



# Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **St. Augustine Center for Living**  
 Provider Number: 00169300  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 12/1/2017 - 11/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	21,803	0	21,803
2. Operating Expenses component			
A. Administration			723,816
B. Plant Operation			281,304
C. Laundry			34,807
D. Housekeeping			35,174
E. Operating Expense Component & Per Diem	49.3098		1,075,101
3. Resident Care			
A. Dietary			335,472
B. Other			0
C. Nursing			349,365
D. Resident Care & Per Diem	31.4102		684,837
4. Prop Exp & Per Diem	19.6217		427,811
5. ROE/Use Per Diem	1.3069		28,495
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,901.50	0.00	10,901.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,226,033.00	0.00	2,226,033.00
5. Direct Care Expense Per Diem	102.0976	0.0000	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	21,803	0	21,803
2. Additional Services	352,341	0	352,341
3. Additional Services Exp & Per Diem	16.1602	0.0000	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	49.3098	0.0000	1,075,101
2. Resident Care Component	149.6680	0.0000	3,263,211
3. Property Cost Component	19.6217	0.0000	427,811
4. ROE/Use Allow Component	1.3069	0.0000	28,495
<b>5. Total Cost Per Diem</b>	<b>219.9064</b>	<b>0.0000</b>	<b>4,794,618</b>

## Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300
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FYE: 11/30/2018
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.4102	0.0000	A3D Allowable Resident Care Exp	684,837
B5 Allocation of D/C Expenses	102.0976	0.0000	B4 Allocation of D/C Expenses	2,226,033
C3 Additional Services per Diem	16.1602	0.0000	C2 Additional Services per Diem	352,341
<b>Total Resident Care Component</b>	<b>149.6680</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>3,263,211</b>

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**Florida Agency For Health Care Administration**

**001069500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Miner North**

Cost Report Entered By : Berry, Alycia

Provider Number: 01069500

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 6/1/2018 - 5/31/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	397	8,271	8,668
2. Operating Expenses component			
A. Administration			662,997
B. Plant Operation			331,662
C. Laundry			5,586
D. Housekeeping			48,652
E. Operating Expense Component & Per Diem	121.0080	121.0080	1,048,897
3. Resident Care			
A. Dietary			347,988
B. Other			0
C. Nursing			370,436
D. Resident Care & Per Diem	82.8823	82.8823	718,424
4. Prop Exp & Per Diem	49.5913	49.5913	429,857
5. ROE/Use Per Diem	4.8768	4.8768	42,272
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	198.50	8,271.00	8,469.50
3. Staffing Percent	0.0234	0.9766	1.0000
4. Allocation of Direct Care	33,803.41	1,408,503.59	1,442,307.00
5. Direct Care Expense Per Diem	85.1471	170.2942	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	397	8,271	8,668
2. Additional Services	11,688	243,505	255,193
3. Additional Services Exp & Per Diem	29.4408	29.4408	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	121.0080	121.0080	1,048,897
2. Resident Care Component	197.4702	282.6173	2,415,924
3. Property Cost Component	49.5913	49.5913	429,857
4. ROE/Use Allow Component	4.8768	4.8768	42,272
<b>5. Total Cost Per Diem</b>	<b>372.9463</b>	<b>458.0934</b>	<b>3,936,950</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500
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FYE: 05/31/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.8823	82.8823	A3D Allowable Resident Care Exp	718,424
B5 Allocation of D/C Expenses	85.1471	170.2942	B4 Allocation of D/C Expenses	1,442,307
C3 Additional Services per Diem	29.4408	29.4408	C2 Additional Services per Diem	255,193
<b>Total Resident Care Component</b>	197.4702	282.6173	<b>Total Resident Care Component</b>	2,415,924

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**Florida Agency For Health Care Administration**

**001071000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Miner South**

Cost Report Entered By : Berry, Alycia

Provider Number: 01071000

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 6/1/2018 - 5/31/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,390	7,218	8,608
2. Operating Expenses component			
A. Administration			645,981
B. Plant Operation			367,941
C. Laundry			6,071
D. Housekeeping			46,639
E. Operating Expense Component & Per Diem	123.9117	123.9117	1,066,632
3. Resident Care			
A. Dietary			341,662
B. Other			0
C. Nursing			371,131
D. Resident Care & Per Diem	82.8059	82.8059	712,793
4. Prop Exp & Per Diem	49.4987	49.4987	426,085
5. ROE/Use Per Diem	4.9047	4.9047	42,220
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	695.00	7,218.00	7,913.00
3. Staffing Percent	0.0878	0.9122	1.0000
4. Allocation of Direct Care	115,800.63	1,202,660.37	1,318,461.00
5. Direct Care Expense Per Diem	83.3098	166.6196	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,390	7,218	8,608
2. Additional Services	38,926	202,133	241,059
3. Additional Services Exp & Per Diem	28.0043	28.0040	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	123.9117	123.9117	1,066,632
2. Resident Care Component	194.1200	277.4295	2,272,313
3. Property Cost Component	49.4987	49.4987	426,085
4. ROE/Use Allow Component	4.9047	4.9047	42,220
<b>5. Total Cost Per Diem</b>	<b>372.4351</b>	<b>455.7446</b>	<b>3,807,250</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000
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FYE: 05/31/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.8059	82.8059	A3D Allowable Resident Care Exp	712,793
B5 Allocation of D/C Expenses	83.3098	166.6196	B4 Allocation of D/C Expenses	1,318,461
C3 Additional Services per Diem	28.0043	28.0040	C2 Additional Services per Diem	241,059
<b>Total Resident Care Component</b>	194.1200	277.4295	<b>Total Resident Care Component</b>	2,272,313

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**Florida Agency For Health Care Administration**

**0101963600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2020

Provider Name: **New Horizons (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 101963600

Rate Semester : July, 2020

Audit Status: Budget

Cost Report : 2/1/2019 - 1/31/2020

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	11,823	5,332	17,155
2. Operating Expenses component			
A. Administration			1,553,065
B. Plant Operation			396,606
C. Laundry			3,636
D. Housekeeping			319,595
E. Operating Expense Component & Per Diem	132.4921	132.4921	2,272,902
3. Resident Care			
A. Dietary			530,004
B. Other			0
C. Nursing			1,222,240
D. Resident Care & Per Diem	102.1419	102.1419	1,752,244
4. Prop Exp & Per Diem	27.1187	27.1187	465,222
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,911.50	5,332.00	11,243.50
3. Staffing Percent	0.5258	0.4742	1.0000
4. Allocation of Direct Care	1,360,620.32	1,227,239.68	2,587,860.00
5. Direct Care Expense Per Diem	115.0825	230.1650	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,823	5,332	17,155
2. Additional Services	502,412	226,581	728,993
3. Additional Services Exp & Per Diem	42.4945	42.4946	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	132.4921	132.4921	2,272,902
2. Resident Care Component	259.7189	374.8015	5,069,097
3. Property Cost Component	27.1187	27.1187	465,222
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>419.3297</b>	<b>534.4123</b>	<b>7,807,221</b>

## Resident Care Component Per-Diem Calculation

Facility Name: New Horizons (Mentor)

Provider Number: 101963600
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FYE: 01/31/2020
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.1419	102.1419	A3D Allowable Resident Care Exp	1,752,244
B5 Allocation of D/C Expenses	115.0825	230.1650	B4 Allocation of D/C Expenses	2,587,860
C3 Additional Services per Diem	42.4945	42.4946	C2 Additional Services per Diem	728,993
<b>Total Resident Care Component</b>	<b>259.7189</b>	<b>374.8015</b>	<b>Total Resident Care Component</b>	<b>5,069,097</b>

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**Florida Agency For Health Care Administration**

**012037000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Bayview (Mentor)**  
 Provider Number: 12037000  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2017 - 9/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,456	728	2,184
2. Operating Expenses component			
A. Administration			210,268
B. Plant Operation			6,116
C. Laundry			0
D. Housekeeping			15,788
E. Operating Expense Component & Per Diem	106.3059	106.3059	232,172
3. Resident Care			
A. Dietary			12,842
B. Other			0
C. Nursing			75,806
D. Resident Care & Per Diem	40.5897	40.5897	88,648
4. Prop Exp & Per Diem	18.5728	18.5728	40,563
5. ROE/Use Per Diem	8.7166	8.7166	19,037
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,092.00	728.00	1,820.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	228,382.80	152,255.20	380,638.00
5. Direct Care Expense Per Diem	156.8563	209.1418	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,456	728	2,184
2. Additional Services	7,723	3,862	11,585
3. Additional Services Exp & Per Diem	5.3043	5.3049	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	106.3059	106.3059	232,172
2. Resident Care Component	202.7503	255.0364	480,871
3. Property Cost Component	18.5728	18.5728	40,563
4. ROE/Use Allow Component	8.7166	8.7166	19,037
<b>5. Total Cost Per Diem</b>	<b>336.3456</b>	<b>388.6317</b>	<b>772,643</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.5897	40.5897	A3D Allowable Resident Care Exp	88,648
B5 Allocation of D/C Expenses	156.8563	209.1418	B4 Allocation of D/C Expenses	380,638
C3 Additional Services per Diem	5.3043	5.3049	C2 Additional Services per Diem	11,585
<b>Total Resident Care Component</b>	<b>202.7503</b>	<b>255.0364</b>	<b>Total Resident Care Component</b>	<b>480,871</b>

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**Florida Agency For Health Care Administration**

**012038000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Seaview (Mentor)**  
 Provider Number: 12038000  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2017 - 9/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,536	571	2,107
2. Operating Expenses component			
A. Administration			96,820
B. Plant Operation			32,453
C. Laundry			0
D. Housekeeping			5,260
E. Operating Expense Component & Per Diem	63.8505	63.8505	134,533
3. Resident Care			
A. Dietary			13,432
B. Other			0
C. Nursing			54,777
D. Resident Care & Per Diem	32.3726	32.3726	68,209
4. Prop Exp & Per Diem	14.7209	14.7209	31,017
5. ROE/Use Per Diem	1.5112	1.5112	3,184
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,152.00	571.00	1,723.00
3. Staffing Percent	0.6686	0.3314	1.0000
4. Allocation of Direct Care	229,350.97	113,680.03	343,031.00
5. Direct Care Expense Per Diem	149.3170	199.0894	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,536	571	2,107
2. Additional Services	20,765	7,719	28,484
3. Additional Services Exp & Per Diem	13.5189	13.5184	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	63.8505	63.8505	134,533
2. Resident Care Component	195.2085	244.9804	439,724
3. Property Cost Component	14.7209	14.7209	31,017
4. ROE/Use Allow Component	1.5112	1.5112	3,184
<b>5. Total Cost Per Diem</b>	<b>275.2911</b>	<b>325.0630</b>	<b>608,458</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.3726	32.3726	A3D Allowable Resident Care Exp	68,209
B5 Allocation of D/C Expenses	149.3170	199.0894	B4 Allocation of D/C Expenses	343,031
C3 Additional Services per Diem	13.5189	13.5184	C2 Additional Services per Diem	28,484
<b>Total Resident Care Component</b>	<b>195.2085</b>	<b>244.9804</b>	<b>Total Resident Care Component</b>	<b>439,724</b>

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**Florida Agency For Health Care Administration**

**012040300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Gulfview (Mentor)**  
 Provider Number: 12040300  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,083	1,044	2,127
2. Operating Expenses component			
A. Administration			157,805
B. Plant Operation			38,159
C. Laundry			0
D. Housekeeping			5,948
E. Operating Expense Component & Per Diem	94.9281	94.9281	201,912
3. Resident Care			
A. Dietary			13,443
B. Other			0
C. Nursing			60,620
D. Resident Care & Per Diem	34.8204	34.8204	74,063
4. Prop Exp & Per Diem	25.4711	25.4711	54,177
5. ROE/Use Per Diem	1.5571	1.5571	3,312
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	812.25	1,044.00	1,856.25
3. Staffing Percent	0.4376	0.5624	1.0000
4. Allocation of Direct Care	173,688.70	223,245.30	396,934.00
5. Direct Care Expense Per Diem	160.3774	213.8365	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,083	1,044	2,127
2. Additional Services	20,161	19,435	39,596
3. Additional Services Exp & Per Diem	18.6159	18.6159	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	94.9281	94.9281	201,912
2. Resident Care Component	213.8137	267.2728	510,593
3. Property Cost Component	25.4711	25.4711	54,177
4. ROE/Use Allow Component	1.5571	1.5571	3,312
<b>5. Total Cost Per Diem</b>	<b>335.7700</b>	<b>389.2291</b>	<b>769,994</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.8204	34.8204	A3D Allowable Resident Care Exp	74,063
B5 Allocation of D/C Expenses	160.3774	213.8365	B4 Allocation of D/C Expenses	396,934
C3 Additional Services per Diem	18.6159	18.6159	C2 Additional Services per Diem	39,596
<b>Total Resident Care Component</b>	<b>213.8137</b>	<b>267.2728</b>	<b>Total Resident Care Component</b>	<b>510,593</b>

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**Florida Agency For Health Care Administration**

**012073200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Suffridge Drive Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12073200	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2018 - 10/31/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,825	0	1,825
2. Operating Expenses component			
A. Administration			189,575
B. Plant Operation			27,543
C. Laundry			87
D. Housekeeping			3,542
E. Operating Expense Component & Per Diem	120.9573		220,747
3. Resident Care			
A. Dietary			27,932
B. Other			7,876
C. Nursing			104,945
D. Resident Care & Per Diem	77.1249		140,753
4. Prop Exp & Per Diem	16.0186		29,234
5. ROE/Use Per Diem	0.0000		0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,368.75	0.00	1,368.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	339,177.00	0.00	339,177.00
5. Direct Care Expense Per Diem	185.8504	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,825	0	1,825
2. Additional Services	26,294	0	26,294
3. Additional Services Exp & Per Diem	14.4077	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	120.9573	0.0000	220,747
2. Resident Care Component	277.3830	0.0000	506,224
3. Property Cost Component	16.0186	0.0000	29,234
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>414.3589</b>	<b>0.0000</b>	<b>756,205</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Suffridge Drive Group Home (SH of F)

Provider Number: 12073200
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FYE: 10/31/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	77.1249	0.0000	A3D Allowable Resident Care Exp	140,753
B5 Allocation of D/C Expenses	185.8504	0.0000	B4 Allocation of D/C Expenses	339,177
C3 Additional Services per Diem	14.4077	0.0000	C2 Additional Services per Diem	26,294
<b>Total Resident Care Component</b>	<b>277.3830</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>506,224</b>

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**Florida Agency For Health Care Administration**

**012074200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name:	<b>Coletta Drive Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12074200	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,333	786	2,119
2. Operating Expenses component			
A. Administration			211,459
B. Plant Operation			26,007
C. Laundry			385
D. Housekeeping			3,185
E. Operating Expense Component & Per Diem	113.7499	113.7499	241,036
3. Resident Care			
A. Dietary			22,800
B. Other			57,970
C. Nursing			10,332
D. Resident Care & Per Diem	42.9929	42.9929	91,102
4. Prop Exp & Per Diem	19.0307	19.0307	40,326
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	999.75	786.00	1,785.75
3. Staffing Percent	0.5598	0.4402	1.0000
4. Allocation of Direct Care	177,679.77	139,691.23	317,371.00
5. Direct Care Expense Per Diem	133.2932	177.7242	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,333	786	2,119
2. Additional Services	12,100	7,135	19,235
3. Additional Services Exp & Per Diem	9.0773	9.0776	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	113.7499	113.7499	241,036
2. Resident Care Component	185.3634	229.7947	427,708
3. Property Cost Component	19.0307	19.0307	40,326
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>318.1440</b>	<b>362.5753</b>	<b>709,070</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Coletta Drive Group Home (SH of F)

Provider Number: 12074200
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FYE: 10/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	42.9929	42.9929	A3D Allowable Resident Care Exp	91,102
B5 Allocation of D/C Expenses	133.2932	177.7242	B4 Allocation of D/C Expenses	317,371
C3 Additional Services per Diem	9.0773	9.0776	C2 Additional Services per Diem	19,235
<b>Total Resident Care Component</b>	<b>185.3634</b>	<b>229.7947</b>	<b>Total Resident Care Component</b>	<b>427,708</b>

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**Florida Agency For Health Care Administration**

**012074800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Spring Street Group Home (SH of F)**

Cost Report Entered By : Berry, Alycia

Provider Number: 12074800

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 11/1/2017 - 10/31/2018

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	967	424	1,391
2. Operating Expenses component			
A. Administration			178,406
B. Plant Operation			19,359
C. Laundry			131
D. Housekeeping			3,903
E. Operating Expense Component & Per Diem	145.0748	145.0748	201,799
3. Resident Care			
A. Dietary			18,601
B. Other			29,537
C. Nursing			17,110
D. Resident Care & Per Diem	46.9073	46.9073	65,248
4. Prop Exp & Per Diem	20.3501	20.3501	28,307
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	725.25	424.00	1,149.25
3. Staffing Percent	0.6311	0.3689	1.0000
4. Allocation of Direct Care	165,844.81	96,957.19	262,802.00
5. Direct Care Expense Per Diem	171.5045	228.6726	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	967	424	1,391
2. Additional Services	8,828	3,871	12,699
3. Additional Services Exp & Per Diem	9.1293	9.1297	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	145.0748	145.0748	201,799
2. Resident Care Component	227.5411	284.7096	340,749
3. Property Cost Component	20.3501	20.3501	28,307
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>392.9660</b>	<b>450.1345</b>	<b>570,855</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Spring Street Group Home (SH of F)

Provider Number: 12074800
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FYE: 10/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.9073	46.9073	A3D Allowable Resident Care Exp	65,248
B5 Allocation of D/C Expenses	171.5045	228.6726	B4 Allocation of D/C Expenses	262,802
C3 Additional Services per Diem	9.1293	9.1297	C2 Additional Services per Diem	12,699
<b>Total Resident Care Component</b>	<b>227.5411</b>	<b>284.7096</b>	<b>Total Resident Care Component</b>	<b>340,749</b>

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**Florida Agency For Health Care Administration**

**012075300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Walnut Street Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12075300	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2018 - 10/31/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,662	109	1,771
2. Operating Expenses component			
A. Administration			180,848
B. Plant Operation			26,519
C. Laundry			230
D. Housekeeping			5,032
E. Operating Expense Component & Per Diem	120.0615	120.0615	212,629
3. Resident Care			
A. Dietary			22,463
B. Other			34,151
C. Nursing			36,468
D. Resident Care & Per Diem	52.5590	52.5590	93,082
4. Prop Exp & Per Diem	23.4382	23.4382	41,509
5. ROE/Use Per Diem	0.0627	0.0627	111
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,246.50	109.00	1,355.50
3. Staffing Percent	0.9196	0.0804	1.0000
4. Allocation of Direct Care	259,091.76	22,656.24	281,748.00
5. Direct Care Expense Per Diem	155.8916	207.8554	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,662	109	1,771
2. Additional Services	20,962	1,375	22,337
3. Additional Services Exp & Per Diem	12.6125	12.6147	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	120.0615	120.0615	212,629
2. Resident Care Component	221.0631	273.0291	397,167
3. Property Cost Component	23.4382	23.4382	41,509
4. ROE/Use Allow Component	0.0627	0.0627	111
<b>5. Total Cost Per Diem</b>	<b>364.6255</b>	<b>416.5915</b>	<b>651,416</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Walnut Street Group Home (SH of F)

Provider Number: 12075300
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FYE: 10/31/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	52.5590	52.5590	A3D Allowable Resident Care Exp	93,082
B5 Allocation of D/C Expenses	155.8916	207.8554	B4 Allocation of D/C Expenses	281,748
C3 Additional Services per Diem	12.6125	12.6147	C2 Additional Services per Diem	22,337
<b>Total Resident Care Component</b>	<b>221.0631</b>	<b>273.0291</b>	<b>Total Resident Care Component</b>	<b>397,167</b>

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**Florida Agency For Health Care Administration**

**012075700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name:	<b>Bessent Road Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12075700	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,824	365	2,189
2. Operating Expenses component			
A. Administration			216,662
B. Plant Operation			21,052
C. Laundry			115
D. Housekeeping			3,739
E. Operating Expense Component & Per Diem	110.3554	110.3554	241,568
3. Resident Care			
A. Dietary			19,635
B. Other			18,526
C. Nursing			20,808
D. Resident Care & Per Diem	26.9388	26.9388	58,969
4. Prop Exp & Per Diem	19.2937	19.2937	42,234
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.00	365.00	1,733.00
3. Staffing Percent	0.7894	0.2106	1.0000
4. Allocation of Direct Care	237,016.85	63,239.15	300,256.00
5. Direct Care Expense Per Diem	129.9435	173.2579	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,824	365	2,189
2. Additional Services	11,107	2,223	13,330
3. Additional Services Exp & Per Diem	6.0894	6.0904	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	110.3554	110.3554	241,568
2. Resident Care Component	162.9717	206.2871	372,555
3. Property Cost Component	19.2937	19.2937	42,234
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>292.6208</b>	<b>335.9362</b>	<b>656,357</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bessent Road Group Home (SH of F)

Provider Number: 12075700
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FYE: 10/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.9388	26.9388	A3D Allowable Resident Care Exp	58,969
B5 Allocation of D/C Expenses	129.9435	173.2579	B4 Allocation of D/C Expenses	300,256
C3 Additional Services per Diem	6.0894	6.0904	C2 Additional Services per Diem	13,330
<b>Total Resident Care Component</b>	<b>162.9717</b>	<b>206.2871</b>	<b>Total Resident Care Component</b>	<b>372,555</b>

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# Florida Agency For Health Care Administration

012075900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Frederick Avenue Group Home (SH of F)** Cost Report Entered By : Berry, Alycia  
 Provider Number: 12075900 Rate Semester : July, 2020  
 Audit Status: Unaudited Costs Cost Report : 11/1/2017 - 10/31/2018  
 Date: 7/28/2020 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,128	61	2,189
2. Operating Expenses component			
A. Administration			218,917
B. Plant Operation			37,457
C. Laundry			203
D. Housekeeping			5,732
E. Operating Expense Component & Per Diem	119.8305	119.8305	262,309
3. Resident Care			
A. Dietary			24,555
B. Other			71,125
C. Nursing			20,198
D. Resident Care & Per Diem	52.9365	52.9365	115,878
4. Prop Exp & Per Diem	15.9612	15.9612	34,939
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,596.00	61.00	1,657.00
3. Staffing Percent	0.9632	0.0368	1.0000
4. Allocation of Direct Care	303,580.97	11,603.03	315,184.00
5. Direct Care Expense Per Diem	142.6602	190.2136	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,128	61	2,189
2. Additional Services	18,354	525	18,879
3. Additional Services Exp & Per Diem	8.6250	8.6066	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	119.8305	119.8305	262,309
2. Resident Care Component	204.2217	251.7567	449,941
3. Property Cost Component	15.9612	15.9612	34,939
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>340.0134</b>	<b>387.5484</b>	<b>747,189</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Frederick Avenue Group Home (SH of F)

Provider Number: 12075900
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FYE: 10/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	52.9365	52.9365	A3D Allowable Resident Care Exp	115,878
B5 Allocation of D/C Expenses	142.6602	190.2136	B4 Allocation of D/C Expenses	315,184
C3 Additional Services per Diem	8.6250	8.6066	C2 Additional Services per Diem	18,879
<b>Total Resident Care Component</b>	<b>204.2217</b>	<b>251.7567</b>	<b>Total Resident Care Component</b>	<b>449,941</b>

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**Florida Agency For Health Care Administration**

**012373500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **107th Place Group Home (SH of F)**

Cost Report Entered By : Berry, Alycia

Provider Number: 12373500

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 11/1/2018 - 10/31/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,652	361	2,013
2. Operating Expenses component			
A. Administration			204,856
B. Plant Operation			28,708
C. Laundry			611
D. Housekeeping			7,143
E. Operating Expense Component & Per Diem	119.8798	119.8798	241,318
3. Resident Care			
A. Dietary			23,947
B. Other			79,789
C. Nursing			53,604
D. Resident Care & Per Diem	78.1619	78.1619	157,340
4. Prop Exp & Per Diem	13.9637	13.9637	28,109
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,239.00	361.00	1,600.00
3. Staffing Percent	0.7744	0.2256	1.0000
4. Allocation of Direct Care	247,308.27	72,056.73	319,365.00
5. Direct Care Expense Per Diem	149.7023	199.6031	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,652	361	2,013
2. Additional Services	19,110	4,176	23,286
3. Additional Services Exp & Per Diem	11.5678	11.5679	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	119.8798	119.8798	241,318
2. Resident Care Component	239.4320	289.3329	499,991
3. Property Cost Component	13.9637	13.9637	28,109
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>373.2755</b>	<b>423.1764</b>	<b>769,418</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 107th Place Group Home (SH of F)

Provider Number: 12373500
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FYE: 10/31/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	78.1619	78.1619	A3D Allowable Resident Care Exp	157,340
B5 Allocation of D/C Expenses	149.7023	199.6031	B4 Allocation of D/C Expenses	319,365
C3 Additional Services per Diem	11.5678	11.5679	C2 Additional Services per Diem	23,286
<b>Total Resident Care Component</b>	<b>239.4320</b>	<b>289.3329</b>	<b>Total Resident Care Component</b>	<b>499,991</b>

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# Florida Agency For Health Care Administration

**012374200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Second Street Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12374200	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2018 - 10/31/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,973	0	1,973
2. Operating Expenses component			
A. Administration			205,253
B. Plant Operation			26,969
C. Laundry			0
D. Housekeeping			5,941
E. Operating Expense Component & Per Diem	120.7111		238,163
3. Resident Care			
A. Dietary			22,731
B. Other			102,058
C. Nursing			63,589
D. Resident Care & Per Diem	95.4780		188,378
4. Prop Exp & Per Diem	11.4019		22,496
5. ROE/Use Per Diem	0.0000		0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,479.75	0.00	1,479.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	308,602.00	0.00	308,602.00
5. Direct Care Expense Per Diem	156.4126	0.0000	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,973	0	1,973
2. Additional Services	22,989	0	22,989
3. Additional Services Exp & Per Diem	11.6518	0.0000	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	120.7111	0.0000	238,163
2. Resident Care Component	263.5424	0.0000	519,969
3. Property Cost Component	11.4019	0.0000	22,496
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>395.6554</b>	<b>0.0000</b>	<b>780,628</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Second Street Group Home (SH of F)

Provider Number: 12374200
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FYE: 10/31/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	95.4780	0.0000	A3D Allowable Resident Care Exp	188,378
B5 Allocation of D/C Expenses	156.4126	0.0000	B4 Allocation of D/C Expenses	308,602
C3 Additional Services per Diem	11.6518	0.0000	C2 Additional Services per Diem	22,989
<b>Total Resident Care Component</b>	<b>263.5424</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>519,969</b>

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**Florida Agency For Health Care Administration**

**012374400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Rosewood Avenue Group Home (SH of F)** Cost Report Entered By : Berry, Alycia  
 Provider Number: 12374400 Rate Semester : July, 2020  
 Audit Status: Unaudited Costs Cost Report : 11/1/2018 - 10/31/2019  
 Date: 7/28/2020 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,963	0	1,963
2. Operating Expenses component			
A. Administration			192,675
B. Plant Operation			28,765
C. Laundry			175
D. Housekeeping			9,104
E. Operating Expense Component & Per Diem	117.5339		230,719
3. Resident Care			
A. Dietary			24,597
B. Other			91,906
C. Nursing			58,062
D. Resident Care & Per Diem	88.9277		174,565
4. Prop Exp & Per Diem	18.1294		35,588
5. ROE/Use Per Diem	0.0000		0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,472.25	0.00	1,472.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	308,427.00	0.00	308,427.00
5. Direct Care Expense Per Diem	157.1202	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,963	0	1,963
2. Additional Services	17,670	0	17,670
3. Additional Services Exp & Per Diem	9.0015	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	117.5339	0.0000	230,719
2. Resident Care Component	255.0494	0.0000	500,662
3. Property Cost Component	18.1294	0.0000	35,588
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>390.7127</b>	<b>0.0000</b>	<b>766,969</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Rosewood Avenue Group Home (SH of F)

Provider Number: 12374400
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FYE: 10/31/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.9277	0.0000	A3D Allowable Resident Care Exp	174,565
B5 Allocation of D/C Expenses	157.1202	0.0000	B4 Allocation of D/C Expenses	308,427
C3 Additional Services per Diem	9.0015	0.0000	C2 Additional Services per Diem	17,670
<b>Total Resident Care Component</b>	<b>255.0494</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>500,662</b>

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# Florida Agency For Health Care Administration

012375400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **19th Street Group Home (SH of F)**  
 Provider Number: 12375400  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 11/1/2017 - 10/31/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,429	453	1,882
2. Operating Expenses component			
A. Administration			180,128
B. Plant Operation			27,094
C. Laundry			10
D. Housekeeping			7,214
E. Operating Expense Component & Per Diem	113.9458	113.9458	214,446
3. Resident Care			
A. Dietary			20,244
B. Other			34,526
C. Nursing			46,509
D. Resident Care & Per Diem	53.8146	53.8146	101,279
4. Prop Exp & Per Diem	17.4442	17.4442	32,830
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,071.75	453.00	1,524.75
3. Staffing Percent	0.7029	0.2971	1.0000
4. Allocation of Direct Care	223,046.31	94,275.69	317,322.00
5. Direct Care Expense Per Diem	156.0856	208.1141	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,429	453	1,882
2. Additional Services	10,656	3,378	14,034
3. Additional Services Exp & Per Diem	7.4570	7.4570	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	113.9458	113.9458	214,446
2. Resident Care Component	217.3572	269.3857	432,635
3. Property Cost Component	17.4442	17.4442	32,830
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>348.7472</b>	<b>400.7757</b>	<b>679,911</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 19th Street Group Home (SH of F)

Provider Number: 12375400
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FYE: 10/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	53.8146	53.8146	A3D Allowable Resident Care Exp	101,279
B5 Allocation of D/C Expenses	156.0856	208.1141	B4 Allocation of D/C Expenses	317,322
C3 Additional Services per Diem	7.4570	7.4570	C2 Additional Services per Diem	14,034
<b>Total Resident Care Component</b>	<b>217.3572</b>	<b>269.3857</b>	<b>Total Resident Care Component</b>	<b>432,635</b>

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# Florida Agency For Health Care Administration

012386400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Tunis Street Group Home (SH of F)**  
 Provider Number: 12386400  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 11/1/2017 - 10/31/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			218,940
B. Plant Operation			30,633
C. Laundry			158
D. Housekeeping			5,056
E. Operating Expense Component & Per Diem	116.3411		254,787
3. Resident Care			
A. Dietary			21,096
B. Other			12,539
C. Nursing			42,299
D. Resident Care & Per Diem	34.6731		75,934
4. Prop Exp & Per Diem	18.5699		40,668
5. ROE/Use Per Diem	0.0037		8
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	355,160.00	0.00	355,160.00
5. Direct Care Expense Per Diem	162.1735	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	5,896	0	5,896
3. Additional Services Exp & Per Diem	2.6922	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	116.3411	0.0000	254,787
2. Resident Care Component	199.5388	0.0000	436,990
3. Property Cost Component	18.5699	0.0000	40,668
4. ROE/Use Allow Component	0.0037	0.0000	8
<b>5. Total Cost Per Diem</b>	<b>334.4535</b>	<b>0.0000</b>	<b>732,453</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tunis Street Group Home (SH of F)

Provider Number: 12386400
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FYE: 10/31/2018
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.6731	0.0000	A3D Allowable Resident Care Exp	75,934
B5 Allocation of D/C Expenses	162.1735	0.0000	B4 Allocation of D/C Expenses	355,160
C3 Additional Services per Diem	2.6922	0.0000	C2 Additional Services per Diem	5,896
<b>Total Resident Care Component</b>	<b>199.5388</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>436,990</b>

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**Florida Agency For Health Care Administration**

**012390800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Plaza Oval Group Home (SH of F)**

Cost Report Entered By : Berry, Alycia

Provider Number: 12390800

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 11/1/2018 - 10/31/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,183	0	2,183
2. Operating Expenses component			
A. Administration			223,209
B. Plant Operation			28,214
C. Laundry			251
D. Housekeeping			10,528
E. Operating Expense Component & Per Diem	120.1109		262,202
3. Resident Care			
A. Dietary			26,451
B. Other			74,353
C. Nursing			57,916
D. Resident Care & Per Diem	72.7073		158,720
4. Prop Exp & Per Diem	13.9634		30,482
5. ROE/Use Per Diem	0.0000		0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,637.25	0.00	1,637.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	286,635.00	0.00	286,635.00
5. Direct Care Expense Per Diem	131.3033	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,183	0	2,183
2. Additional Services	20,393	0	20,393
3. Additional Services Exp & Per Diem	9.3417	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	120.1109	0.0000	262,202
2. Resident Care Component	213.3523	0.0000	465,748
3. Property Cost Component	13.9634	0.0000	30,482
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>347.4266</b>	<b>0.0000</b>	<b>758,432</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Plaza Oval Group Home (SH of F)

Provider Number: 12390800
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FYE: 10/31/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	72.7073	0.0000	A3D Allowable Resident Care Exp	158,720
B5 Allocation of D/C Expenses	131.3033	0.0000	B4 Allocation of D/C Expenses	286,635
C3 Additional Services per Diem	9.3417	0.0000	C2 Additional Services per Diem	20,393
<b>Total Resident Care Component</b>	<b>213.3523</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>465,748</b>

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# Florida Agency For Health Care Administration

012392700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Claudia Drive Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12392700	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2018 - 10/30/2019
Date:	7/28/2020	Days In Reporting Period:	364
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,460	365	1,825
2. Operating Expenses component			
A. Administration			198,821
B. Plant Operation			30,554
C. Laundry			362
D. Housekeeping			9,212
E. Operating Expense Component & Per Diem	130.9310	130.9310	238,949
3. Resident Care			
A. Dietary			18,442
B. Other			30,750
C. Nursing			58,535
D. Resident Care & Per Diem	59.0285	59.0285	107,727
4. Prop Exp & Per Diem	14.9748	14.9748	27,329
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	365.00	1,460.00
3. Staffing Percent	0.7500	0.2500	1.0000
4. Allocation of Direct Care	244,126.50	81,375.50	325,502.00
5. Direct Care Expense Per Diem	167.2099	222.9466	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,460	365	1,825
2. Additional Services	7,966	1,991	9,957
3. Additional Services Exp & Per Diem	5.4562	5.4548	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	130.9310	130.9310	238,949
2. Resident Care Component	231.6946	287.4299	443,186
3. Property Cost Component	14.9748	14.9748	27,329
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>377.6004</b>	<b>433.3357</b>	<b>709,464</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Claudia Drive Group Home (SH of F)

Provider Number: 12392700
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FYE: 10/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0285	59.0285	A3D Allowable Resident Care Exp	107,727
B5 Allocation of D/C Expenses	167.2099	222.9466	B4 Allocation of D/C Expenses	325,502
C3 Additional Services per Diem	5.4562	5.4548	C2 Additional Services per Diem	9,957
<b>Total Resident Care Component</b>	<b>231.6946</b>	<b>287.4299</b>	<b>Total Resident Care Component</b>	<b>443,186</b>

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# Florida Agency For Health Care Administration

012410100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>High Desert Court Group Home (SH of F)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	12410100	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	11/1/2018 - 10/31/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			214,109
B. Plant Operation			27,154
C. Laundry			317
D. Housekeeping			8,198
E. Operating Expense Component & Per Diem	114.0539		249,778
3. Resident Care			
A. Dietary			24,143
B. Other			8,401
C. Nursing			67,030
D. Resident Care & Per Diem	45.4676		99,574
4. Prop Exp & Per Diem	12.9667		28,397
5. ROE/Use Per Diem	0.0000		0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	293,008.00	0.00	293,008.00
5. Direct Care Expense Per Diem	133.7936	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	7,829	0	7,829
3. Additional Services Exp & Per Diem	3.5749	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	114.0539	0.0000	249,778
2. Resident Care Component	182.8361	0.0000	400,411
3. Property Cost Component	12.9667	0.0000	28,397
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>309.8567</b>	<b>0.0000</b>	<b>678,586</b>

## Resident Care Component Per-Diem Calculation

Facility Name: High Desert Court Group Home (SH of F)

Provider Number: 12410100
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FYE: 10/31/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.4676	0.0000	A3D Allowable Resident Care Exp	99,574
B5 Allocation of D/C Expenses	133.7936	0.0000	B4 Allocation of D/C Expenses	293,008
C3 Additional Services per Diem	3.5749	0.0000	C2 Additional Services per Diem	7,829
<b>Total Resident Care Component</b>	182.8361	0.0000	<b>Total Resident Care Component</b>	400,411

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# Florida Agency For Health Care Administration

015979000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Log Cabin Enterprises, Inc. (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	15979000	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	25,639	17,682	43,321
2. Operating Expenses component			
A. Administration			2,265,961
B. Plant Operation			1,406,400
C. Laundry			10,372
D. Housekeeping			206,040
E. Operating Expense Component & Per Diem	89.7665	89.7665	3,888,773
3. Resident Care			
A. Dietary			1,398,417
B. Other			1,020,980
C. Nursing			2,458,777
D. Resident Care & Per Diem	112.6053	112.6053	4,878,174
4. Prop Exp & Per Diem	14.3264	14.3264	620,634
5. ROE/Use Per Diem	2.0362	2.0362	88,209
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,819.50	17,682.00	30,501.50
3. Staffing Percent	0.4203	0.5797	1.0000
4. Allocation of Direct Care	2,418,173.02	3,335,397.98	5,753,571.00
5. Direct Care Expense Per Diem	94.3162	188.6324	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	25,639	17,682	43,321
2. Additional Services	377,457	260,315	637,772
3. Additional Services Exp & Per Diem	14.7220	14.7220	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	89.7665	89.7665	3,888,773
2. Resident Care Component	221.6435	315.9597	11,269,517
3. Property Cost Component	14.3264	14.3264	620,634
4. ROE/Use Allow Component	2.0362	2.0362	88,209
<b>5. Total Cost Per Diem</b>	<b>327.7726</b>	<b>422.0888</b>	<b>15,867,133</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Log Cabin Enterprises, Inc. (Sunrise)

Provider Number: 15979000
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	112.6053	112.6053	A3D Allowable Resident Care Exp	4,878,174
B5 Allocation of D/C Expenses	94.3162	188.6324	B4 Allocation of D/C Expenses	5,753,571
C3 Additional Services per Diem	14.7220	14.7220	C2 Additional Services per Diem	637,772
<b>Total Resident Care Component</b>	<b>221.6435</b>	<b>315.9597</b>	<b>Total Resident Care Component</b>	<b>11,269,517</b>

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**Florida Agency For Health Care Administration**

**028000300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Sandy Park Development Center**  
 Provider Number: 28000300  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 1/1/2018 - 12/31/2018  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	18,912	4,380	23,292
2. Operating Expenses component			
A. Administration			857,663
B. Plant Operation			437,349
C. Laundry			47,499
D. Housekeeping			157,654
E. Operating Expense Component & Per Diem	64.4069	64.4069	1,500,165
3. Resident Care			
A. Dietary			458,427
B. Other			0
C. Nursing			164,772
D. Resident Care & Per Diem	26.7559	26.7559	623,199
4. Prop Exp & Per Diem	10.6813	10.6813	248,789
5. ROE/Use Per Diem	0.1780	0.1780	4,145
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	9,456.00	4,380.00	13,836.00
3. Staffing Percent	0.6834	0.3166	1.0000
4. Allocation of Direct Care	2,330,135.14	1,079,313.86	3,409,449.00
5. Direct Care Expense Per Diem	123.2093	246.4187	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	18,912	4,380	23,292
2. Additional Services	175,011	40,534	215,545
3. Additional Services Exp & Per Diem	9.2540	9.2543	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	64.4069	64.4069	1,500,165
2. Resident Care Component	159.2192	282.4289	4,248,193
3. Property Cost Component	10.6813	10.6813	248,789
4. ROE/Use Allow Component	0.1780	0.1780	4,145
<b>5. Total Cost Per Diem</b>	<b>234.4854</b>	<b>357.6951</b>	<b>6,001,292</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300
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FYE: 12/31/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.7559	26.7559	A3D Allowable Resident Care Exp	623,199
B5 Allocation of D/C Expenses	123.2093	246.4187	B4 Allocation of D/C Expenses	3,409,449
C3 Additional Services per Diem	9.2540	9.2543	C2 Additional Services per Diem	215,545
<b>Total Resident Care Component</b>	<b>159.2192</b>	<b>282.4289</b>	<b>Total Resident Care Component</b>	<b>4,248,193</b>

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**Florida Agency For Health Care Administration**

**028018601**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>St. Petersburg Cluster (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28018601	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,095	7,634	8,729
2. Operating Expenses component			
A. Administration			476,413
B. Plant Operation			211,945
C. Laundry			708
D. Housekeeping			71,044
E. Operating Expense Component & Per Diem	87.0787	87.0787	760,110
3. Resident Care			
A. Dietary			195,849
B. Other			109,558
C. Nursing			647,198
D. Resident Care & Per Diem	109.1311	109.1311	952,605
4. Prop Exp & Per Diem	14.7488	14.7488	128,742
5. ROE/Use Per Diem	3.0056	3.0056	26,236
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,634.00	8,181.50
3. Staffing Percent	0.0669	0.9331	1.0000
4. Allocation of Direct Care	97,389.22	1,357,934.78	1,455,324.00
5. Direct Care Expense Per Diem	88.9399	177.8799	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,095	7,634	8,729
2. Additional Services	9,310	64,910	74,220
3. Additional Services Exp & Per Diem	8.5023	8.5028	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	87.0787	87.0787	760,110
2. Resident Care Component	206.5733	295.5138	2,482,149
3. Property Cost Component	14.7488	14.7488	128,742
4. ROE/Use Allow Component	3.0056	3.0056	26,236
<b>5. Total Cost Per Diem</b>	<b>311.4064</b>	<b>400.3469</b>	<b>3,397,237</b>

## Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	109.1311	109.1311	A3D Allowable Resident Care Exp	952,605
B5 Allocation of D/C Expenses	88.9399	177.8799	B4 Allocation of D/C Expenses	1,455,324
C3 Additional Services per Diem	8.5023	8.5028	C2 Additional Services per Diem	74,220
<b>Total Resident Care Component</b>	<b>206.5733</b>	<b>295.5138</b>	<b>Total Resident Care Component</b>	<b>2,482,149</b>

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**Florida Agency For Health Care Administration**

**028019401**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Laurel Hill Cluster**  
 Provider Number: 28019401  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,466	8,466
2. Operating Expenses component			
A. Administration			727,900
B. Plant Operation			297,589
C. Laundry			47,182
D. Housekeeping			53,566
E. Operating Expense Component & Per Diem	133.0306	133.0306	1,126,237
3. Resident Care			
A. Dietary			186,023
B. Other			331,225
C. Nursing			1,213,861
D. Resident Care & Per Diem	204.4778	204.4778	1,731,109
4. Prop Exp & Per Diem	18.9352	18.9352	160,305
5. ROE/Use Per Diem	2.4046	2.4046	20,357
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,466.00	8,466.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,577,046.00	1,577,046.00
5. Direct Care Expense Per Diem	93.1400	186.2799	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,466	8,466
2. Additional Services	0	50,258	50,258
3. Additional Services Exp & Per Diem	5.9365	5.9365	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	133.0306	133.0306	1,126,237
2. Resident Care Component	303.5543	396.6942	3,358,413
3. Property Cost Component	18.9352	18.9352	160,305
4. ROE/Use Allow Component	2.4046	2.4046	20,357
<b>5. Total Cost Per Diem</b>	<b>457.9247</b>	<b>551.0646</b>	<b>4,665,312</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
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FYE: 09/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	204.4778	204.4778	A3D Allowable Resident Care Exp	1,731,109
B5 Allocation of D/C Expenses	93.1400	186.2799	B4 Allocation of D/C Expenses	1,577,046
C3 Additional Services per Diem	5.9365	5.9365	C2 Additional Services per Diem	50,258
<b>Total Resident Care Component</b>	<b>303.5543</b>	<b>396.6942</b>	<b>Total Resident Care Component</b>	<b>3,358,413</b>

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**Florida Agency For Health Care Administration**

**028020801**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **McCauley Cluster (Sunrise)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28020801

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,842	5,902	8,744
2. Operating Expenses component			
A. Administration			446,113
B. Plant Operation			151,306
C. Laundry			3,302
D. Housekeeping			39,403
E. Operating Expense Component & Per Diem	73.2072	73.2072	640,124
3. Resident Care			
A. Dietary			178,199
B. Other			104,674
C. Nursing			614,489
D. Resident Care & Per Diem	102.6260	102.6260	897,362
4. Prop Exp & Per Diem	19.0706	19.0706	166,753
5. ROE/Use Per Diem	4.1714	4.1714	36,475
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,421.00	5,902.00	7,323.00
3. Staffing Percent	0.1940	0.8060	1.0000
4. Allocation of Direct Care	409,896.90	1,702,471.10	2,112,368.00
5. Direct Care Expense Per Diem	144.2283	288.4566	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,842	5,902	8,744
2. Additional Services	29,545	61,356	90,901
3. Additional Services Exp & Per Diem	10.3958	10.3958	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	73.2072	73.2072	640,124
2. Resident Care Component	257.2501	401.4784	3,100,631
3. Property Cost Component	19.0706	19.0706	166,753
4. ROE/Use Allow Component	4.1714	4.1714	36,475
<b>5. Total Cost Per Diem</b>	<b>353.6993</b>	<b>497.9276</b>	<b>3,943,983</b>

## Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.6260	102.6260	A3D Allowable Resident Care Exp	897,362
B5 Allocation of D/C Expenses	144.2283	288.4566	B4 Allocation of D/C Expenses	2,112,368
C3 Additional Services per Diem	10.3958	10.3958	C2 Additional Services per Diem	90,901
<b>Total Resident Care Component</b>	<b>257.2501</b>	<b>401.4784</b>	<b>Total Resident Care Component</b>	<b>3,100,631</b>

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# Florida Agency For Health Care Administration

028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Greentree Court Cluster (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28028301	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,447	7,020	8,467
2. Operating Expenses component			
A. Administration			444,023
B. Plant Operation			222,910
C. Laundry			2,079
D. Housekeeping			75,263
E. Operating Expense Component & Per Diem	87.9030	87.9030	744,275
3. Resident Care			
A. Dietary			156,948
B. Other			116,953
C. Nursing			642,722
D. Resident Care & Per Diem	108.2583	108.2583	916,623
4. Prop Exp & Per Diem	11.6975	11.6975	99,043
5. ROE/Use Per Diem	2.4685	2.4685	20,901
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	723.50	7,020.00	7,743.50
3. Staffing Percent	0.0934	0.9066	1.0000
4. Allocation of Direct Care	123,769.00	1,200,910.00	1,324,679.00
5. Direct Care Expense Per Diem	85.5349	171.0698	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,447	7,020	8,467
2. Additional Services	18,072	87,676	105,748
3. Additional Services Exp & Per Diem	12.4893	12.4895	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	87.9030	87.9030	744,275
2. Resident Care Component	206.2825	291.8176	2,347,050
3. Property Cost Component	11.6975	11.6975	99,043
4. ROE/Use Allow Component	2.4685	2.4685	20,901
<b>5. Total Cost Per Diem</b>	<b>308.3515</b>	<b>393.8866</b>	<b>3,211,269</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.2583	108.2583	A3D Allowable Resident Care Exp	916,623
B5 Allocation of D/C Expenses	85.5349	171.0698	B4 Allocation of D/C Expenses	1,324,679
C3 Additional Services per Diem	12.4893	12.4895	C2 Additional Services per Diem	105,748
<b>Total Resident Care Component</b>	<b>206.2825</b>	<b>291.8176</b>	<b>Total Resident Care Component</b>	<b>2,347,050</b>

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# Florida Agency For Health Care Administration

028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Mahan Cluster (Sunrise)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28029101

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,544	5,078	8,622
2. Operating Expenses component			
A. Administration			392,356
B. Plant Operation			115,365
C. Laundry			5,280
D. Housekeeping			58,694
E. Operating Expense Component & Per Diem	66.3065	66.3065	571,695
3. Resident Care			
A. Dietary			158,396
B. Other			130,823
C. Nursing			603,278
D. Resident Care & Per Diem	103.5139	103.5139	892,497
4. Prop Exp & Per Diem	15.7806	15.7806	136,060
5. ROE/Use Per Diem	3.0338	3.0338	26,157
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,772.00	5,078.00	6,850.00
3. Staffing Percent	0.2587	0.7413	1.0000
4. Allocation of Direct Care	469,783.32	1,346,252.68	1,816,036.00
5. Direct Care Expense Per Diem	132.5574	265.1147	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,544	5,078	8,622
2. Additional Services	32,966	47,236	80,202
3. Additional Services Exp & Per Diem	9.3019	9.3021	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	66.3065	66.3065	571,695
2. Resident Care Component	245.3732	377.9307	2,788,735
3. Property Cost Component	15.7806	15.7806	136,060
4. ROE/Use Allow Component	3.0338	3.0338	26,157
<b>5. Total Cost Per Diem</b>	<b>330.4941</b>	<b>463.0516</b>	<b>3,522,647</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.5139	103.5139	A3D Allowable Resident Care Exp	892,497
B5 Allocation of D/C Expenses	132.5574	265.1147	B4 Allocation of D/C Expenses	1,816,036
C3 Additional Services per Diem	9.3019	9.3021	C2 Additional Services per Diem	80,202
<b>Total Resident Care Component</b>	<b>245.3732</b>	<b>377.9307</b>	<b>Total Resident Care Component</b>	<b>2,788,735</b>

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**Florida Agency For Health Care Administration**

**028030501**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Lake City Cluster**  
 Provider Number: 28030501  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	7,780	8,145
2. Operating Expenses component			
A. Administration			381,784
B. Plant Operation			119,937
C. Laundry			68,571
D. Housekeeping			8,597
E. Operating Expense Component & Per Diem	71.0729	71.0729	578,889
3. Resident Care			
A. Dietary			175,944
B. Other			0
C. Nursing			307,430
D. Resident Care & Per Diem	59.3461	59.3461	483,374
4. Prop Exp & Per Diem	8.9309	8.9309	72,742
5. ROE/Use Per Diem	1.2863	1.2863	10,477
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.50	7,780.00	7,962.50
3. Staffing Percent	0.0229	0.9771	1.0000
4. Allocation of Direct Care	23,054.73	982,826.27	1,005,881.00
5. Direct Care Expense Per Diem	63.1636	126.3273	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	7,780	8,145
2. Additional Services	7,912	168,692	176,604
3. Additional Services Exp & Per Diem	21.6767	21.6828	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	71.0729	71.0729	578,889
2. Resident Care Component	144.1864	207.3562	1,665,859
3. Property Cost Component	8.9309	8.9309	72,742
4. ROE/Use Allow Component	1.2863	1.2863	10,477
<b>5. Total Cost Per Diem</b>	<b>225.4765</b>	<b>288.6463</b>	<b>2,327,967</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.3461	59.3461	A3D Allowable Resident Care Exp	483,374
B5 Allocation of D/C Expenses	63.1636	126.3273	B4 Allocation of D/C Expenses	1,005,881
C3 Additional Services per Diem	21.6767	21.6828	C2 Additional Services per Diem	176,604
<b>Total Resident Care Component</b>	144.1864	207.3562	<b>Total Resident Care Component</b>	1,665,859

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**Florida Agency For Health Care Administration**

**028032101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Gainesville 39th Avenue Cluster (Res-Care)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28032101	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	7,936	7,936
2. Operating Expenses component			
A. Administration			416,125
B. Plant Operation			141,992
C. Laundry			4,639
D. Housekeeping			5,008
E. Operating Expense Component & Per Diem	71.5428	71.5428	567,764
3. Resident Care			
A. Dietary			192,295
B. Other			0
C. Nursing			505,026
D. Resident Care & Per Diem	87.8681	87.8681	697,321
4. Prop Exp & Per Diem	8.0817	8.0817	64,136
5. ROE/Use Per Diem	1.2644	1.2644	10,034
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,936.00	7,936.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	908,039.00	908,039.00
5. Direct Care Expense Per Diem	57.2101	114.4202	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	7,936	7,936
2. Additional Services	0	234,896	234,896
3. Additional Services Exp & Per Diem	29.5988	29.5988	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	71.5428	71.5428	567,764
2. Resident Care Component	174.6770	231.8871	1,840,256
3. Property Cost Component	8.0817	8.0817	64,136
4. ROE/Use Allow Component	1.2644	1.2644	10,034
<b>5. Total Cost Per Diem</b>	<b>255.5659</b>	<b>312.7760</b>	<b>2,482,190</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	87.8681	87.8681	A3D Allowable Resident Care Exp	697,321
B5 Allocation of D/C Expenses	57.2101	114.4202	B4 Allocation of D/C Expenses	908,039
C3 Additional Services per Diem	29.5988	29.5988	C2 Additional Services per Diem	234,896
<b>Total Resident Care Component</b>	<b>174.6770</b>	<b>231.8871</b>	<b>Total Resident Care Component</b>	<b>1,840,256</b>

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# Florida Agency For Health Care Administration

**028035600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Berry, Alycia

Provider Number: 28035600

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2017 - 9/30/2018

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	12,985	4,274	17,259
2. Operating Expenses component			
A. Administration			1,113,273
B. Plant Operation			203,220
C. Laundry			15,572
D. Housekeeping			75,493
E. Operating Expense Component & Per Diem	81.5550	81.5550	1,407,558
3. Resident Care			
A. Dietary			223,557
B. Other			0
C. Nursing			770,575
D. Resident Care & Per Diem	57.6008	57.6008	994,132
4. Prop Exp & Per Diem	12.7446	12.7446	219,959
5. ROE/Use Per Diem	1.0623	1.0623	18,335
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,492.50	4,274.00	10,766.50
3. Staffing Percent	0.6030	0.3970	1.0000
4. Allocation of Direct Care	2,559,360.20	1,684,821.80	4,244,182.00
5. Direct Care Expense Per Diem	197.1013	394.2026	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,985	4,274	17,259
2. Additional Services	195,774	64,439	260,213
3. Additional Services Exp & Per Diem	15.0769	15.0770	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	81.5550	81.5550	1,407,558
2. Resident Care Component	269.7790	466.8804	5,498,527
3. Property Cost Component	12.7446	12.7446	219,959
4. ROE/Use Allow Component	1.0623	1.0623	18,335
<b>5. Total Cost Per Diem</b>	<b>365.1409</b>	<b>562.2423</b>	<b>7,144,379</b>

## Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600
FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	57.6008	57.6008	A3D Allowable Resident Care Exp	994,132
B5 Allocation of D/C Expenses	197.1013	394.2026	B4 Allocation of D/C Expenses	4,244,182
C3 Additional Services per Diem	15.0769	15.0770	C2 Additional Services per Diem	260,213
<b>Total Resident Care Component</b>	<b>269.7790</b>	<b>466.8804</b>	<b>Total Resident Care Component</b>	<b>5,498,527</b>

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# Florida Agency For Health Care Administration

**028036401**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Berry, Alycia

Provider Number: 28036401

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,669	8,669
2. Operating Expenses component			
A. Administration			828,579
B. Plant Operation			265,899
C. Laundry			64,471
D. Housekeeping			51,027
E. Operating Expense Component & Per Diem	139.5750	139.5750	1,209,976
3. Resident Care			
A. Dietary			134,609
B. Other			298,895
C. Nursing			1,579,836
D. Resident Care & Per Diem	232.2459	232.2459	2,013,340
4. Prop Exp & Per Diem	16.2614	16.2614	140,970
5. ROE/Use Per Diem	3.2672	3.2672	28,323
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,669.00	8,669.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,789,421.00	1,789,421.00
5. Direct Care Expense Per Diem	103.2081	206.4161	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,669	8,669
2. Additional Services	0	35,902	35,902
3. Additional Services Exp & Per Diem	4.1414	4.1414	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	139.5750	139.5750	1,209,976
2. Resident Care Component	339.5954	442.8034	3,838,663
3. Property Cost Component	16.2614	16.2614	140,970
4. ROE/Use Allow Component	3.2672	3.2672	28,323
<b>5. Total Cost Per Diem</b>	<b>498.6990</b>	<b>601.9070</b>	<b>5,217,932</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401
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FYE: 09/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	232.2459	232.2459	A3D Allowable Resident Care Exp	2,013,340
B5 Allocation of D/C Expenses	103.2081	206.4161	B4 Allocation of D/C Expenses	1,789,421
C3 Additional Services per Diem	4.1414	4.1414	C2 Additional Services per Diem	35,902
<b>Total Resident Care Component</b>	<b>339.5954</b>	<b>442.8034</b>	<b>Total Resident Care Component</b>	<b>3,838,663</b>

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**Florida Agency For Health Care Administration**

**028037201**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Berry, Alycia

Provider Number: 28037201

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	7,884	7,884
2. Operating Expenses component			
A. Administration			331,288
B. Plant Operation			209,894
C. Laundry			38
D. Housekeeping			48,232
E. Operating Expense Component & Per Diem	74.7656	74.7656	589,452
3. Resident Care			
A. Dietary			163,309
B. Other			0
C. Nursing			576,843
D. Resident Care & Per Diem	93.8803	93.8803	740,152
4. Prop Exp & Per Diem	10.5970	10.5970	83,547
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,884.00	7,884.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,356,311.00	1,356,311.00
5. Direct Care Expense Per Diem	86.0167	172.0334	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	7,884	7,884
2. Additional Services	0	148,161	148,161
3. Additional Services Exp & Per Diem	18.7926	18.7926	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	74.7656	74.7656	589,452
2. Resident Care Component	198.6896	284.7063	2,244,624
3. Property Cost Component	10.5970	10.5970	83,547
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>284.0522</b>	<b>370.0689</b>	<b>2,917,623</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	93.8803	93.8803	A3D Allowable Resident Care Exp	740,152
B5 Allocation of D/C Expenses	86.0167	172.0334	B4 Allocation of D/C Expenses	1,356,311
C3 Additional Services per Diem	18.7926	18.7926	C2 Additional Services per Diem	148,161
<b>Total Resident Care Component</b>	198.6896	284.7063	<b>Total Resident Care Component</b>	<b>2,244,624</b>

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**Florida Agency For Health Care Administration**

**028038101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Ocala Cluster (Res-Care)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28038101

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,328	8,328
2. Operating Expenses component			
A. Administration			397,204
B. Plant Operation			178,902
C. Laundry			60,201
D. Housekeeping			7,175
E. Operating Expense Component & Per Diem	77.2673	77.2673	643,482
3. Resident Care			
A. Dietary			130,591
B. Other			0
C. Nursing			336,615
D. Resident Care & Per Diem	56.1006	56.1006	467,206
4. Prop Exp & Per Diem	6.3277	6.3277	52,697
5. ROE/Use Per Diem	1.0321	1.0321	8,595
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,328.00	8,328.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,000,312.00	1,000,312.00
5. Direct Care Expense Per Diem	60.0572	120.1143	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,328	8,328
2. Additional Services	0	162,760	162,760
3. Additional Services Exp & Per Diem	19.5437	19.5437	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	77.2673	77.2673	643,482
2. Resident Care Component	135.7015	195.7586	1,630,278
3. Property Cost Component	6.3277	6.3277	52,697
4. ROE/Use Allow Component	1.0321	1.0321	8,595
<b>5. Total Cost Per Diem</b>	<b>220.3286</b>	<b>280.3857</b>	<b>2,335,052</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	56.1006	56.1006	A3D Allowable Resident Care Exp	467,206
B5 Allocation of D/C Expenses	60.0572	120.1143	B4 Allocation of D/C Expenses	1,000,312
C3 Additional Services per Diem	19.5437	19.5437	C2 Additional Services per Diem	162,760
<b>Total Resident Care Component</b>	135.7015	195.7586	<b>Total Resident Care Component</b>	<b>1,630,278</b>

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# Florida Agency For Health Care Administration

**028040201**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Williams Road Cluster**  
 Provider Number: 28040201  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	8,168	8,533
2. Operating Expenses component			
A. Administration			753,533
B. Plant Operation			263,766
C. Laundry			52,382
D. Housekeeping			58,889
E. Operating Expense Component & Per Diem	132.2595	132.2595	1,128,570
3. Resident Care			
A. Dietary			175,838
B. Other			366,787
C. Nursing			1,369,579
D. Resident Care & Per Diem	224.0952	224.0952	1,912,204
4. Prop Exp & Per Diem	16.5969	16.5969	141,621
5. ROE/Use Per Diem	2.4397	2.4397	20,818
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,168.00	8,350.50
3. Staffing Percent	0.0219	0.9781	1.0000
4. Allocation of Direct Care	36,793.86	1,646,752.14	1,683,546.00
5. Direct Care Expense Per Diem	100.8051	201.6102	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	8,168	8,533
2. Additional Services	2,010	44,980	46,990
3. Additional Services Exp & Per Diem	5.5068	5.5069	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	132.2595	132.2595	1,128,570
2. Resident Care Component	330.4071	431.2123	3,642,740
3. Property Cost Component	16.5969	16.5969	141,621
4. ROE/Use Allow Component	2.4397	2.4397	20,818
<b>5. Total Cost Per Diem</b>	<b>481.7032</b>	<b>582.5084</b>	<b>4,933,749</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	224.0952	224.0952	A3D Allowable Resident Care Exp	1,912,204
B5 Allocation of D/C Expenses	100.8051	201.6102	B4 Allocation of D/C Expenses	1,683,546
C3 Additional Services per Diem	5.5068	5.5069	C2 Additional Services per Diem	46,990
<b>Total Resident Care Component</b>	<b>330.4071</b>	<b>431.2123</b>	<b>Total Resident Care Component</b>	<b>3,642,740</b>

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**Florida Agency For Health Care Administration**

**028041101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **MCP 80th Street**  
 Provider Number: 28041101  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,755	8,755
2. Operating Expenses component			
A. Administration			461,006
B. Plant Operation			297,818
C. Laundry			29,381
D. Housekeeping			43,929
E. Operating Expense Component & Per Diem	95.0467	95.0467	832,134
3. Resident Care			
A. Dietary			166,033
B. Other			0
C. Nursing			1,058,528
D. Resident Care & Per Diem	139.8699	139.8699	1,224,561
4. Prop Exp & Per Diem	32.4107	32.4107	283,756
5. ROE/Use Per Diem	2.9067	2.9067	25,448
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,755.00	8,755.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,554,493.00	1,554,493.00
5. Direct Care Expense Per Diem	88.7775	177.5549	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,755	8,755
2. Additional Services	0	112,720	112,720
3. Additional Services Exp & Per Diem	12.8749	12.8749	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	95.0467	95.0467	832,134
2. Resident Care Component	241.5223	330.2997	2,891,774
3. Property Cost Component	32.4107	32.4107	283,756
4. ROE/Use Allow Component	2.9067	2.9067	25,448
<b>5. Total Cost Per Diem</b>	<b>371.8864</b>	<b>460.6638</b>	<b>4,033,112</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	139.8699	139.8699	A3D Allowable Resident Care Exp	1,224,561
B5 Allocation of D/C Expenses	88.7775	177.5549	B4 Allocation of D/C Expenses	1,554,493
C3 Additional Services per Diem	12.8749	12.8749	C2 Additional Services per Diem	112,720
<b>Total Resident Care Component</b>	<b>241.5223</b>	<b>330.2997</b>	<b>Total Resident Care Component</b>	<b>2,891,774</b>

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**Florida Agency For Health Care Administration**

**028045301**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: <b>MCP Braddock</b>	Cost Report Entered By : Berry, Alycia
Provider Number: 28045301	Rate Semester : July, 2020
Audit Status: Unaudited Costs	Cost Report : 7/1/2018 - 6/30/2019
Date: 7/28/2020	Days In Reporting Period: 365
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,238	8,238
2. Operating Expenses component			
A. Administration			524,235
B. Plant Operation			348,564
C. Laundry			31,523
D. Housekeeping			55,440
E. Operating Expense Component & Per Diem	116.5042	116.5042	959,762
3. Resident Care			
A. Dietary			150,778
B. Other			0
C. Nursing			1,390,983
D. Resident Care & Per Diem	187.1523	187.1523	1,541,761
4. Prop Exp & Per Diem	44.7486	44.7486	368,639
5. ROE/Use Per Diem	3.8758	3.8758	31,929
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,238.00	8,238.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,717,064.00	1,717,064.00
5. Direct Care Expense Per Diem	104.2161	208.4321	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,238	8,238
2. Additional Services	0	178,512	178,512
3. Additional Services Exp & Per Diem	21.6693	21.6693	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	116.5042	116.5042	959,762
2. Resident Care Component	313.0377	417.2537	3,437,337
3. Property Cost Component	44.7486	44.7486	368,639
4. ROE/Use Allow Component	3.8758	3.8758	31,929
<b>5. Total Cost Per Diem</b>	<b>478.1663</b>	<b>582.3823</b>	<b>4,797,667</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	187.1523	187.1523	A3D Allowable Resident Care Exp	1,541,761
B5 Allocation of D/C Expenses	104.2161	208.4321	B4 Allocation of D/C Expenses	1,717,064
C3 Additional Services per Diem	21.6693	21.6693	C2 Additional Services per Diem	178,512
<b>Total Resident Care Component</b>	<b>313.0377</b>	<b>417.2537</b>	<b>Total Resident Care Component</b>	<b>3,437,337</b>

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**Florida Agency For Health Care Administration**

**028046101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **MCP 2nd Street**  
 Provider Number: 28046101  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,628	8,628
2. Operating Expenses component			
A. Administration			488,621
B. Plant Operation			316,499
C. Laundry			33,565
D. Housekeeping			58,354
E. Operating Expense Component & Per Diem	103.9684	103.9684	897,039
3. Resident Care			
A. Dietary			161,791
B. Other			0
C. Nursing			1,133,674
D. Resident Care & Per Diem	150.1466	150.1466	1,295,465
4. Prop Exp & Per Diem	34.5187	34.5187	297,827
5. ROE/Use Per Diem	3.4306	3.4306	29,599
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,628.00	8,628.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,763,212.00	1,763,212.00
5. Direct Care Expense Per Diem	102.1797	204.3593	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,628	8,628
2. Additional Services	0	117,190	117,190
3. Additional Services Exp & Per Diem	13.5825	13.5825	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	103.9684	103.9684	897,039
2. Resident Care Component	265.9088	368.0884	3,175,867
3. Property Cost Component	34.5187	34.5187	297,827
4. ROE/Use Allow Component	3.4306	3.4306	29,599
<b>5. Total Cost Per Diem</b>	<b>407.8265</b>	<b>510.0061</b>	<b>4,400,332</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	150.1466	150.1466	A3D Allowable Resident Care Exp	1,295,465
B5 Allocation of D/C Expenses	102.1797	204.3593	B4 Allocation of D/C Expenses	1,763,212
C3 Additional Services per Diem	13.5825	13.5825	C2 Additional Services per Diem	117,190
<b>Total Resident Care Component</b>	<b>265.9088</b>	<b>368.0884</b>	<b>Total Resident Care Component</b>	<b>3,175,867</b>

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# Florida Agency For Health Care Administration

028048801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: <b>MCP Sunset</b>	Cost Report Entered By : Berry, Alycia
Provider Number: 28048801	Rate Semester : July, 2020
Audit Status: Unaudited Costs	Cost Report : 7/1/2018 - 6/30/2019
Date: 7/28/2020	Days In Reporting Period: 365
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,730	8,730
2. Operating Expenses component			
A. Administration			512,516
B. Plant Operation			342,707
C. Laundry			29,986
D. Housekeeping			59,032
E. Operating Expense Component & Per Diem	108.1605	108.1605	944,241
3. Resident Care			
A. Dietary			163,983
B. Other			0
C. Nursing			1,102,035
D. Resident Care & Per Diem	145.0192	145.0192	1,266,018
4. Prop Exp & Per Diem	33.4542	33.4542	292,055
5. ROE/Use Per Diem	3.3546	3.3546	29,286
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,730.00	8,730.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,741,195.00	1,741,195.00
5. Direct Care Expense Per Diem	99.7248	199.4496	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,730	8,730
2. Additional Services	0	132,222	132,222
3. Additional Services Exp & Per Diem	15.1457	15.1457	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	108.1605	108.1605	944,241
2. Resident Care Component	259.8897	359.6145	3,139,435
3. Property Cost Component	33.4542	33.4542	292,055
4. ROE/Use Allow Component	3.3546	3.3546	29,286
<b>5. Total Cost Per Diem</b>	<b>404.8590</b>	<b>504.5838</b>	<b>4,405,017</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	145.0192	145.0192	A3D Allowable Resident Care Exp	1,266,018
B5 Allocation of D/C Expenses	99.7248	199.4496	B4 Allocation of D/C Expenses	1,741,195
C3 Additional Services per Diem	15.1457	15.1457	C2 Additional Services per Diem	132,222
<b>Total Resident Care Component</b>	<b>259.8897</b>	<b>359.6145</b>	<b>Total Resident Care Component</b>	<b>3,139,435</b>

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**Florida Agency For Health Care Administration**

**028049601**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Dorchester Cluster (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28049601	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,082	5,591	8,673
2. Operating Expenses component			
A. Administration			413,009
B. Plant Operation			132,127
C. Laundry			2,085
D. Housekeeping			46,456
E. Operating Expense Component & Per Diem	68.4512	68.4512	593,677
3. Resident Care			
A. Dietary			155,916
B. Other			122,832
C. Nursing			578,232
D. Resident Care & Per Diem	98.8101	98.8101	856,980
4. Prop Exp & Per Diem	13.9907	13.9907	121,341
5. ROE/Use Per Diem	2.6156	2.6156	22,685
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,541.00	5,591.00	7,132.00
3. Staffing Percent	0.2161	0.7839	1.0000
4. Allocation of Direct Care	404,423.69	1,467,315.31	1,871,739.00
5. Direct Care Expense Per Diem	131.2212	262.4424	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,082	5,591	8,673
2. Additional Services	28,965	52,544	81,509
3. Additional Services Exp & Per Diem	9.3981	9.3980	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	68.4512	68.4512	593,677
2. Resident Care Component	239.4294	370.6505	2,810,228
3. Property Cost Component	13.9907	13.9907	121,341
4. ROE/Use Allow Component	2.6156	2.6156	22,685
<b>5. Total Cost Per Diem</b>	<b>324.4869</b>	<b>455.7080</b>	<b>3,547,931</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	98.8101	98.8101	A3D Allowable Resident Care Exp	856,980
B5 Allocation of D/C Expenses	131.2212	262.4424	B4 Allocation of D/C Expenses	1,871,739
C3 Additional Services per Diem	9.3981	9.3980	C2 Additional Services per Diem	81,509
<b>Total Resident Care Component</b>	<b>239.4294</b>	<b>370.6505</b>	<b>Total Resident Care Component</b>	<b>2,810,228</b>

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**Florida Agency For Health Care Administration**

**028059300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>146th Place Grp Home #10 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28059300	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			63,044
B. Plant Operation			27,059
C. Laundry			297
D. Housekeeping			2,873
E. Operating Expense Component & Per Diem	42.5904		93,273
3. Resident Care			
A. Dietary			14,606
B. Other			41,339
C. Nursing			0
D. Resident Care & Per Diem	25.5457		55,945
4. Prop Exp & Per Diem	11.8005		25,843
5. ROE/Use Per Diem	1.8799		4,117
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	358,910.00	0.00	358,910.00
5. Direct Care Expense Per Diem	163.8858	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	5,916	0	5,916
3. Additional Services Exp & Per Diem	2.7014	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	42.5904	0.0000	93,273
2. Resident Care Component	192.1329	0.0000	420,771
3. Property Cost Component	11.8005	0.0000	25,843
4. ROE/Use Allow Component	1.8799	0.0000	4,117
<b>5. Total Cost Per Diem</b>	<b>248.4037</b>	<b>0.0000</b>	<b>544,004</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300
FYE: 06/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.5457	0.0000	A3D Allowable Resident Care Exp	55,945
B5 Allocation of D/C Expenses	163.8858	0.0000	B4 Allocation of D/C Expenses	358,910
C3 Additional Services per Diem	2.7014	0.0000	C2 Additional Services per Diem	5,916
<b>Total Resident Care Component</b>	192.1329	0.0000	<b>Total Resident Care Component</b>	420,771

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**Florida Agency For Health Care Administration**

**028062300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>119th Street Grp Home #11 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28062300	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,373	817	2,190
2. Operating Expenses component			
A. Administration			61,024
B. Plant Operation			24,430
C. Laundry			241
D. Housekeeping			2,343
E. Operating Expense Component & Per Diem	40.2000	40.2000	88,038
3. Resident Care			
A. Dietary			16,817
B. Other			72,486
C. Nursing			1,975
D. Resident Care & Per Diem	41.6795	41.6795	91,278
4. Prop Exp & Per Diem	15.3986	15.3986	33,723
5. ROE/Use Per Diem	1.3826	1.3826	3,028
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,029.75	817.00	1,846.75
3. Staffing Percent	0.5576	0.4424	1.0000
4. Allocation of Direct Care	181,398.26	143,920.74	325,319.00
5. Direct Care Expense Per Diem	132.1182	176.1576	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,373	817	2,190
2. Additional Services	12,227	7,276	19,503
3. Additional Services Exp & Per Diem	8.9053	8.9058	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	40.2000	40.2000	88,038
2. Resident Care Component	182.7030	226.7429	436,100
3. Property Cost Component	15.3986	15.3986	33,723
4. ROE/Use Allow Component	1.3826	1.3826	3,028
<b>5. Total Cost Per Diem</b>	<b>239.6842</b>	<b>283.7241</b>	<b>560,889</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	41.6795	41.6795	A3D Allowable Resident Care Exp	91,278
B5 Allocation of D/C Expenses	132.1182	176.1576	B4 Allocation of D/C Expenses	325,319
C3 Additional Services per Diem	8.9053	8.9058	C2 Additional Services per Diem	19,503
<b>Total Resident Care Component</b>	<b>182.7030</b>	<b>226.7429</b>	<b>Total Resident Care Component</b>	<b>436,100</b>

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**Florida Agency For Health Care Administration**

**028065800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>22nd Street Grp Home #6 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28065800	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,050	0	2,050
2. Operating Expenses component			
A. Administration			61,691
B. Plant Operation			29,536
C. Laundry			369
D. Housekeeping			1,351
E. Operating Expense Component & Per Diem	45.3400		92,947
3. Resident Care			
A. Dietary			16,888
B. Other			62,399
C. Nursing			0
D. Resident Care & Per Diem	38.6766		79,287
4. Prop Exp & Per Diem	13.3849		27,439
5. ROE/Use Per Diem	1.3098		2,685
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,537.50	0.00	1,537.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	298,791.00	0.00	298,791.00
5. Direct Care Expense Per Diem	145.7517	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,050	0	2,050
2. Additional Services	13,328	0	13,328
3. Additional Services Exp & Per Diem	6.5015	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	45.3400	0.0000	92,947
2. Resident Care Component	190.9298	0.0000	391,406
3. Property Cost Component	13.3849	0.0000	27,439
4. ROE/Use Allow Component	1.3098	0.0000	2,685
<b>5. Total Cost Per Diem</b>	<b>250.9645</b>	<b>0.0000</b>	<b>514,477</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.6766	0.0000	A3D Allowable Resident Care Exp	79,287
B5 Allocation of D/C Expenses	145.7517	0.0000	B4 Allocation of D/C Expenses	298,791
C3 Additional Services per Diem	6.5015	0.0000	C2 Additional Services per Diem	13,328
<b>Total Resident Care Component</b>	<b>190.9298</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>391,406</b>

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**Florida Agency For Health Care Administration**

**028427100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Fern Park Developmental Center**  
 Provider Number: 28427100  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 3/1/2018 - 2/28/2019  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,761	18,382	23,143
2. Operating Expenses component			
A. Administration			1,045,071
B. Plant Operation			440,479
C. Laundry			49,337
D. Housekeeping			139,032
E. Operating Expense Component & Per Diem	72.3294	72.3294	1,673,919
3. Resident Care			
A. Dietary			452,325
B. Other			0
C. Nursing			1,060,704
D. Resident Care & Per Diem	65.3774	65.3774	1,513,029
4. Prop Exp & Per Diem	27.2607	27.2607	630,894
5. ROE/Use Per Diem	0.3063	0.3063	7,088
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,380.50	18,382.00	20,762.50
3. Staffing Percent	0.1147	0.8853	1.0000
4. Allocation of Direct Care	362,524.49	2,799,380.51	3,161,905.00
5. Direct Care Expense Per Diem	76.1446	152.2892	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,761	18,382	23,143
2. Additional Services	30,474	117,661	148,135
3. Additional Services Exp & Per Diem	6.4008	6.4009	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	72.3294	72.3294	1,673,919
2. Resident Care Component	147.9228	224.0675	4,823,069
3. Property Cost Component	27.2607	27.2607	630,894
4. ROE/Use Allow Component	0.3063	0.3063	7,088
<b>5. Total Cost Per Diem</b>	<b>247.8192</b>	<b>323.9639</b>	<b>7,134,970</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100
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FYE: 02/28/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	65.3774	65.3774	A3D Allowable Resident Care Exp	1,513,029
B5 Allocation of D/C Expenses	76.1446	152.2892	B4 Allocation of D/C Expenses	3,161,905
C3 Additional Services per Diem	6.4008	6.4009	C2 Additional Services per Diem	148,135
<b>Total Resident Care Component</b>	147.9228	224.0675	<b>Total Resident Care Component</b>	4,823,069

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**Florida Agency For Health Care Administration**

**028500500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Naranja Group Home (Sunrise)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28500500

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,931	0	3,931
2. Operating Expenses component			
A. Administration			99,128
B. Plant Operation			39,332
C. Laundry			850
D. Housekeeping			3,430
E. Operating Expense Component & Per Diem	36.3114		142,740
3. Resident Care			
A. Dietary			36,408
B. Other			140,338
C. Nursing			7,660
D. Resident Care & Per Diem	46.9107		184,406
4. Prop Exp & Per Diem	10.4569		41,106
5. ROE/Use Per Diem	1.9056		7,491
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,965.50	0.00	1,965.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	522,753.00	0.00	522,753.00
5. Direct Care Expense Per Diem	132.9822	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,931	0	3,931
2. Additional Services	18,008	0	18,008
3. Additional Services Exp & Per Diem	4.5810	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	36.3114	0.0000	142,740
2. Resident Care Component	184.4739	0.0000	725,167
3. Property Cost Component	10.4569	0.0000	41,106
4. ROE/Use Allow Component	1.9056	0.0000	7,491
<b>5. Total Cost Per Diem</b>	<b>233.1478</b>	<b>0.0000</b>	<b>916,504</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.9107	0.0000	A3D Allowable Resident Care Exp	184,406
B5 Allocation of D/C Expenses	132.9822	0.0000	B4 Allocation of D/C Expenses	522,753
C3 Additional Services per Diem	4.5810	0.0000	C2 Additional Services per Diem	18,008
<b>Total Resident Care Component</b>	<b>184.4739</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>725,167</b>

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# Florida Agency For Health Care Administration

**028505600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>PARC Cottage</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28505600	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,285	2,435	5,720
2. Operating Expenses component			
A. Administration			248,479
B. Plant Operation			63,932
C. Laundry			6,133
D. Housekeeping			20,273
E. Operating Expense Component & Per Diem	59.2337	59.2337	338,817
3. Resident Care			
A. Dietary			42,857
B. Other			0
C. Nursing			224,871
D. Resident Care & Per Diem	46.8056	46.8056	267,728
4. Prop Exp & Per Diem	9.4360	9.4360	53,974
5. ROE/Use Per Diem	1.2967	1.2967	7,417
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,642.50	2,435.00	4,077.50
3. Staffing Percent	0.4028	0.5972	1.0000
4. Allocation of Direct Care	639,883.77	948,625.23	1,588,509.00
5. Direct Care Expense Per Diem	194.7896	389.5792	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,285	2,435	5,720
2. Additional Services	46,672	34,593	81,265
3. Additional Services Exp & Per Diem	14.2076	14.2066	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	59.2337	59.2337	338,817
2. Resident Care Component	255.8028	450.5914	1,937,502
3. Property Cost Component	9.4360	9.4360	53,974
4. ROE/Use Allow Component	1.2967	1.2967	7,417
<b>5. Total Cost Per Diem</b>	<b>325.7692</b>	<b>520.5578</b>	<b>2,337,710</b>

## Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.8056	46.8056	A3D Allowable Resident Care Exp	267,728
B5 Allocation of D/C Expenses	194.7896	389.5792	B4 Allocation of D/C Expenses	1,588,509
C3 Additional Services per Diem	14.2076	14.2066	C2 Additional Services per Diem	81,265
<b>Total Resident Care Component</b>	<b>255.8028</b>	<b>450.5914</b>	<b>Total Resident Care Component</b>	<b>1,937,502</b>

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**Florida Agency For Health Care Administration**

**028512900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2020

Provider Name: **MACtown, Inc.**  
 Provider Number: 28512900  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2014 - 9/30/2015  
 Days In Reporting Period: 365  
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	20,276	0	20,276
2. Operating Expenses component			
A. Administration			759,274
B. Plant Operation			80,395
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	41.4120		839,669
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	11.0633		224,319
5. ROE/Use Per Diem	0.5714		11,586
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	10,138.00	0.00	10,138.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,768,504.00	0.00	3,768,504.00
5. Direct Care Expense Per Diem	185.8603	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	20,276	0	20,276
2. Additional Services	111,367	0	111,367
3. Additional Services Exp & Per Diem	5.4926	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	41.4120	0.0000	839,669
2. Resident Care Component	191.3529	0.0000	3,879,871
3. Property Cost Component	11.0633	0.0000	224,319
4. ROE/Use Allow Component	0.5714	0.0000	11,586
<b>5. Total Cost Per Diem</b>	<b>244.3996</b>	<b>0.0000</b>	<b>4,955,445</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
FYE: 09/30/2015

	No N/M Days			TOTALS
	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	185.8603	0.0000	B4 Allocation of D/C Expenses	3,768,504
C3 Additional Services per Diem	5.4926	0.0000	C2 Additional Services per Diem	111,367
<b>Total Resident Care Component</b>	191.3529	0.0000	<b>Total Resident Care Component</b>	3,879,871

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# Florida Agency For Health Care Administration

**028513700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>New Horizons of NW Florida, Inc.</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28513700	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,920	8,030	10,950
2. Operating Expenses component			
A. Administration			932,821
B. Plant Operation			181,271
C. Laundry			53,044
D. Housekeeping			104,047
E. Operating Expense Component & Per Diem	116.0898	116.0898	1,271,183
3. Resident Care			
A. Dietary			289,689
B. Other			67,799
C. Nursing			634,066
D. Resident Care & Per Diem	90.5529	90.5529	991,554
4. Prop Exp & Per Diem	7.1006	7.1006	77,752
5. ROE/Use Per Diem	2.2941	2.2941	25,120
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,460.00	8,030.00	9,490.00
3. Staffing Percent	0.1538	0.8462	1.0000
4. Allocation of Direct Care	199,978.92	1,099,884.08	1,299,863.00
5. Direct Care Expense Per Diem	68.4859	136.9719	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,920	8,030	10,950
2. Additional Services	80,925	160,398	241,323
3. Additional Services Exp & Per Diem	27.7140	19.9748	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	116.0898	116.0898	1,271,183
2. Resident Care Component	186.7528	247.4996	2,532,740
3. Property Cost Component	7.1006	7.1006	77,752
4. ROE/Use Allow Component	2.2941	2.2941	25,120
<b>5. Total Cost Per Diem</b>	<b>312.2373</b>	<b>372.9841</b>	<b>3,906,795</b>

## Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	90.5529	90.5529	A3D Allowable Resident Care Exp	991,554
B5 Allocation of D/C Expenses	68.4859	136.9719	B4 Allocation of D/C Expenses	1,299,863
C3 Additional Services per Diem	27.7140	19.9748	C2 Additional Services per Diem	241,323
<b>Total Resident Care Component</b>	186.7528	247.4996	<b>Total Resident Care Component</b>	2,532,740

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# Florida Agency For Health Care Administration

**028519600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **BARC Housing, Inc.**  
 Provider Number: 28519600  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	12,917	0	12,917
2. Operating Expenses component			
A. Administration			1,000,071
B. Plant Operation			286,774
C. Laundry			4,406
D. Housekeeping			33,363
E. Operating Expense Component & Per Diem	102.5481		1,324,614
3. Resident Care			
A. Dietary			285,674
B. Other			582,936
C. Nursing			276,631
D. Resident Care & Per Diem	88.6615		1,145,241
4. Prop Exp & Per Diem	15.8440		204,657
5. ROE/Use Per Diem	1.2938		16,712
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,458.50	0.00	6,458.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,622,278.00	0.00	1,622,278.00
5. Direct Care Expense Per Diem	125.5925	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,917	0	12,917
2. Additional Services	106,816	0	106,816
3. Additional Services Exp & Per Diem	8.2694	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	102.5481	0.0000	1,324,614
2. Resident Care Component	222.5234	0.0000	2,874,335
3. Property Cost Component	15.8440	0.0000	204,657
4. ROE/Use Allow Component	1.2938	0.0000	16,712
<b>5. Total Cost Per Diem</b>	<b>342.2093</b>	<b>0.0000</b>	<b>4,420,318</b>

## Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.6615	0.0000	A3D Allowable Resident Care Exp	1,145,241
B5 Allocation of D/C Expenses	125.5925	0.0000	B4 Allocation of D/C Expenses	1,622,278
C3 Additional Services per Diem	8.2694	0.0000	C2 Additional Services per Diem	106,816
<b>Total Resident Care Component</b>	222.5234	0.0000	<b>Total Resident Care Component</b>	<b>2,874,335</b>

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# Florida Agency For Health Care Administration

028520000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Pensacola Care, Inc.**  
 Provider Number: 28520000  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	10,743	11,629	22,372
2. Operating Expenses component			
A. Administration			845,325
B. Plant Operation			344,284
C. Laundry			3,673
D. Housekeeping			240,281
E. Operating Expense Component & Per Diem	64.0784	64.0784	1,433,563
3. Resident Care			
A. Dietary			445,109
B. Other			0
C. Nursing			873,056
D. Resident Care & Per Diem	58.9203	58.9203	1,318,165
4. Prop Exp & Per Diem	14.4290	14.4290	322,806
5. ROE/Use Per Diem	0.2508	0.2508	5,610
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,371.50	11,629.00	17,000.50
3. Staffing Percent	0.3160	0.6840	1.0000
4. Allocation of Direct Care	1,036,683.56	2,244,362.44	3,281,046.00
5. Direct Care Expense Per Diem	96.4985	192.9970	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,743	11,629	22,372
2. Additional Services	125,487	135,836	261,323
3. Additional Services Exp & Per Diem	11.6808	11.6808	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	64.0784	64.0784	1,433,563
2. Resident Care Component	167.0996	263.5981	4,860,534
3. Property Cost Component	14.4290	14.4290	322,806
4. ROE/Use Allow Component	0.2508	0.2508	5,610
<b>5. Total Cost Per Diem</b>	<b>245.8578</b>	<b>342.3563</b>	<b>6,622,513</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Care, Inc.

Provider Number: 28520000
FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	58.9203	58.9203	A3D Allowable Resident Care Exp	1,318,165
B5 Allocation of D/C Expenses	96.4985	192.9970	B4 Allocation of D/C Expenses	3,281,046
C3 Additional Services per Diem	11.6808	11.6808	C2 Additional Services per Diem	261,323
<b>Total Resident Care Component</b>	167.0996	263.5981	<b>Total Resident Care Component</b>	4,860,534

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**Florida Agency For Health Care Administration**

**028521800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28521800

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,368	15,260	16,628
2. Operating Expenses component			
A. Administration			370,527
B. Plant Operation			684,748
C. Laundry			29,456
D. Housekeeping			71,597
E. Operating Expense Component & Per Diem	69.5410	69.5410	1,156,328
3. Resident Care			
A. Dietary			283,408
B. Other			0
C. Nursing			1,094,131
D. Resident Care & Per Diem	82.8445	82.8445	1,377,539
4. Prop Exp & Per Diem	19.6870	19.6870	327,356
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	684.00	15,260.00	15,944.00
3. Staffing Percent	0.0429	0.9571	1.0000
4. Allocation of Direct Care	135,378.63	3,020,289.37	3,155,668.00
5. Direct Care Expense Per Diem	98.9610	197.9220	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,368	15,260	16,628
2. Additional Services	39,304	438,430	477,734
3. Additional Services Exp & Per Diem	28.7310	28.7307	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	69.5410	69.5410	1,156,328
2. Resident Care Component	210.5365	309.4972	5,010,941
3. Property Cost Component	19.6870	19.6870	327,356
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>299.7645</b>	<b>398.7252</b>	<b>6,494,625</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.8445	82.8445	A3D Allowable Resident Care Exp	1,377,539
B5 Allocation of D/C Expenses	98.9610	197.9220	B4 Allocation of D/C Expenses	3,155,668
C3 Additional Services per Diem	28.7310	28.7307	C2 Additional Services per Diem	477,734
<b>Total Resident Care Component</b>	210.5365	309.4972	<b>Total Resident Care Component</b>	5,010,941

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**Florida Agency For Health Care Administration**

**028522600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Tallahassee Developmental Center</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28522600	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	10/1/2018 - 9/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	7,784	14,456	22,240
2. Operating Expenses component			
A. Administration			847,627
B. Plant Operation			471,233
C. Laundry			5,324
D. Housekeeping			180,859
E. Operating Expense Component & Per Diem	67.6728	67.6728	1,505,043
3. Resident Care			
A. Dietary			440,269
B. Other			0
C. Nursing			886,070
D. Resident Care & Per Diem	59.6375	59.6375	1,326,339
4. Prop Exp & Per Diem	20.7193	20.7193	460,798
5. ROE/Use Per Diem	2.1526	2.1526	47,874
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	3,892.00	14,456.00	18,348.00
3. Staffing Percent	0.2121	0.7879	1.0000
4. Allocation of Direct Care	779,486.48	2,895,235.52	3,674,722.00
5. Direct Care Expense Per Diem	100.1396	200.2792	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	7,784	14,456	22,240
2. Additional Services	86,533	160,703	247,236
3. Additional Services Exp & Per Diem	11.1168	11.1167	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	67.6728	67.6728	1,505,043
2. Resident Care Component	170.8939	271.0334	5,248,297
3. Property Cost Component	20.7193	20.7193	460,798
4. ROE/Use Allow Component	2.1526	2.1526	47,874
<b>5. Total Cost Per Diem</b>	<b>261.4386</b>	<b>361.5781</b>	<b>7,262,012</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 28522600
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.6375	59.6375	A3D Allowable Resident Care Exp	1,326,339
B5 Allocation of D/C Expenses	100.1396	200.2792	B4 Allocation of D/C Expenses	3,674,722
C3 Additional Services per Diem	11.1168	11.1167	C2 Additional Services per Diem	247,236
<b>Total Resident Care Component</b>	<b>170.8939</b>	<b>271.0334</b>	<b>Total Resident Care Component</b>	<b>5,248,297</b>

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**Florida Agency For Health Care Administration**

**028524200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Ft. Walton Beach Developmental Ctr.</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28524200	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	10,650	11,586	22,236
2. Operating Expenses component			
A. Administration			808,725
B. Plant Operation			447,371
C. Laundry			2,118
D. Housekeeping			102,012
E. Operating Expense Component & Per Diem	61.1722	61.1722	1,360,226
3. Resident Care			
A. Dietary			393,865
B. Other			0
C. Nursing			673,506
D. Resident Care & Per Diem	48.0019	48.0019	1,067,371
4. Prop Exp & Per Diem	12.3071	12.3071	273,660
5. ROE/Use Per Diem	2.1534	2.1534	47,884
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,325.00	11,586.00	16,911.00
3. Staffing Percent	0.3149	0.6851	1.0000
4. Allocation of Direct Care	1,040,346.16	2,263,558.84	3,303,905.00
5. Direct Care Expense Per Diem	97.6851	195.3702	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,650	11,586	22,236
2. Additional Services	85,945	93,498	179,443
3. Additional Services Exp & Per Diem	8.0700	8.0699	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	61.1722	61.1722	1,360,226
2. Resident Care Component	153.7570	251.4420	4,550,719
3. Property Cost Component	12.3071	12.3071	273,660
4. ROE/Use Allow Component	2.1534	2.1534	47,884
<b>5. Total Cost Per Diem</b>	<b>229.3897</b>	<b>327.0747</b>	<b>6,232,489</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 28524200
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	48.0019	48.0019	A3D Allowable Resident Care Exp	1,067,371
B5 Allocation of D/C Expenses	97.6851	195.3702	B4 Allocation of D/C Expenses	3,303,905
C3 Additional Services per Diem	8.0700	8.0699	C2 Additional Services per Diem	179,443
<b>Total Resident Care Component</b>	153.7570	251.4420	<b>Total Resident Care Component</b>	4,550,719

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# Florida Agency For Health Care Administration

**028526900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Panama City Developmental Center</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28526900	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	10/1/2018 - 9/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,986	12,987	17,973
2. Operating Expenses component			
A. Administration			807,012
B. Plant Operation			408,430
C. Laundry			4,732
D. Housekeeping			119,059
E. Operating Expense Component & Per Diem	74.5136	74.5136	1,339,233
3. Resident Care			
A. Dietary			347,732
B. Other			0
C. Nursing			704,512
D. Resident Care & Per Diem	58.5458	58.5458	1,052,244
4. Prop Exp & Per Diem	15.4462	15.4462	277,615
5. ROE/Use Per Diem	1.6758	1.6758	30,120
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,493.00	12,987.00	15,480.00
3. Staffing Percent	0.1610	0.8390	1.0000
4. Allocation of Direct Care	465,611.71	2,425,551.29	2,891,163.00
5. Direct Care Expense Per Diem	93.3838	186.7676	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,986	12,987	17,973
2. Additional Services	61,687	160,676	222,363
3. Additional Services Exp & Per Diem	12.3720	12.3721	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	74.5136	74.5136	1,339,233
2. Resident Care Component	164.3016	257.6855	4,165,770
3. Property Cost Component	15.4462	15.4462	277,615
4. ROE/Use Allow Component	1.6758	1.6758	30,120
<b>5. Total Cost Per Diem</b>	<b>255.9372</b>	<b>349.3211</b>	<b>5,812,738</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 28526900
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	58.5458	58.5458	A3D Allowable Resident Care Exp	1,052,244
B5 Allocation of D/C Expenses	93.3838	186.7676	B4 Allocation of D/C Expenses	2,891,163
C3 Additional Services per Diem	12.3720	12.3721	C2 Additional Services per Diem	222,363
<b>Total Resident Care Component</b>	164.3016	257.6855	<b>Total Resident Care Component</b>	4,165,770

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# Florida Agency For Health Care Administration

028530700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Hillsborough County Developmental Ctr** Cost Report Entered By : Berry, Alycia  
 Provider Number: 28530700 Rate Semester : July, 2020  
 Audit Status: Unaudited Costs Cost Report : 10/1/2018 - 9/30/2019  
 Date: 7/28/2020 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,785	15,659	20,444
2. Operating Expenses component			
A. Administration			855,236
B. Plant Operation			409,948
C. Laundry			1,924
D. Housekeeping			153,207
E. Operating Expense Component & Per Diem	69.4734	69.4734	1,420,315
3. Resident Care			
A. Dietary			443,343
B. Other			0
C. Nursing			817,302
D. Resident Care & Per Diem	61.6633	61.6633	1,260,645
4. Prop Exp & Per Diem	9.0773	9.0773	185,577
5. ROE/Use Per Diem	1.6817	1.6817	34,380
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,392.50	15,659.00	18,051.50
3. Staffing Percent	0.1325	0.8675	1.0000
4. Allocation of Direct Care	437,585.02	2,864,009.98	3,301,595.00
5. Direct Care Expense Per Diem	91.4493	182.8987	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,785	15,659	20,444
2. Additional Services	55,426	181,382	236,808
3. Additional Services Exp & Per Diem	11.5833	11.5832	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	69.4734	69.4734	1,420,315
2. Resident Care Component	164.6959	256.1452	4,799,048
3. Property Cost Component	9.0773	9.0773	185,577
4. ROE/Use Allow Component	1.6817	1.6817	34,380
<b>5. Total Cost Per Diem</b>	<b>244.9283</b>	<b>336.3776</b>	<b>6,439,320</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 28530700
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	61.6633	61.6633	A3D Allowable Resident Care Exp	1,260,645
B5 Allocation of D/C Expenses	91.4493	182.8987	B4 Allocation of D/C Expenses	3,301,595
C3 Additional Services per Diem	11.5833	11.5832	C2 Additional Services per Diem	236,808
<b>Total Resident Care Component</b>	164.6959	256.1452	<b>Total Resident Care Component</b>	4,799,048

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**Florida Agency For Health Care Administration**

**028531500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Woodhouse, Inc**  
 Provider Number: 28531500  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,242	6,351	7,593
2. Operating Expenses component			
A. Administration			491,644
B. Plant Operation			333,693
C. Laundry			0
D. Housekeeping			117,447
E. Operating Expense Component & Per Diem	124.1649	124.1649	942,784
3. Resident Care			
A. Dietary			181,853
B. Other			0
C. Nursing			544,531
D. Resident Care & Per Diem	95.6650	95.6650	726,384
4. Prop Exp & Per Diem	16.5086	16.5086	125,350
5. ROE/Use Per Diem	3.0357	3.0357	23,050
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	621.00	6,351.00	6,972.00
3. Staffing Percent	0.0891	0.9109	1.0000
4. Allocation of Direct Care	121,036.75	1,237,849.25	1,358,886.00
5. Direct Care Expense Per Diem	97.4531	194.9062	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,242	6,351	7,593
2. Additional Services	17,222	88,066	105,288
3. Additional Services Exp & Per Diem	13.8663	13.8665	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	124.1649	124.1649	942,784
2. Resident Care Component	206.9844	304.4377	2,190,558
3. Property Cost Component	16.5086	16.5086	125,350
4. ROE/Use Allow Component	3.0357	3.0357	23,050
<b>5. Total Cost Per Diem</b>	<b>350.6936</b>	<b>448.1469</b>	<b>3,281,742</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	95.6650	95.6650	A3D Allowable Resident Care Exp	726,384
B5 Allocation of D/C Expenses	97.4531	194.9062	B4 Allocation of D/C Expenses	1,358,886
C3 Additional Services per Diem	13.8663	13.8665	C2 Additional Services per Diem	105,288
<b>Total Resident Care Component</b>	<b>206.9844</b>	<b>304.4377</b>	<b>Total Resident Care Component</b>	<b>2,190,558</b>

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# Florida Agency For Health Care Administration

028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Cape Coral Cluster (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28533100	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,829	6,273	8,102
2. Operating Expenses component			
A. Administration			487,170
B. Plant Operation			265,092
C. Laundry			1,071
D. Housekeeping			72,878
E. Operating Expense Component & Per Diem	101.9762	101.9762	826,211
3. Resident Care			
A. Dietary			167,203
B. Other			131,654
C. Nursing			510,261
D. Resident Care & Per Diem	99.8665	99.8665	809,118
4. Prop Exp & Per Diem	31.6846	31.6846	256,709
5. ROE/Use Per Diem	3.4616	3.4616	28,046
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	914.50	6,273.00	7,187.50
3. Staffing Percent	0.1272	0.8728	1.0000
4. Allocation of Direct Care	179,355.87	1,230,289.13	1,409,645.00
5. Direct Care Expense Per Diem	98.0623	196.1245	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,829	6,273	8,102
2. Additional Services	18,830	64,584	83,414
3. Additional Services Exp & Per Diem	10.2952	10.2956	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	101.9762	101.9762	826,211
2. Resident Care Component	208.2240	306.2866	2,302,177
3. Property Cost Component	31.6846	31.6846	256,709
4. ROE/Use Allow Component	3.4616	3.4616	28,046
<b>5. Total Cost Per Diem</b>	<b>345.3464</b>	<b>443.4090</b>	<b>3,413,143</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.8665	99.8665	A3D Allowable Resident Care Exp	809,118
B5 Allocation of D/C Expenses	98.0623	196.1245	B4 Allocation of D/C Expenses	1,409,645
C3 Additional Services per Diem	10.2952	10.2956	C2 Additional Services per Diem	83,414
<b>Total Resident Care Component</b>	<b>208.2240</b>	<b>306.2866</b>	<b>Total Resident Care Component</b>	<b>2,302,177</b>

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**Florida Agency For Health Care Administration**

**028536600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Squire Court Community Home (Res-Care)**  
 Provider Number: 28536600  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	1,825	2,190
2. Operating Expenses component			
A. Administration			64,413
B. Plant Operation			27,836
C. Laundry			596
D. Housekeeping			3,465
E. Operating Expense Component & Per Diem	43.9772	43.9772	96,310
3. Resident Care			
A. Dietary			20,061
B. Other			0
C. Nursing			39,238
D. Resident Care & Per Diem	27.0772	27.0772	59,299
4. Prop Exp & Per Diem	7.8781	7.8781	17,253
5. ROE/Use Per Diem	0.5347	0.5347	1,171
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	0.1304	0.8696	1.0000
4. Allocation of Direct Care	32,605.96	217,373.04	249,979.00
5. Direct Care Expense Per Diem	89.3314	119.1085	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	22,743	113,688	136,431
3. Additional Services Exp & Per Diem	62.3096	62.2948	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.9772	43.9772	96,310
2. Resident Care Component	178.7182	208.4805	445,709
3. Property Cost Component	7.8781	7.8781	17,253
4. ROE/Use Allow Component	0.5347	0.5347	1,171
<b>5. Total Cost Per Diem</b>	<b>231.1082</b>	<b>260.8705</b>	<b>560,443</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Squire Court Community Home (Res-Care)

Provider Number: 28536600
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.0772	27.0772	A3D Allowable Resident Care Exp	59,299
B5 Allocation of D/C Expenses	89.3314	119.1085	B4 Allocation of D/C Expenses	249,979
C3 Additional Services per Diem	62.3096	62.2948	C2 Additional Services per Diem	136,431
<b>Total Resident Care Component</b>	178.7182	208.4805	<b>Total Resident Care Component</b>	445,709

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# Florida Agency For Health Care Administration

**028537400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Bayview Community Home (Res-Care)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28537400	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,145	0	2,145
2. Operating Expenses component			
A. Administration			63,354
B. Plant Operation			26,976
C. Laundry			441
D. Housekeeping			3,041
E. Operating Expense Component & Per Diem	43.7352		93,812
3. Resident Care			
A. Dietary			20,691
B. Other			0
C. Nursing			34,299
D. Resident Care & Per Diem	25.6364		54,990
4. Prop Exp & Per Diem	7.5800		16,259
5. ROE/Use Per Diem	0.4872		1,045
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,608.75	0.00	1,608.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	243,856.00	0.00	243,856.00
5. Direct Care Expense Per Diem	113.6858	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,145	0	2,145
2. Additional Services	128,559	0	128,559
3. Additional Services Exp & Per Diem	59.9343	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.7352	0.0000	93,812
2. Resident Care Component	199.2565	0.0000	427,405
3. Property Cost Component	7.5800	0.0000	16,259
4. ROE/Use Allow Component	0.4872	0.0000	1,045
<b>5. Total Cost Per Diem</b>	<b>251.0589</b>	<b>0.0000</b>	<b>538,521</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.6364	0.0000	A3D Allowable Resident Care Exp	54,990
B5 Allocation of D/C Expenses	113.6858	0.0000	B4 Allocation of D/C Expenses	243,856
C3 Additional Services per Diem	59.9343	0.0000	C2 Additional Services per Diem	128,559
<b>Total Resident Care Component</b>	199.2565	0.0000	<b>Total Resident Care Component</b>	427,405

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**Florida Agency For Health Care Administration**

**028539100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>Hendricks</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28539100	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	6/1/2018 - 5/31/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,126	6,509	8,635
2. Operating Expenses component			
A. Administration			671,466
B. Plant Operation			289,035
C. Laundry			8,174
D. Housekeeping			47,654
E. Operating Expense Component & Per Diem	117.6988	117.6988	1,016,329
3. Resident Care			
A. Dietary			407,133
B. Other			0
C. Nursing			355,675
D. Resident Care & Per Diem	88.3391	88.3391	762,808
4. Prop Exp & Per Diem	57.9421	57.9421	500,330
5. ROE/Use Per Diem	3.3365	3.3365	28,811
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,063.00	6,509.00	7,572.00
3. Staffing Percent	0.1404	0.8596	1.0000
4. Allocation of Direct Care	239,339.11	1,465,529.89	1,704,869.00
5. Direct Care Expense Per Diem	112.5772	225.1544	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,126	6,509	8,635
2. Additional Services	50,827	155,613	206,440
3. Additional Services Exp & Per Diem	23.9073	23.9074	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	117.6988	117.6988	1,016,329
2. Resident Care Component	224.8236	337.4009	2,674,117
3. Property Cost Component	57.9421	57.9421	500,330
4. ROE/Use Allow Component	3.3365	3.3365	28,811
<b>5. Total Cost Per Diem</b>	<b>403.8010</b>	<b>516.3783</b>	<b>4,219,587</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
FYE: 05/31/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.3391	88.3391	A3D Allowable Resident Care Exp	762,808
B5 Allocation of D/C Expenses	112.5772	225.1544	B4 Allocation of D/C Expenses	1,704,869
C3 Additional Services per Diem	23.9073	23.9074	C2 Additional Services per Diem	206,440
<b>Total Resident Care Component</b>	<b>224.8236</b>	<b>337.4009</b>	<b>Total Resident Care Component</b>	<b>2,674,117</b>

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# Florida Agency For Health Care Administration

028541200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Berry, Alycia  
 Provider Number: 28541200 Rate Semester : July, 2020  
 Audit Status: Unaudited Costs Cost Report : 7/1/2018 - 6/30/2019  
 Date: 7/28/2020 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,095	1,095	2,190
2. Operating Expenses component			
A. Administration			64,320
B. Plant Operation			21,881
C. Laundry			497
D. Housekeeping			2,601
E. Operating Expense Component & Per Diem	40.7758	40.7758	89,299
3. Resident Care			
A. Dietary			19,605
B. Other			0
C. Nursing			34,809
D. Resident Care & Per Diem	24.8466	24.8466	54,414
4. Prop Exp & Per Diem	14.8187	14.8187	32,453
5. ROE/Use Per Diem	0.8269	0.8269	1,811
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	1,095.00	1,916.25
3. Staffing Percent	0.4286	0.5714	1.0000
4. Allocation of Direct Care	103,011.43	137,348.57	240,360.00
5. Direct Care Expense Per Diem	94.0744	125.4325	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	66,264	66,264	132,528
3. Additional Services Exp & Per Diem	60.5151	60.5151	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	40.7758	40.7758	89,299
2. Resident Care Component	179.4361	210.7942	427,302
3. Property Cost Component	14.8187	14.8187	32,453
4. ROE/Use Allow Component	0.8269	0.8269	1,811
<b>5. Total Cost Per Diem</b>	<b>235.8575</b>	<b>267.2156</b>	<b>550,865</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Twin Lane Community Home (Res-Care)

Provider Number: 28541200
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.8466	24.8466	A3D Allowable Resident Care Exp	54,414
B5 Allocation of D/C Expenses	94.0744	125.4325	B4 Allocation of D/C Expenses	240,360
C3 Additional Services per Diem	60.5151	60.5151	C2 Additional Services per Diem	132,528
<b>Total Resident Care Component</b>	179.4361	210.7942	<b>Total Resident Care Component</b>	427,302

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**Florida Agency For Health Care Administration**

**028547100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>62nd Place Grp Home #17 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28547100	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,160	0	2,160
2. Operating Expenses component			
A. Administration			68,604
B. Plant Operation			24,898
C. Laundry			184
D. Housekeeping			2,976
E. Operating Expense Component & Per Diem	44.7509		96,662
3. Resident Care			
A. Dietary			23,381
B. Other			42,081
C. Nursing			29,009
D. Resident Care & Per Diem	43.7366		94,471
4. Prop Exp & Per Diem	10.6634		23,033
5. ROE/Use Per Diem	1.8282		3,949
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,620.00	0.00	1,620.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	397,234.00	0.00	397,234.00
5. Direct Care Expense Per Diem	183.9046	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,160	0	2,160
2. Additional Services	1,170	0	1,170
3. Additional Services Exp & Per Diem	0.5417	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	44.7509	0.0000	96,662
2. Resident Care Component	228.1829	0.0000	492,875
3. Property Cost Component	10.6634	0.0000	23,033
4. ROE/Use Allow Component	1.8282	0.0000	3,949
<b>5. Total Cost Per Diem</b>	<b>285.4254</b>	<b>0.0000</b>	<b>616,519</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 62nd Place Grp Home #17 (Sunrise)

Provider Number: 28547100
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	43.7366	0.0000	A3D Allowable Resident Care Exp	94,471
B5 Allocation of D/C Expenses	183.9046	0.0000	B4 Allocation of D/C Expenses	397,234
C3 Additional Services per Diem	0.5417	0.0000	C2 Additional Services per Diem	1,170
<b>Total Resident Care Component</b>	228.1829	0.0000	<b>Total Resident Care Component</b>	492,875

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# Florida Agency For Health Care Administration

028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **138th Court Grp Home #16 (Sunrise)** Cost Report Entered By : Berry, Alycia  
Provider Number: 28548000 Rate Semester : July, 2020  
Audit Status: Unaudited Costs Cost Report : 7/1/2018 - 6/30/2019  
Date: 7/28/2020 Days In Reporting Period: 365  
Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,065	1,095	2,160
2. Operating Expenses component			
A. Administration			60,215
B. Plant Operation			20,077
C. Laundry			192
D. Housekeeping			1,944
E. Operating Expense Component & Per Diem	38.1611	38.1611	82,428
3. Resident Care			
A. Dietary			13,910
B. Other			45,435
C. Nursing			78
D. Resident Care & Per Diem	27.5106	27.5106	59,423
4. Prop Exp & Per Diem	16.6370	16.6370	35,936
5. ROE/Use Per Diem	1.7296	1.7296	3,736
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	798.75	1,095.00	1,893.75
3. Staffing Percent	0.4218	0.5782	1.0000
4. Allocation of Direct Care	133,586.43	183,132.57	316,719.00
5. Direct Care Expense Per Diem	125.4333	167.2444	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,065	1,095	2,160
2. Additional Services	4,511	4,638	9,149
3. Additional Services Exp & Per Diem	4.2357	4.2356	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	38.1611	38.1611	82,428
2. Resident Care Component	157.1796	198.9906	385,291
3. Property Cost Component	16.6370	16.6370	35,936
4. ROE/Use Allow Component	1.7296	1.7296	3,736
<b>5. Total Cost Per Diem</b>	<b>213.7073</b>	<b>255.5183</b>	<b>507,391</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 138th Court Grp Home #16 (Sunrise)

Provider Number: 28548000
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.5106	27.5106	A3D Allowable Resident Care Exp	59,423
B5 Allocation of D/C Expenses	125.4333	167.2444	B4 Allocation of D/C Expenses	316,719
C3 Additional Services per Diem	4.2357	4.2356	C2 Additional Services per Diem	9,149
<b>Total Resident Care Component</b>	<b>157.1796</b>	<b>198.9906</b>	<b>Total Resident Care Component</b>	<b>385,291</b>

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**Florida Agency For Health Care Administration**

**028552800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>26th Terrace Grp Home #12 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28552800	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,453	684	2,137
2. Operating Expenses component			
A. Administration			74,426
B. Plant Operation			23,057
C. Laundry			23
D. Housekeeping			1,170
E. Operating Expense Component & Per Diem	46.1750	46.1750	98,676
3. Resident Care			
A. Dietary			18,015
B. Other			36,300
C. Nursing			0
D. Resident Care & Per Diem	25.4165	25.4165	54,315
4. Prop Exp & Per Diem	11.6748	11.6748	24,949
5. ROE/Use Per Diem	1.6692	1.6692	3,567
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,089.75	684.00	1,773.75
3. Staffing Percent	0.6144	0.3856	1.0000
4. Allocation of Direct Care	191,939.76	120,474.24	312,414.00
5. Direct Care Expense Per Diem	132.0989	176.1319	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,453	684	2,137
2. Additional Services	6,186	2,912	9,098
3. Additional Services Exp & Per Diem	4.2574	4.2573	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	46.1750	46.1750	98,676
2. Resident Care Component	161.7728	205.8057	375,827
3. Property Cost Component	11.6748	11.6748	24,949
4. ROE/Use Allow Component	1.6692	1.6692	3,567
<b>5. Total Cost Per Diem</b>	<b>221.2918</b>	<b>265.3247</b>	<b>503,019</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 26th Terrace Grp Home #12 (Sunrise)

Provider Number: 28552800
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.4165	25.4165	A3D Allowable Resident Care Exp	54,315
B5 Allocation of D/C Expenses	132.0989	176.1319	B4 Allocation of D/C Expenses	312,414
C3 Additional Services per Diem	4.2574	4.2573	C2 Additional Services per Diem	9,098
<b>Total Resident Care Component</b>	<b>161.7728</b>	<b>205.8057</b>	<b>Total Resident Care Component</b>	<b>375,827</b>

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**Florida Agency For Health Care Administration**

**028553600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28553600

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,139	0	2,139
2. Operating Expenses component			
A. Administration			71,503
B. Plant Operation			18,338
C. Laundry			204
D. Housekeeping			1,703
E. Operating Expense Component & Per Diem	42.8929		91,748
3. Resident Care			
A. Dietary			15,365
B. Other			43,690
C. Nursing			0
D. Resident Care & Per Diem	27.6087		59,055
4. Prop Exp & Per Diem	10.6629		22,808
5. ROE/Use Per Diem	1.4413		3,083
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,604.25	0.00	1,604.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	319,474.00	0.00	319,474.00
5. Direct Care Expense Per Diem	149.3567	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,139	0	2,139
2. Additional Services	8,680	0	8,680
3. Additional Services Exp & Per Diem	4.0580	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	42.8929	0.0000	91,748
2. Resident Care Component	181.0234	0.0000	387,209
3. Property Cost Component	10.6629	0.0000	22,808
4. ROE/Use Allow Component	1.4413	0.0000	3,083
<b>5. Total Cost Per Diem</b>	<b>236.0205</b>	<b>0.0000</b>	<b>504,848</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Country Meadows Grp Home #13 (Sunrise)

Provider Number: 28553600
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.6087	0.0000	A3D Allowable Resident Care Exp	59,055
B5 Allocation of D/C Expenses	149.3567	0.0000	B4 Allocation of D/C Expenses	319,474
C3 Additional Services per Diem	4.0580	0.0000	C2 Additional Services per Diem	8,680
<b>Total Resident Care Component</b>	181.0234	0.0000	<b>Total Resident Care Component</b>	387,209

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**Florida Agency For Health Care Administration**

**028557900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>148th Court Grp Home #20 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28557900	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			60,724
B. Plant Operation			22,272
C. Laundry			255
D. Housekeeping			1,693
E. Operating Expense Component & Per Diem	38.7872		84,944
3. Resident Care			
A. Dietary			14,423
B. Other			42,125
C. Nursing			421
D. Resident Care & Per Diem	26.0132		56,969
4. Prop Exp & Per Diem	7.7498		16,972
5. ROE/Use Per Diem	1.4699		3,219
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	344,849.00	0.00	344,849.00
5. Direct Care Expense Per Diem	157.4653	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	3,211	0	3,211
3. Additional Services Exp & Per Diem	1.4662	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	38.7872	0.0000	84,944
2. Resident Care Component	184.9447	0.0000	405,029
3. Property Cost Component	7.7498	0.0000	16,972
4. ROE/Use Allow Component	1.4699	0.0000	3,219
<b>5. Total Cost Per Diem</b>	<b>232.9516</b>	<b>0.0000</b>	<b>510,164</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 148th Court Grp Home #20 (Sunrise)

Provider Number: 28557900
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.0132	0.0000	A3D Allowable Resident Care Exp	56,969
B5 Allocation of D/C Expenses	157.4653	0.0000	B4 Allocation of D/C Expenses	344,849
C3 Additional Services per Diem	1.4662	0.0000	C2 Additional Services per Diem	3,211
<b>Total Resident Care Component</b>	<b>184.9447</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>405,029</b>

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# Florida Agency For Health Care Administration

**028558700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Sunrise Oakmont**  
 Provider Number: 28558700  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,111	0	2,111
2. Operating Expenses component			
A. Administration			65,861
B. Plant Operation			29,678
C. Laundry			344
D. Housekeeping			3,063
E. Operating Expense Component & Per Diem	46.8716		98,946
3. Resident Care			
A. Dietary			20,612
B. Other			47,111
C. Nursing			13,034
D. Resident Care & Per Diem	38.2553		80,757
4. Prop Exp & Per Diem	13.1255		27,708
5. ROE/Use Per Diem	1.8181		3,838
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,583.25	0.00	1,583.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	358,734.00	0.00	358,734.00
5. Direct Care Expense Per Diem	169.9356	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,111	0	2,111
2. Additional Services	325	0	325
3. Additional Services Exp & Per Diem	0.1540	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	46.8716	0.0000	98,946
2. Resident Care Component	208.3449	0.0000	439,816
3. Property Cost Component	13.1255	0.0000	27,708
4. ROE/Use Allow Component	1.8181	0.0000	3,838
<b>5. Total Cost Per Diem</b>	<b>270.1601</b>	<b>0.0000</b>	<b>570,308</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.2553	0.0000	A3D Allowable Resident Care Exp	80,757
B5 Allocation of D/C Expenses	169.9356	0.0000	B4 Allocation of D/C Expenses	358,734
C3 Additional Services per Diem	0.1540	0.0000	C2 Additional Services per Diem	325
<b>Total Resident Care Component</b>	<b>208.3449</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>439,816</b>

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# Florida Agency For Health Care Administration

028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>53rd Court Grp Home #9 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28559500	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,140	0	2,140
2. Operating Expenses component			
A. Administration			63,637
B. Plant Operation			26,540
C. Laundry			449
D. Housekeeping			2,186
E. Operating Expense Component & Per Diem	43.3701		92,812
3. Resident Care			
A. Dietary			20,595
B. Other			55,779
C. Nursing			21,594
D. Resident Care & Per Diem	45.7794		97,968
4. Prop Exp & Per Diem	8.5294		18,253
5. ROE/Use Per Diem	1.9860		4,250
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,605.00	0.00	1,605.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	350,272.00	0.00	350,272.00
5. Direct Care Expense Per Diem	163.6785	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,140	0	2,140
2. Additional Services	1,492	0	1,492
3. Additional Services Exp & Per Diem	0.6972	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.3701	0.0000	92,812
2. Resident Care Component	210.1551	0.0000	449,732
3. Property Cost Component	8.5294	0.0000	18,253
4. ROE/Use Allow Component	1.9860	0.0000	4,250
<b>5. Total Cost Per Diem</b>	<b>264.0406</b>	<b>0.0000</b>	<b>565,047</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 53rd Court Grp Home #9 (Sunrise)

Provider Number: 28559500
FYE: 06/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.7794	0.0000	A3D Allowable Resident Care Exp	97,968
B5 Allocation of D/C Expenses	163.6785	0.0000	B4 Allocation of D/C Expenses	350,272
C3 Additional Services per Diem	0.6972	0.0000	C2 Additional Services per Diem	1,492
<b>Total Resident Care Component</b>	210.1551	0.0000	<b>Total Resident Care Component</b>	449,732

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**Florida Agency For Health Care Administration**

**028560900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>55th Court Grp Home #15 (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28560900	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,139	0	2,139
2. Operating Expenses component			
A. Administration			64,682
B. Plant Operation			24,405
C. Laundry			190
D. Housekeeping			1,976
E. Operating Expense Component & Per Diem	42.6615		91,253
3. Resident Care			
A. Dietary			16,087
B. Other			54,503
C. Nursing			26,923
D. Resident Care & Per Diem	45.5881		97,513
4. Prop Exp & Per Diem	7.9631		17,033
5. ROE/Use Per Diem	1.6994		3,635
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,604.25	0.00	1,604.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	353,664.00	0.00	353,664.00
5. Direct Care Expense Per Diem	165.3408	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,139	0	2,139
2. Additional Services	1,520	0	1,520
3. Additional Services Exp & Per Diem	0.7106	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	42.6615	0.0000	91,253
2. Resident Care Component	211.6395	0.0000	452,697
3. Property Cost Component	7.9631	0.0000	17,033
4. ROE/Use Allow Component	1.6994	0.0000	3,635
<b>5. Total Cost Per Diem</b>	<b>263.9635</b>	<b>0.0000</b>	<b>564,618</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 55th Court Grp Home #15 (Sunrise)

Provider Number: 28560900
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.5881	0.0000	A3D Allowable Resident Care Exp	97,513
B5 Allocation of D/C Expenses	165.3408	0.0000	B4 Allocation of D/C Expenses	353,664
C3 Additional Services per Diem	0.7106	0.0000	C2 Additional Services per Diem	1,520
<b>Total Resident Care Component</b>	211.6395	0.0000	<b>Total Resident Care Component</b>	452,697

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**Florida Agency For Health Care Administration**

**028561700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**  
 Provider Number: 28561700  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,177	0	2,177
2. Operating Expenses component			
A. Administration			68,452
B. Plant Operation			27,032
C. Laundry			98
D. Housekeeping			2,180
E. Operating Expense Component & Per Diem	44.9068		97,762
3. Resident Care			
A. Dietary			19,982
B. Other			56,397
C. Nursing			11,442
D. Resident Care & Per Diem	40.3404		87,821
4. Prop Exp & Per Diem	8.2848		18,036
5. ROE/Use Per Diem	1.7170		3,738
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,632.75	0.00	1,632.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	375,532.00	0.00	375,532.00
5. Direct Care Expense Per Diem	172.4998	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,177	0	2,177
2. Additional Services	1,937	0	1,937
3. Additional Services Exp & Per Diem	0.8898	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	44.9068	0.0000	97,762
2. Resident Care Component	213.7300	0.0000	465,290
3. Property Cost Component	8.2848	0.0000	18,036
4. ROE/Use Allow Component	1.7170	0.0000	3,738
<b>5. Total Cost Per Diem</b>	<b>268.6386</b>	<b>0.0000</b>	<b>584,826</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Wentworth Drive Grp Home #18 (Sunrise)

Provider Number: 28561700
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.3404	0.0000	A3D Allowable Resident Care Exp	87,821
B5 Allocation of D/C Expenses	172.4998	0.0000	B4 Allocation of D/C Expenses	375,532
C3 Additional Services per Diem	0.8898	0.0000	C2 Additional Services per Diem	1,937
<b>Total Resident Care Component</b>	<b>213.7300</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>465,290</b>

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**Florida Agency For Health Care Administration**

**028565000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Lakeview Court**  
 Provider Number: 28565000  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 12/1/2017 - 11/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	11,722	11,180	22,902
2. Operating Expenses component			
A. Administration			1,441,716
B. Plant Operation			410,378
C. Laundry			64,837
D. Housekeeping			15,839
E. Operating Expense Component & Per Diem	84.3931	84.3931	1,932,770
3. Resident Care			
A. Dietary			619,676
B. Other			57,250
C. Nursing			987,798
D. Resident Care & Per Diem	72.6890	72.6890	1,664,724
4. Prop Exp & Per Diem	16.3957	16.3957	375,494
5. ROE/Use Per Diem	0.3262	0.3262	7,471
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	5,861.00	11,180.00	17,041.00
3. Staffing Percent	0.3439	0.6561	1.0000
4. Allocation of Direct Care	804,189.33	1,534,010.67	2,338,200.00
5. Direct Care Expense Per Diem	68.6051	137.2103	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,722	11,180	22,902
2. Additional Services	730,049	696,293	1,426,342
3. Additional Services Exp & Per Diem	62.2802	62.2802	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	84.3931	84.3931	1,932,770
2. Resident Care Component	203.5743	272.1795	5,429,266
3. Property Cost Component	16.3957	16.3957	375,494
4. ROE/Use Allow Component	0.3262	0.3262	7,471
<b>5. Total Cost Per Diem</b>	<b>304.6893</b>	<b>373.2945</b>	<b>7,745,001</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
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FYE: 11/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	72.6890	72.6890	A3D Allowable Resident Care Exp	1,664,724
B5 Allocation of D/C Expenses	68.6051	137.2103	B4 Allocation of D/C Expenses	2,338,200
C3 Additional Services per Diem	62.2802	62.2802	C2 Additional Services per Diem	1,426,342
<b>Total Resident Care Component</b>	<b>203.5743</b>	<b>272.1795</b>	<b>Total Resident Care Component</b>	<b>5,429,266</b>

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**Florida Agency For Health Care Administration**

**028566800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Washington Square**  
 Provider Number: 28566800  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 12/1/2017 - 11/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,246	19,343	22,589
2. Operating Expenses component			
A. Administration			1,443,778
B. Plant Operation			368,591
C. Laundry			75,824
D. Housekeeping			25,942
E. Operating Expense Component & Per Diem	84.7375	84.7375	1,914,135
3. Resident Care			
A. Dietary			613,474
B. Other			56,275
C. Nursing			1,055,386
D. Resident Care & Per Diem	76.3706	76.3706	1,725,135
4. Prop Exp & Per Diem	16.9456	16.9456	382,785
5. ROE/Use Per Diem	0.3658	0.3658	8,262
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,623.00	19,343.00	20,966.00
3. Staffing Percent	0.0774	0.9226	1.0000
4. Allocation of Direct Care	184,864.55	2,203,225.45	2,388,090.00
5. Direct Care Expense Per Diem	56.9515	113.9030	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,246	19,343	22,589
2. Additional Services	205,867	1,226,765	1,432,632
3. Additional Services Exp & Per Diem	63.4217	63.4217	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	84.7375	84.7375	1,914,135
2. Resident Care Component	196.7438	253.6953	5,545,857
3. Property Cost Component	16.9456	16.9456	382,785
4. ROE/Use Allow Component	0.3658	0.3658	8,262
<b>5. Total Cost Per Diem</b>	<b>298.7927</b>	<b>355.7442</b>	<b>7,851,039</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800
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FYE: 11/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	76.3706	76.3706	A3D Allowable Resident Care Exp	1,725,135
B5 Allocation of D/C Expenses	56.9515	113.9030	B4 Allocation of D/C Expenses	2,388,090
C3 Additional Services per Diem	63.4217	63.4217	C2 Additional Services per Diem	1,432,632
<b>Total Resident Care Component</b>	196.7438	253.6953	<b>Total Resident Care Component</b>	5,545,857

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**Florida Agency For Health Care Administration**

**028567600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Howell Branch Court**  
 Provider Number: 28567600  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 12/1/2017 - 11/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	5,599	16,769	22,368
2. Operating Expenses component			
A. Administration			1,435,382
B. Plant Operation			348,656
C. Laundry			75,791
D. Housekeeping			23,362
E. Operating Expense Component & Per Diem	84.1913	84.1913	1,883,191
3. Resident Care			
A. Dietary			570,162
B. Other			79,110
C. Nursing			971,614
D. Resident Care & Per Diem	72.4645	72.4645	1,620,886
4. Prop Exp & Per Diem	16.9882	16.9882	379,992
5. ROE/Use Per Diem	0.5250	0.5250	11,744
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,799.50	16,769.00	19,568.50
3. Staffing Percent	0.1431	0.8569	1.0000
4. Allocation of Direct Care	361,552.16	2,165,696.84	2,527,249.00
5. Direct Care Expense Per Diem	64.5744	129.1488	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	5,599	16,769	22,368
2. Additional Services	340,975	1,021,220	1,362,195
3. Additional Services Exp & Per Diem	60.8993	60.8993	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	84.1913	84.1913	1,883,191
2. Resident Care Component	197.9382	262.5126	5,510,330
3. Property Cost Component	16.9882	16.9882	379,992
4. ROE/Use Allow Component	0.5250	0.5250	11,744
<b>5. Total Cost Per Diem</b>	<b>299.6427</b>	<b>364.2171</b>	<b>7,785,257</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	72.4645	72.4645	A3D Allowable Resident Care Exp	1,620,886
B5 Allocation of D/C Expenses	64.5744	129.1488	B4 Allocation of D/C Expenses	2,527,249
C3 Additional Services per Diem	60.8993	60.8993	C2 Additional Services per Diem	1,362,195
<b>Total Resident Care Component</b>	197.9382	262.5126	<b>Total Resident Care Component</b>	5,510,330

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# Florida Agency For Health Care Administration

**028568400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **157th Terrace (Sunrise)**

Cost Report Entered By : Berry, Alycia

Provider Number: 28568400

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			60,471
B. Plant Operation			32,355
C. Laundry			273
D. Housekeeping			1,612
E. Operating Expense Component & Per Diem	43.2470		94,711
3. Resident Care			
A. Dietary			16,276
B. Other			69,806
C. Nursing			0
D. Resident Care & Per Diem	39.3068		86,082
4. Prop Exp & Per Diem	12.4918		27,357
5. ROE/Use Per Diem	2.5511		5,587
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	334,181.00	0.00	334,181.00
5. Direct Care Expense Per Diem	152.5941	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	5,366	0	5,366
3. Additional Services Exp & Per Diem	2.4502	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.2470	0.0000	94,711
2. Resident Care Component	194.3511	0.0000	425,629
3. Property Cost Component	12.4918	0.0000	27,357
4. ROE/Use Allow Component	2.5511	0.0000	5,587
<b>5. Total Cost Per Diem</b>	<b>252.6410</b>	<b>0.0000</b>	<b>553,284</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400
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FYE: 06/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	39.3068	0.0000	A3D Allowable Resident Care Exp	86,082
B5 Allocation of D/C Expenses	152.5941	0.0000	B4 Allocation of D/C Expenses	334,181
C3 Additional Services per Diem	2.4502	0.0000	C2 Additional Services per Diem	5,366
<b>Total Resident Care Component</b>	<b>194.3511</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>425,629</b>

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# Florida Agency For Health Care Administration

028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name:	<b>145th Street Group Home (Sunrise)</b>	Cost Report Entered By :	Berry, Alycia
Provider Number:	28569200	Rate Semester :	July, 2020
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/28/2020	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	348	1,710	2,058
2. Operating Expenses component			
A. Administration			73,477
B. Plant Operation			40,806
C. Laundry			89
D. Housekeeping			1,563
E. Operating Expense Component & Per Diem	56.3338	56.3338	115,935
3. Resident Care			
A. Dietary			15,252
B. Other			67,710
C. Nursing			5,044
D. Resident Care & Per Diem	42.7629	42.7629	88,006
4. Prop Exp & Per Diem	21.8669	21.8669	45,002
5. ROE/Use Per Diem	3.3192	3.3192	6,831
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	261.00	1,710.00	1,971.00
3. Staffing Percent	0.1324	0.8676	1.0000
4. Allocation of Direct Care	50,525.55	331,029.45	381,555.00
5. Direct Care Expense Per Diem	145.1884	193.5845	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	348	1,710	2,058
2. Additional Services	4,610	22,651	27,261
3. Additional Services Exp & Per Diem	13.2471	13.2462	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	56.3338	56.3338	115,935
2. Resident Care Component	201.1984	249.5936	496,822
3. Property Cost Component	21.8669	21.8669	45,002
4. ROE/Use Allow Component	3.3192	3.3192	6,831
<b>5. Total Cost Per Diem</b>	<b>282.7183</b>	<b>331.1135</b>	<b>664,590</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	42.7629	42.7629	A3D Allowable Resident Care Exp	88,006
B5 Allocation of D/C Expenses	145.1884	193.5845	B4 Allocation of D/C Expenses	381,555
C3 Additional Services per Diem	13.2471	13.2462	C2 Additional Services per Diem	27,261
<b>Total Resident Care Component</b>	<b>201.1984</b>	<b>249.5936</b>	<b>Total Resident Care Component</b>	<b>496,822</b>

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**Florida Agency For Health Care Administration**

**031256800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Avon Park Cluster (Mentor)**  
 Provider Number: 31256800  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2018 - 9/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,487	8,487
2. Operating Expenses component			
A. Administration			518,214
B. Plant Operation			239,988
C. Laundry			0
D. Housekeeping			74,431
E. Operating Expense Component & Per Diem	98.1069	98.1069	832,633
3. Resident Care			
A. Dietary			205,604
B. Other			0
C. Nursing			900,364
D. Resident Care & Per Diem	130.3132	130.3132	1,105,968
4. Prop Exp & Per Diem	14.6103	14.6103	123,998
5. ROE/Use Per Diem	1.3452	1.3452	11,417
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,487.00	8,487.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,338,126.00	1,338,126.00
5. Direct Care Expense Per Diem	78.8339	157.6677	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,487	8,487
2. Additional Services	0	217,159	217,159
3. Additional Services Exp & Per Diem	25.5873	25.5873	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	98.1069	98.1069	832,633
2. Resident Care Component	234.7344	313.5682	2,661,253
3. Property Cost Component	14.6103	14.6103	123,998
4. ROE/Use Allow Component	1.3452	1.3452	11,417
<b>5. Total Cost Per Diem</b>	<b>348.7968</b>	<b>427.6306</b>	<b>3,629,301</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800
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FYE: 09/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	130.3132	130.3132	A3D Allowable Resident Care Exp	1,105,968
B5 Allocation of D/C Expenses	78.8339	157.6677	B4 Allocation of D/C Expenses	1,338,126
C3 Additional Services per Diem	25.5873	25.5873	C2 Additional Services per Diem	217,159
<b>Total Resident Care Component</b>	<b>234.7344</b>	<b>313.5682</b>	<b>Total Resident Care Component</b>	<b>2,661,253</b>

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# Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Eagle Watch Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31257600

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,564	6,921	8,485
2. Operating Expenses component			
A. Administration			536,224
B. Plant Operation			179,844
C. Laundry			0
D. Housekeeping			78,320
E. Operating Expense Component & Per Diem	93.6226	93.6226	794,388
3. Resident Care			
A. Dietary			122,575
B. Other			0
C. Nursing			891,392
D. Resident Care & Per Diem	119.5011	119.5011	1,013,967
4. Prop Exp & Per Diem	8.5788	8.5788	72,791
5. ROE/Use Per Diem	1.3926	1.3926	11,816
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	782.00	6,921.00	7,703.00
3. Staffing Percent	0.1015	0.8985	1.0000
4. Allocation of Direct Care	119,161.15	1,054,621.85	1,173,783.00
5. Direct Care Expense Per Diem	76.1900	152.3800	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,564	6,921	8,485
2. Additional Services	24,105	106,668	130,773
3. Additional Services Exp & Per Diem	15.4124	15.4122	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	93.6226	93.6226	794,388
2. Resident Care Component	211.1035	287.2933	2,318,523
3. Property Cost Component	8.5788	8.5788	72,791
4. ROE/Use Allow Component	1.3926	1.3926	11,816
<b>5. Total Cost Per Diem</b>	<b>314.6975</b>	<b>390.8873</b>	<b>3,197,518</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	119.5011	119.5011	A3D Allowable Resident Care Exp	1,013,967
B5 Allocation of D/C Expenses	76.1900	152.3800	B4 Allocation of D/C Expenses	1,173,783
C3 Additional Services per Diem	15.4124	15.4122	C2 Additional Services per Diem	130,773
<b>Total Resident Care Component</b>	<b>211.1035</b>	<b>287.2933</b>	<b>Total Resident Care Component</b>	<b>2,318,523</b>

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**Florida Agency For Health Care Administration**

**031258400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Point West Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31258400

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	757	7,453	8,210
2. Operating Expenses component			
A. Administration			498,066
B. Plant Operation			290,319
C. Laundry			0
D. Housekeeping			71,462
E. Operating Expense Component & Per Diem	104.7317	104.7317	859,847
3. Resident Care			
A. Dietary			164,882
B. Other			0
C. Nursing			572,280
D. Resident Care & Per Diem	89.7883	89.7883	737,162
4. Prop Exp & Per Diem	9.8492	9.8492	80,862
5. ROE/Use Per Diem	1.7385	1.7385	14,273
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	378.50	7,453.00	7,831.50
3. Staffing Percent	0.0483	0.9517	1.0000
4. Allocation of Direct Care	63,645.46	1,253,235.54	1,316,881.00
5. Direct Care Expense Per Diem	84.0759	168.1518	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	757	7,453	8,210
2. Additional Services	16,609	163,522	180,131
3. Additional Services Exp & Per Diem	21.9406	21.9404	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	104.7317	104.7317	859,847
2. Resident Care Component	195.8048	279.8805	2,234,174
3. Property Cost Component	9.8492	9.8492	80,862
4. ROE/Use Allow Component	1.7385	1.7385	14,273
<b>5. Total Cost Per Diem</b>	<b>312.1242</b>	<b>396.1999</b>	<b>3,189,156</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	89.7883	89.7883	A3D Allowable Resident Care Exp	737,162
B5 Allocation of D/C Expenses	84.0759	168.1518	B4 Allocation of D/C Expenses	1,316,881
C3 Additional Services per Diem	21.9406	21.9404	C2 Additional Services per Diem	180,131
<b>Total Resident Care Component</b>	195.8048	279.8805	<b>Total Resident Care Component</b>	2,234,174

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# Florida Agency For Health Care Administration

031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Hodges Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31259200

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	548	8,010	8,558
2. Operating Expenses component			
A. Administration			576,349
B. Plant Operation			205,680
C. Laundry			0
D. Housekeeping			79,014
E. Operating Expense Component & Per Diem	100.6126	100.6126	861,043
3. Resident Care			
A. Dietary			156,856
B. Other			0
C. Nursing			737,298
D. Resident Care & Per Diem	104.4817	104.4817	894,154
4. Prop Exp & Per Diem	13.8337	13.8337	118,389
5. ROE/Use Per Diem	1.9523	1.9523	16,708
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	274.00	8,010.00	8,284.00
3. Staffing Percent	0.0331	0.9669	1.0000
4. Allocation of Direct Care	51,699.51	1,511,361.49	1,563,061.00
5. Direct Care Expense Per Diem	94.3422	188.6843	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	548	8,010	8,558
2. Additional Services	6,253	91,403	97,656
3. Additional Services Exp & Per Diem	11.4106	11.4111	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	100.6126	100.6126	861,043
2. Resident Care Component	210.2345	304.5771	2,554,871
3. Property Cost Component	13.8337	13.8337	118,389
4. ROE/Use Allow Component	1.9523	1.9523	16,708
<b>5. Total Cost Per Diem</b>	<b>326.6331</b>	<b>420.9757</b>	<b>3,551,011</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	104.4817	104.4817	A3D Allowable Resident Care Exp	894,154
B5 Allocation of D/C Expenses	94.3422	188.6843	B4 Allocation of D/C Expenses	1,563,061
C3 Additional Services per Diem	11.4106	11.4111	C2 Additional Services per Diem	97,656
<b>Total Resident Care Component</b>	<b>210.2345</b>	<b>304.5771</b>	<b>Total Resident Care Component</b>	<b>2,554,871</b>

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# Florida Agency For Health Care Administration

**031260600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Kinkaid Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31260600

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,370	6,566	7,936
2. Operating Expenses component			
A. Administration			495,098
B. Plant Operation			225,986
C. Laundry			0
D. Housekeeping			83,463
E. Operating Expense Component & Per Diem	101.3794	101.3794	804,547
3. Resident Care			
A. Dietary			161,470
B. Other			0
C. Nursing			631,279
D. Resident Care & Per Diem	99.8928	99.8928	792,749
4. Prop Exp & Per Diem	11.1563	11.1563	88,536
5. ROE/Use Per Diem	2.1028	2.1028	16,688
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	685.00	6,566.00	7,251.00
3. Staffing Percent	0.0945	0.9055	1.0000
4. Allocation of Direct Care	117,765.40	1,128,828.60	1,246,594.00
5. Direct Care Expense Per Diem	85.9601	171.9203	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,370	6,566	7,936
2. Additional Services	26,530	127,151	153,681
3. Additional Services Exp & Per Diem	19.3650	19.3651	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	101.3794	101.3794	804,547
2. Resident Care Component	205.2179	291.1782	2,193,024
3. Property Cost Component	11.1563	11.1563	88,536
4. ROE/Use Allow Component	2.1028	2.1028	16,688
<b>5. Total Cost Per Diem</b>	<b>319.8564</b>	<b>405.8167</b>	<b>3,102,795</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.8928	99.8928	A3D Allowable Resident Care Exp	792,749
B5 Allocation of D/C Expenses	85.9601	171.9203	B4 Allocation of D/C Expenses	1,246,594
C3 Additional Services per Diem	19.3650	19.3651	C2 Additional Services per Diem	153,681
<b>Total Resident Care Component</b>	<b>205.2179</b>	<b>291.1782</b>	<b>Total Resident Care Component</b>	<b>2,193,024</b>

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# Florida Agency For Health Care Administration

031261400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Flamingo Drive Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31261400

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2017 - 9/30/2018

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	7,868	7,868
2. Operating Expenses component			
A. Administration			755,026
B. Plant Operation			255,847
C. Laundry			0
D. Housekeeping			123,420
E. Operating Expense Component & Per Diem	144.1654	144.1654	1,134,293
3. Resident Care			
A. Dietary			199,390
B. Other			0
C. Nursing			827,669
D. Resident Care & Per Diem	130.5362	130.5362	1,027,059
4. Prop Exp & Per Diem	15.9817	15.9817	125,744
5. ROE/Use Per Diem	3.6383	3.6383	28,626
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,868.00	7,868.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,387,782.00	1,387,782.00
5. Direct Care Expense Per Diem	88.1916	176.3831	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	7,868	7,868
2. Additional Services	0	303,745	303,745
3. Additional Services Exp & Per Diem	38.6051	38.6051	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	144.1654	144.1654	1,134,293
2. Resident Care Component	257.3329	345.5244	2,718,586
3. Property Cost Component	15.9817	15.9817	125,744
4. ROE/Use Allow Component	3.6383	3.6383	28,626
<b>5. Total Cost Per Diem</b>	<b>421.1183</b>	<b>509.3098</b>	<b>4,007,249</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400
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FYE: 09/30/2018
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	130.5362	130.5362	A3D Allowable Resident Care Exp	1,027,059
B5 Allocation of D/C Expenses	88.1916	176.3831	B4 Allocation of D/C Expenses	1,387,782
C3 Additional Services per Diem	38.6051	38.6051	C2 Additional Services per Diem	303,745
<b>Total Resident Care Component</b>	<b>257.3329</b>	<b>345.5244</b>	<b>Total Resident Care Component</b>	<b>2,718,586</b>

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# Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Barranger Group Home (Mentor)**  
 Provider Number: 31262200  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2017 - 9/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,032	152	2,184
2. Operating Expenses component			
A. Administration			84,774
B. Plant Operation			37,798
C. Laundry			0
D. Housekeeping			353
E. Operating Expense Component & Per Diem	56.2843	56.2843	122,925
3. Resident Care			
A. Dietary			13,263
B. Other			0
C. Nursing			21,480
D. Resident Care & Per Diem	15.9080	15.9080	34,743
4. Prop Exp & Per Diem	17.7331	17.7331	38,729
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,524.00	152.00	1,676.00
3. Staffing Percent	0.9093	0.0907	1.0000
4. Allocation of Direct Care	322,530.60	32,168.40	354,699.00
5. Direct Care Expense Per Diem	158.7257	211.6342	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,032	152	2,184
2. Additional Services	28,714	2,148	30,862
3. Additional Services Exp & Per Diem	14.1309	14.1316	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	56.2843	56.2843	122,925
2. Resident Care Component	188.7646	241.6738	420,304
3. Property Cost Component	17.7331	17.7331	38,729
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>262.7820</b>	<b>315.6912</b>	<b>581,958</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	15.9080	15.9080	A3D Allowable Resident Care Exp	34,743
B5 Allocation of D/C Expenses	158.7257	211.6342	B4 Allocation of D/C Expenses	354,699
C3 Additional Services per Diem	14.1309	14.1316	C2 Additional Services per Diem	30,862
<b>Total Resident Care Component</b>	<b>188.7646</b>	<b>241.6738</b>	<b>Total Resident Care Component</b>	<b>420,304</b>

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**Florida Agency For Health Care Administration**

**031263100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2020

Provider Name: **Greenridge Group Home (Mentor)**  
 Provider Number: 31263100  
 Audit Status: Unaudited Costs  
 Date: 7/28/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 10/1/2017 - 9/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,184	0	2,184
2. Operating Expenses component			
A. Administration			60,347
B. Plant Operation			26,410
C. Laundry			0
D. Housekeeping			1,080
E. Operating Expense Component & Per Diem	40.2184		87,837
3. Resident Care			
A. Dietary			10,941
B. Other			0
C. Nursing			32,111
D. Resident Care & Per Diem	19.7125		43,052
4. Prop Exp & Per Diem	18.1397		39,617
5. ROE/Use Per Diem	0.0504		110
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,638.00	0.00	1,638.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	247,490.00	0.00	247,490.00
5. Direct Care Expense Per Diem	113.3196	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,184	0	2,184
2. Additional Services	17,634	0	17,634
3. Additional Services Exp & Per Diem	8.0742	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	40.2184	0.0000	87,837
2. Resident Care Component	141.1063	0.0000	308,176
3. Property Cost Component	18.1397	0.0000	39,617
4. ROE/Use Allow Component	0.0504	0.0000	110
<b>5. Total Cost Per Diem</b>	<b>199.5148</b>	<b>0.0000</b>	<b>435,740</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100
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FYE: 09/30/2018
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	19.7125	0.0000	A3D Allowable Resident Care Exp	43,052
B5 Allocation of D/C Expenses	113.3196	0.0000	B4 Allocation of D/C Expenses	247,490
C3 Additional Services per Diem	8.0742	0.0000	C2 Additional Services per Diem	17,634
<b>Total Resident Care Component</b>	<b>141.1063</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>308,176</b>

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# Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Pensacola Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31264900

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2017 - 9/30/2018

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	399	8,161	8,560
2. Operating Expenses component			
A. Administration			630,826
B. Plant Operation			216,199
C. Laundry			0
D. Housekeeping			93,357
E. Operating Expense Component & Per Diem	109.8577	109.8577	940,382
3. Resident Care			
A. Dietary			125,003
B. Other			0
C. Nursing			756,820
D. Resident Care & Per Diem	103.0167	103.0167	881,823
4. Prop Exp & Per Diem	17.3535	17.3535	148,546
5. ROE/Use Per Diem	2.2968	2.2968	19,661
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	199.50	8,161.00	8,360.50
3. Staffing Percent	0.0239	0.9761	1.0000
4. Allocation of Direct Care	28,970.85	1,185,118.15	1,214,089.00
5. Direct Care Expense Per Diem	72.6086	145.2173	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	399	8,161	8,560
2. Additional Services	8,178	167,262	175,440
3. Additional Services Exp & Per Diem	20.4962	20.4953	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	109.8577	109.8577	940,382
2. Resident Care Component	196.1215	268.7293	2,271,352
3. Property Cost Component	17.3535	17.3535	148,546
4. ROE/Use Allow Component	2.2968	2.2968	19,661
<b>5. Total Cost Per Diem</b>	<b>325.6295</b>	<b>398.2373</b>	<b>3,379,941</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.0167	103.0167	A3D Allowable Resident Care Exp	881,823
B5 Allocation of D/C Expenses	72.6086	145.2173	B4 Allocation of D/C Expenses	1,214,089
C3 Additional Services per Diem	20.4962	20.4953	C2 Additional Services per Diem	175,440
<b>Total Resident Care Component</b>	<b>196.1215</b>	<b>268.7293</b>	<b>Total Resident Care Component</b>	<b>2,271,352</b>

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# Florida Agency For Health Care Administration

031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Caprona Group Home (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31265700

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2017 - 9/30/2018

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,205	964	2,169
2. Operating Expenses component			
A. Administration			103,910
B. Plant Operation			30,169
C. Laundry			0
D. Housekeeping			9,137
E. Operating Expense Component & Per Diem	66.0286	66.0286	143,216
3. Resident Care			
A. Dietary			12,735
B. Other			0
C. Nursing			61,289
D. Resident Care & Per Diem	34.1282	34.1282	74,024
4. Prop Exp & Per Diem	23.8746	23.8746	51,784
5. ROE/Use Per Diem	0.6173	0.6173	1,339
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	903.75	964.00	1,867.75
3. Staffing Percent	0.4839	0.5161	1.0000
4. Allocation of Direct Care	163,485.97	174,385.03	337,871.00
5. Direct Care Expense Per Diem	135.6730	180.8973	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,205	964	2,169
2. Additional Services	54,564	43,651	98,215
3. Additional Services Exp & Per Diem	45.2813	45.2811	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	66.0286	66.0286	143,216
2. Resident Care Component	215.0825	260.3066	510,110
3. Property Cost Component	23.8746	23.8746	51,784
4. ROE/Use Allow Component	0.6173	0.6173	1,339
<b>5. Total Cost Per Diem</b>	<b>305.6030</b>	<b>350.8271</b>	<b>706,449</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700
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FYE: 09/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.1282	34.1282	A3D Allowable Resident Care Exp	74,024
B5 Allocation of D/C Expenses	135.6730	180.8973	B4 Allocation of D/C Expenses	337,871
C3 Additional Services per Diem	45.2813	45.2811	C2 Additional Services per Diem	98,215
<b>Total Resident Care Component</b>	<b>215.0825</b>	<b>260.3066</b>	<b>Total Resident Care Component</b>	<b>510,110</b>

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# Florida Agency For Health Care Administration

031266500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Rich Street Group Home (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31266500

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,823	0	1,823
2. Operating Expenses component			
A. Administration			80,011
B. Plant Operation			31,561
C. Laundry			0
D. Housekeeping			6,502
E. Operating Expense Component & Per Diem	64.7691		118,074
3. Resident Care			
A. Dietary			17,568
B. Other			0
C. Nursing			71,759
D. Resident Care & Per Diem	49.0000		89,327
4. Prop Exp & Per Diem	18.7191		34,125
5. ROE/Use Per Diem	0.0000		0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,367.25	0.00	1,367.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	269,921.00	0.00	269,921.00
5. Direct Care Expense Per Diem	148.0642	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,823	0	1,823
2. Additional Services	30,722	0	30,722
3. Additional Services Exp & Per Diem	16.8524	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	64.7691	0.0000	118,074
2. Resident Care Component	213.9166	0.0000	389,970
3. Property Cost Component	18.7191	0.0000	34,125
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>297.4048</b>	<b>0.0000</b>	<b>542,169</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500
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FYE: 09/30/2019
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	49.0000	0.0000	A3D Allowable Resident Care Exp	89,327
B5 Allocation of D/C Expenses	148.0642	0.0000	B4 Allocation of D/C Expenses	269,921
C3 Additional Services per Diem	16.8524	0.0000	C2 Additional Services per Diem	30,722
<b>Total Resident Care Component</b>	<b>213.9166</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>389,970</b>

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# Florida Agency For Health Care Administration

031267300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2020

Provider Name: **Sandpiper Cluster (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 31267300

Rate Semester : July, 2020

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/28/2020

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,238	7,013	8,251
2. Operating Expenses component			
A. Administration			479,531
B. Plant Operation			182,503
C. Laundry			0
D. Housekeeping			66,763
E. Operating Expense Component & Per Diem	88.3283	88.3283	728,797
3. Resident Care			
A. Dietary			173,680
B. Other			0
C. Nursing			653,873
D. Resident Care & Per Diem	100.2973	100.2973	827,553
4. Prop Exp & Per Diem	13.0932	13.0932	108,032
5. ROE/Use Per Diem	2.7359	2.7359	22,574
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	619.00	7,013.00	7,632.00
3. Staffing Percent	0.0811	0.9189	1.0000
4. Allocation of Direct Care	102,757.33	1,164,195.67	1,266,953.00
5. Direct Care Expense Per Diem	83.0027	166.0054	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,238	7,013	8,251
2. Additional Services	27,483	155,685	183,168
3. Additional Services Exp & Per Diem	22.1995	22.1995	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	88.3283	88.3283	728,797
2. Resident Care Component	205.4995	288.5022	2,277,674
3. Property Cost Component	13.0932	13.0932	108,032
4. ROE/Use Allow Component	2.7359	2.7359	22,574
<b>5. Total Cost Per Diem</b>	<b>309.6569</b>	<b>392.6596</b>	<b>3,137,077</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300
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FYE: 09/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	100.2973	100.2973	A3D Allowable Resident Care Exp	827,553
B5 Allocation of D/C Expenses	83.0027	166.0054	B4 Allocation of D/C Expenses	1,266,953
C3 Additional Services per Diem	22.1995	22.1995	C2 Additional Services per Diem	183,168
<b>Total Resident Care Component</b>	<b>205.4995</b>	<b>288.5022</b>	<b>Total Resident Care Component</b>	<b>2,277,674</b>

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