



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2019/07

RI: 311.04

NM: 446.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sunland Marianna I

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	25.609	265.516	291.125	25.609	392.947	418.555
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	25.609	265.516	291.125	25.609	392.947	418.555
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	25.609	265.516	291.125	25.609	392.947	418.555
12.Plus: Property Rate Component			2.183			2.183
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			293.308			420.738
15.Prospective Rate: Line 11 x Inflation 1.06091167	27.168	281.689	308.857	27.168	416.882	444.050
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	27.168	281.689	308.857	27.168	416.882	444.050
19.Property Rate Component			2.183			2.183
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			311.04			446.23
23.Medicaid Days			13,245			9,646
24.Resident Days			13,293			9,646
25.Medicaid Utilization			99.64%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			311.04			446.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028004600 - 2019/07

RI: 321.49

NM: 455.12

Tacachale Facility I

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	59.782	242.578	302.361	59.782	368.533	428.316
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.782	242.578	302.361	59.782	368.533	428.316
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	59.782	242.578	302.361	59.782	368.533	428.316
12.Plus: Property Rate Component			0.712			0.712
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			303.073			429.028
15.Prospective Rate: Line 11 x Inflation 1.06091167	63.424	257.354	320.778	63.424	390.981	454.405
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	63.424	257.354	320.778	63.424	390.981	454.405
19.Property Rate Component			0.712			0.712
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.49			455.12
23.Medicaid Days			4,719			24,058
24.Resident Days			4,721			24,162
25.Medicaid Utilization			99.96%			99.57%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			321.49			455.12



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2019/07

RI: 310.78

NM: 440.81

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	54.138	238.128	292.266	54.138	360.700	414.838
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	54.138	238.128	292.266	54.138	360.700	414.838
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	54.138	238.128	292.266	54.138	360.700	414.838
12.Plus: Property Rate Component			0.708			0.708
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			292.974			415.546
15.Prospective Rate: Line 11 x Inflation 1.06091167	57.436	252.633	310.068	57.436	382.670	440.106
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	57.436	252.633	310.068	57.436	382.670	440.106
19.Property Rate Component			0.708			0.708
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			310.78			440.81
23.Medicaid Days			12,539			18,047
24.Resident Days			12,539			18,229
25.Medicaid Utilization			100.00%			99.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			310.78			440.81



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2019/07

RI: 445.50

NM: 671.82

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	82.043	324.084	406.127	82.043	531.769	613.812
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	82.043	324.084	406.127	82.043	531.769	613.812
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	82.043	324.084	406.127	82.043	531.769	613.812
12.Plus: Property Rate Component			2.946			2.946
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			409.073			616.758
15.Prospective Rate: Line 11 x Inflation 1.08970039	89.402	353.154	442.557	89.402	579.469	668.871
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	89.402	353.154	442.557	89.402	579.469	668.871
19.Property Rate Component			2.946			2.946
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			445.50			671.82
23.Medicaid Days		30,032			2,375	
24.Resident Days		30,665			2,375	
25.Medicaid Utilization		97.94%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			445.50			671.82



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2019/07

RI: 351.71

NM: 517.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	59.973	270.819	330.792	59.973	426.705	486.678
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.973	270.819	330.792	59.973	426.705	486.678
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	59.973	270.819	330.792	59.973	426.705	486.678
12.Plus: Property Rate Component			0.765			0.765
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			331.557			487.443
15.Prospective Rate: Line 11 x Inflation 1.06091167	63.626	287.315	350.941	63.626	452.697	516.322
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	63.626	287.315	350.941	63.626	452.697	516.322
19.Property Rate Component			0.765			0.765
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			351.71			517.09
23.Medicaid Days		11,116			8,424	
24.Resident Days		11,404			8,444	
25.Medicaid Utilization		97.47%			99.76%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			351.71			517.09



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2019/07

RI: 253.11

NM: 349.88

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sunland Marianna III

Ownership: State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	57.784	172.474	230.258	57.784	261.276	319.060
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.784	172.474	230.258	57.784	261.276	319.060
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	57.784	172.474	230.258	57.784	261.276	319.060
12.Plus: Property Rate Component			2.198			2.198
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			232.456			321.257
15.Prospective Rate: Line 11 x Inflation 1.08970039	62.967	187.945	250.912	62.967	284.712	347.680
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.967	187.945	250.912	62.967	284.712	347.680
19.Property Rate Component			2.198			2.198
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			253.11			349.88
23.Medicaid Days			4,751			9,618
24.Resident Days			5,514			9,618
25.Medicaid Utilization			86.16%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			253.11			349.88



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2019/07

RI: 350.77

NM: 513.57

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Tacachale Facility V

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	58.795	271.054	329.849	58.795	424.504	483.299
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.795	271.054	329.849	58.795	424.504	483.299
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	58.795	271.054	329.849	58.795	424.504	483.299
12.Plus: Property Rate Component			0.830			0.830
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			330.678			484.128
15.Prospective Rate: Line 11 x Inflation 1.06091167	62.376	287.564	349.940	62.376	450.361	512.737
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	62.376	287.564	349.940	62.376	450.361	512.737
19.Property Rate Component			0.830			0.830
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			350.77			513.57
23.Medicaid Days			9,657			3,758
24.Resident Days			9,700			3,827
25.Medicaid Utilization			99.56%			98.20%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			350.77			513.57



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2019/07

RI: 374.70

NM: 527.56

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.198	278.195	352.393	74.198	422.279	496.477
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.198	278.195	352.393	74.198	422.279	496.477
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.198	278.195	352.393	74.198	422.279	496.477
12.Plus: Property Rate Component			0.843			0.843
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			353.237			497.321
15.Prospective Rate: Line 11 x Inflation 1.06091167	78.717	295.141	373.858	78.717	448.001	526.719
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	78.717	295.141	373.858	78.717	448.001	526.719
19.Property Rate Component			0.843			0.843
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			374.70			527.56
23.Medicaid Days		0			8,968	
24.Resident Days		0			9,015	
25.Medicaid Utilization		0.00%			99.48%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			374.70			527.56



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2019/07

RI: 506.60

NM: 790.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	89.675	386.860	476.535	89.675	654.488	744.163
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.675	386.860	476.535	89.675	654.488	744.163
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	89.675	386.860	476.535	89.675	654.488	744.163
12.Plus: Property Rate Component			1.040			1.040
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			477.575			745.203
15.Prospective Rate: Line 11 x Inflation 1.06091167	95.137	410.424	505.561	95.137	694.354	789.491
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	95.137	410.424	505.561	95.137	694.354	789.491
19.Property Rate Component			1.040			1.040
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			506.60			790.53
23.Medicaid Days			12,751			5,349
24.Resident Days			12,764			5,364
25.Medicaid Utilization			99.90%			99.72%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			506.60			790.53



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2019/07

RI: 279.37

NM: 370.42

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	70.166	183.604	253.770	70.166	267.164	337.330
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.166	183.604	253.770	70.166	267.164	337.330
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	70.166	183.604	253.770	70.166	267.164	337.330
12.Plus: Property Rate Component			2.834			2.834
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			256.604			340.164
15.Prospective Rate: Line 11 x Inflation 1.08970039	76.460	200.073	276.533	76.460	291.129	367.589
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.460	200.073	276.533	76.460	291.129	367.589
19.Property Rate Component			2.834			2.834
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			279.37			370.42
23.Medicaid Days		1,526			3,869	
24.Resident Days		1,526			3,869	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			279.37			370.42



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2019/07

RI: 300.23

NM: 424.54

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2016	6/30/2017	Unaudited Costs	201707
Prior Cost Report	7/1/2015	6/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	73.451	199.660	273.111	73.451	313.739	387.190
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.451	199.660	273.111	73.451	313.739	387.190
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	73.451	199.660	273.111	73.451	313.739	387.190
12.Plus: Property Rate Component			2.624			2.624
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			275.735			389.813
15.Prospective Rate: Line 11 x Inflation 1.08970039	80.039	217.570	297.609	80.039	341.881	421.921
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	80.039	217.570	297.609	80.039	341.881	421.921
19.Property Rate Component			2.624			2.624
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			300.23			424.54
23.Medicaid Days			2,190			12,664
24.Resident Days			2,190			12,691
25.Medicaid Utilization			100.00%			99.79%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			300.23			424.54