



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028003800 - 2020/07

RI: 323.20

NM: 458.97

Sunland Marianna I

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	70.074	235.821	305.895	70.074	365.183	435.257
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)	70.074	235.821	305.895	70.074	365.183	435.257
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)	70.074	235.821	305.895	70.074	365.183	435.257
12.Plus: Property Rate Component			2.155			2.155
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			308.050			437.412
15.Prospective Rate: Line 11 x Inflation 1.04953576	73.545	247.502	321.048	73.545	383.272	456.817
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.545	247.502	321.048	73.545	383.272	456.817
19.Property Rate Component			2.155			2.155
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			323.20			458.97
23.Medicaid Days		12,462			9,664	
24.Resident Days		12,520			9,664	
25.Medicaid Utilization		99.54%			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			323.20			458.97



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2020/07

RI: 336.42

NM: 484.58

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Tacachale Facility I

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	60.953	259.274	320.226	60.953	400.441	461.394
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)	60.953	259.274	320.226	60.953	400.441	461.394
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)	60.953	259.274	320.226	60.953	400.441	461.394
12.Plus: Property Rate Component			0.330			0.330
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			320.557			461.724
15.Prospective Rate: Line 11 x Inflation 1.04953576	63.972	272.117	336.089	63.972	420.278	484.249
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	63.972	272.117	336.089	63.972	420.278	484.249
19.Property Rate Component			0.330			0.330
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			336.42			484.58
23.Medicaid Days			6,039			19,384
24.Resident Days			6,039			19,489
25.Medicaid Utilization			100.00%			99.46%
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			336.42			484.58



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2020/07

RI: 321.03

NM: 452.96

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	56.392	249.145	305.537	56.392	374.847	431.238
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.392	249.145	305.537	56.392	374.847	431.238
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	56.392	249.145	305.537	56.392	374.847	431.238
12.Plus: Property Rate Component			0.363			0.363
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			305.900			431.601
15.Prospective Rate: Line 11 x Inflation 1.04953576	59.185	261.487	320.672	59.185	393.415	452.600
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.185	261.487	320.672	59.185	393.415	452.600
19.Property Rate Component			0.363			0.363
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.03			452.96
23.Medicaid Days		11,331			16,782	
24.Resident Days		11,337			16,836	
25.Medicaid Utilization		99.95%			99.68%	
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			321.03			452.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028009700 - 2020/07

RI: 525.84

NM: 806.27

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2016	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 1.05328805	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07460327	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	106.702	391.261	497.962	106.702	658.453	765.155
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.702	391.261	497.962	106.702	658.453	765.155
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	106.702	391.261	497.962	106.702	658.453	765.155
12.Plus: Property Rate Component			3.211			3.211
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			501.173			768.365
15.Prospective Rate: Line 11 x Inflation 1.04953576	111.987	410.642	522.629	111.987	691.070	803.057
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	111.987	410.642	522.629	111.987	691.070	803.057
19.Property Rate Component			3.211			3.211
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			525.84			806.27
23.Medicaid Days			23,509			2,920
24.Resident Days			24,702			2,920
25.Medicaid Utilization			95.17%			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			525.84			806.27



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2020/07

RI: 355.15

NM: 525.01

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	60.587	277.431	338.018	60.587	439.268	499.855
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)	60.587	277.431	338.018	60.587	439.268	499.855
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)	60.587	277.431	338.018	60.587	439.268	499.855
12.Plus: Property Rate Component			0.393			0.393
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			338.411			500.247
15.Prospective Rate: Line 11 x Inflation 1.04953576	63.588	291.174	354.762	63.588	461.027	524.615
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	63.588	291.174	354.762	63.588	461.027	524.615
19.Property Rate Component			0.393			0.393
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			355.15			525.01
23.Medicaid Days		12,040			7,806	
24.Resident Days		12,058			7,818	
25.Medicaid Utilization		99.85%			99.85%	
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			355.15			525.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2020/07

RI: 289.25

NM: 391.87

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Sunland Marianna III

Ownership:State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2016	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 1.05328805	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07460327	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	73.602	199.626	273.228	73.602	297.404	371.005
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)	73.602	199.626	273.228	73.602	297.404	371.005
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)	73.602	199.626	273.228	73.602	297.404	371.005
12.Plus: Property Rate Component			2.487			2.487
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			275.714			373.492
15.Prospective Rate: Line 11 x Inflation 1.04953576	77.247	209.515	286.762	77.247	312.136	389.383
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.247	209.515	286.762	77.247	312.136	389.383
19.Property Rate Component			2.487			2.487
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			289.25			391.87
23.Medicaid Days			4,380			8,188
24.Resident Days			5,118			8,188
25.Medicaid Utilization			85.58%			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			289.25			391.87



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028024100 - 2020/07

RI: 372.09

NM: 543.20

Tacachale Facility V

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	61.636	292.464	354.100	61.636	455.503	517.139
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)	61.636	292.464	354.100	61.636	455.503	517.139
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)	61.636	292.464	354.100	61.636	455.503	517.139
12.Plus: Property Rate Component			0.446			0.446
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			354.546			517.585
15.Prospective Rate: Line 11 x Inflation 1.04953576	64.690	306.951	371.641	64.690	478.066	542.756
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.690	306.951	371.641	64.690	478.066	542.756
19.Property Rate Component			0.446			0.446
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			372.09			543.20
23.Medicaid Days			11,083			2,154
24.Resident Days			11,083			2,154
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			372.09			543.20



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2020/07

RI: 338.14

NM: 463.04

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	63.434	258.401	321.835	63.434	377.407	440.841
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.434	258.401	321.835	63.434	377.407	440.841
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	63.434	258.401	321.835	63.434	377.407	440.841
12.Plus: Property Rate Component			0.358			0.358
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			322.194			441.199
15.Prospective Rate: Line 11 x Inflation 1.04953576	66.576	271.201	337.778	66.576	396.102	462.678
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	66.576	271.201	337.778	66.576	396.102	462.678
19.Property Rate Component			0.358			0.358
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			338.14			463.04
23.Medicaid Days			0			10,705
24.Resident Days			0			10,788
25.Medicaid Utilization			0.00%			99.23%
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			338.14			463.04



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028055100 - 2020/07

RI: 509.43

NM: 789.61

Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02546131	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03564583	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	90.627	394.252	484.879	90.627	661.205	751.832
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)	90.627	394.252	484.879	90.627	661.205	751.832
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)	90.627	394.252	484.879	90.627	661.205	751.832
12.Plus: Property Rate Component			0.531			0.531
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			485.410			752.363
15.Prospective Rate: Line 11 x Inflation 1.04953576	95.116	413.782	508.898	95.116	693.958	789.075
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	95.116	413.782	508.898	95.116	693.958	789.075
19.Property Rate Component			0.531			0.531
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			509.43			789.61
23.Medicaid Days			13,776			4,873
24.Resident Days			13,802			4,891
25.Medicaid Utilization			99.81%			99.63%
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			509.43			789.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028058500 - 2020/07

RI: 303.99

NM: 397.40

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2016	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 1.05328805	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07460327	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	78.835	208.163	286.999	78.835	297.167	376.002
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.835	208.163	286.999	78.835	297.167	376.002
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)	78.835	208.163	286.999	78.835	297.167	376.002
12.Plus: Property Rate Component			2.775			2.775
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			289.773			378.777
15.Prospective Rate: Line 11 x Inflation 1.04953576	82.740	218.475	301.215	82.740	311.887	394.627
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.740	218.475	301.215	82.740	311.887	394.627
19.Property Rate Component			2.775			2.775
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			303.99			397.40
23.Medicaid Days			1,851			3,570
24.Resident Days			1,913			3,570
25.Medicaid Utilization			96.76%			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			303.99			397.40



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2020 through 06/30/2021

028562500 - 2020/07

RI: 336.51

NM: 491.17

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2019 - 04/30/2020 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2016	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 1.05328805	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07460327	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	70.345	248.657	319.002	70.345	396.015	466.360
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)	70.345	248.657	319.002	70.345	396.015	466.360
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)	70.345	248.657	319.002	70.345	396.015	466.360
12.Plus: Property Rate Component			1.707			1.707
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			320.709			468.066
15.Prospective Rate: Line 11 x Inflation 1.04953576	73.830	260.975	334.804	73.830	415.631	489.461
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.830	260.975	334.804	73.830	415.631	489.461
19.Property Rate Component			1.707			1.707
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			336.51			491.17
23.Medicaid Days			2,108			10,084
24.Resident Days			2,108			10,252
25.Medicaid Utilization			100.00%			98.36%
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			336.51			491.17