2965	22.2965	64,303
4. Prop Exp & Per Diem	16.3998	16.3998	47,297
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,386.75	1,035.00	2,421.75
3. Staffing Percent	0.57	0.43	1.00
4. Allocation of Direct Care	196,089.63	146,351.37	342,441.00
5. Direct Care Expense Per Diem	106.0517	141.4023	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,849	1,035	2,884
2. Additional Services	21,660	12,124	33,784
3. Additional Services Exp & Per Diem	11.7144	11.7140	

D. Medicaid Per Diem Cost

1. Operating Component	52.2275	52.2275	150,624
2. Resident Care Component	140.0626	175.4128	440,528
3. Property Cost Component	16.3998	16.3998	47,297
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	208.6899	244.0401	638,449

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		22.2965	22.2965	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		106.0517	141.4023	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		11.7144	11.7140	C2 Additional Services per Diem	
Total Resident Care Component		140.0626	175.4128	Total Resident Care Component	

TOTALS
64,303
342,441
33,784
440,528

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031266500 - 2016/07

RI: 237.80

NM: 269.58

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.734	121.362	169.096	47.734	151.762	199.497
2.Inflate Line 1 by Inflation Factor 1.02772568	49.058	124.726	173.784	49.058	155.970	205.028
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	49.587	126.072	175.659	49.587	157.653	207.240
4.Current Period Cost	52.228	140.063	192.290	52.228	175.413	227.640
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)	49.587	126.072	175.659	49.587	157.653	207.240
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.587	126.072	175.659	49.587	157.653	207.240
12.Plus: Property Rate Component			16.400			16.400
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			192.059			223.640
15.Prospective Rate: Line 11 x Inflation 1.04958219	52.046	132.323	184.369	52.046	165.470	217.516
16.Interim Rate Component:	0.000	15.573	15.573	0.000	14.155	14.155
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.046	147.896	199.941	52.046	179.624	231.670
19.Property Rate Component			16.400			16.400
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			216.34			248.07
23.Medicaid Days		1,849			1,035	
24.Resident Days		1,849			1,035	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$21.06)			21.06			21.06
27.Less or Plus: Buy Back - QAF (.001684964)			0.40			0.45
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			237.80			269.58

* See Attachment

Staffing #282 IRR # - Rich Street Group Home (Mentor)- Provider #0312665-00
Staffing Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 10/1/2015 - Rate Semester 7/1/2016

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 10/1/2015 \$ 15.57		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		52.046	132.323	16.400	0.000	200.77
Prospective Rate w/o ROE		52.046	132.323	16.400	0.000	200.77
Allocation of IRR		0.000	15.573	0.000	0.000	15.57
Final Per Diem (Line 22)		52.046	147.896	16.400	0.000	216.34
L22. Final Per Diem Rate - LOC 7		216.34				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.40				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		237.80				
		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 10/1/2015 \$ 14.15		Operating	Resident	Property	ROE	
Description		Component	Care	Component	Component	Totals
Prospective Rate (Line 15)		52.046	165.470	16.400	0.000	233.92
Prospective Rate w/o ROE		52.046	165.470	16.400	0.000	233.92
Allocation of IRR		0.000	14.155	0.000	0.000	14.15
Final Per Diem (Line 22)		52.046	179.624	16.400	0.000	248.07
L22. Final Per Diem Rate - LOC 8, 9		248.07				
L26. Quality Assessment (\$21.06)		21.06				
L27. Less or Plus: Buy Back - QAF (.001684964)		0.45				
L28. Less Rate Cut (0%) Based on Days		0.00				
L29.		0.00				
L30. Final Per Diem After Adjustments		269.58				



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

031267300 - 2016/07
RI:327.46 / NM:399.92

Sandpiper Cluster (Mentor)

1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300

Date: 6/23/2016

FYE: 9/30/2015

Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	306.06	327.46	7/1/2016
#8 Non-Ambulatory & #9 Medical	373.76	399.92	7/1/2016

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

Comments:

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) 07/2016 to 7/2016

031267300

Provider Name:	Sandpiper Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31267300	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	6/1/2014 - 9/30/2015
Date:	6/23/2016	Days In Reporting Period:	487
		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	2,117	9,407	11,524
2. Operating Expenses component			
A. Administration			647,149
B. Plant Operation			266,566
C. Laundry			0
D. Housekeeping			76,233
E. Operating Expense Component & Per Diem	85.9032	85.9032	989,948
3. Resident Care			
A. Dietary			203,561
B. Other			0
C. Nursing			962,312
D. Resident Care & Per Diem	101.1691	101.1691	1,165,873
4. Prop Exp & Per Diem	14.8468	14.8468	171,095
5. ROE/Use Per Diem	0.6572	0.6572	7,573

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,058.50	9,407.00	10,465.50
3. Staffing Percent	0.10	0.90	1.00
4. Allocation of Direct Care	155,350.95	1,380,620.05	1,535,971.00
5. Direct Care Expense Per Diem	73.3826	146.7652	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,117	9,407	11,524
2. Additional Services	43,142	191,706	234,848
3. Additional Services Exp & Per Diem	20.3788	20.3791	

D. Medicaid Per Diem Cost

1. Operating Component	85.9032	85.9032	989,948
2. Resident Care Component	194.9305	268.3134	2,936,692
3. Property Cost Component	14.8468	14.8468	171,095
4. ROE/Use Allow Component	0.6572	0.6572	7,573
5. Total Cost Per Diem	296.3377	369.7206	4,105,308

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		101.1691	101.1691	A3D Allowable Resident Care Exp	1,165,873
B5 Allocation of D/C Expenses		73.3826	146.7652	B4 Allocation of D/C Expenses	1,535,971
C3 Additional Services per Diem		20.3788	20.3791	C2 Additional Services per Diem	234,848
Total Resident Care Component		194.9305	268.3134	Total Resident Care Component	2,936,692

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031267300 - 2016/07

RI: 327.46

NM: 399.92

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.392	188.153	266.546	78.392	254.243	332.636
2. Inflate Line 1 by Inflation Factor 1.02772568	80.566	193.370	273.936	80.566	261.292	341.858
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	81.435	195.457	276.892	81.435	264.112	345.547
4. Current Period Cost	85.903	194.931	280.834	85.903	268.313	354.217
5. Incentive Basis (line 3 - line 4)	0.000	0.526		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.435	194.931	276.366	81.435	264.112	345.547
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.263	0.263	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.848	5.848	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.263	0.263	0.000	0.000	0.000
10. Final Incentive	0.000	0.263	0.263	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.435	195.194	276.629	81.435	264.112	345.547
12. Plus: Property Rate Component			14.847			14.847
13. Plus: ROE/Use Rate			0.657			0.657
14. Total Current Period Base			292.133			361.051
15. Prospective Rate: Line 11 x Inflation 1.04958219	85.473	204.872	290.345	85.473	277.207	362.680
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.473	204.872	290.345	85.473	277.207	362.680
19. Property Rate Component			14.847			14.847
20. ROE Component + ROE Interim Component			0.657			0.657
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			305.85			378.18
23. Medicaid Days		2,117			9,407	
24. Resident Days		2,117			9,407	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$21.06)			21.06			21.06
27. Less or Plus: Buy Back - QAF (.001684964)			0.55			0.67
28. Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			327.46			399.92



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

031345900 - 2016/07
RI:402.03 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto, FL 34461

Provider Number: 031345900
 Date: 6/23/2016
 FYE: 11/30/2015
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	388.88	402.03	7/1/2016
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2016

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:

Comments:

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) 07/2016 to 7/2016

031345900

Provider Name:	New Horizons Village	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31345900	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	12/1/2014 - 11/30/2015
Date:	6/23/2016	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	17,431	0	17,431
2. Operating Expenses component			
A. Administration			950,465
B. Plant Operation			466,106
C. Laundry			37,470
D. Housekeeping			280,346
E. Operating Expense Component & Per Diem	99.5001		1,734,387
3. Resident Care			
A. Dietary			514,501
B. Other			0
C. Nursing			662,798
D. Resident Care & Per Diem	67.5405		1,177,299
4. Prop Exp & Per Diem	25.8044		449,797
5. ROE/Use Per Diem	1.1552		20,137

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	8,715.50	0.00	8,715.50
3. Staffing Percent	1.00	0.00	1.00
4. Allocation of Direct Care	2,279,038.00	0.00	2,279,038.00
5. Direct Care Expense Per Diem	130.7463	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	17,431	0	17,431
2. Additional Services	558,940	0	558,940
3. Additional Services Exp & Per Diem	32.0659	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	99.5001	0.0000	1,734,387
2. Resident Care Component	230.3527	0.0000	4,015,277
3. Property Cost Component	25.8044	0.0000	449,797
4. ROE/Use Allow Component	1.1552	0.0000	20,137
5. Total Cost Per Diem	356.8124	0.0000	6,219,598

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons Village

Provider Number: 31345900

FYE: 11/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	67.5405	0.0000		A3D Allowable Resident Care Exp	1,177,299
B5 Allocation of D/C Expenses	130.7463	0.0000		B4 Allocation of D/C Expenses	2,279,038
C3 Additional Services per Diem	32.0659	0.0000		C2 Additional Services per Diem	558,940
Total Resident Care Component	230.3527	0.0000		Total Resident Care Component	4,015,277

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

031345900 - 2016/07

RI: 402.03

NM: 0.00

New Horizons Village

Ownership:Private

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.920	227.228	332.148	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03622112	108.720	235.459	344.179	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05070957	110.240	238.751	348.991	0.000	0.000	0.000
4.Current Period Cost	99.500	230.353	329.853	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	10.740	8.398		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.500	230.353	329.853	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	5.370	4.199	9.569	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	9.950	6.911	16.861	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.370	4.199	9.569	0.000	0.000	0.000
10.Final Incentive	5.370	4.199	9.569	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	104.870	234.552	339.422	0.000	0.000	0.000
12.Plus: Property Rate Component			25.804			0.000
13.Plus: ROE/Use Rate			1.155			0.000
14.Total Current Period Base			366.381			0.000
15.Prospective Rate: Line 11 x Inflation 1.04097721	109.167	244.163	353.330	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	109.167	244.163	353.330	0.000	0.000	0.000
19.Property Rate Component			25.804			0.000
20.ROE Component + ROE Interim Component			1.155			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			380.29			0.00
23.Medicaid Days		17,431			0	
24.Resident Days		17,431			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$21.06)			21.06			0.00
27.Less or Plus: Buy Back - QAF (.001684964)			0.68			0.00
28.Less Rate Cut (0%) Based on Days			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			402.03			0.00