



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

028003800 - 2017/07
RI:285.84 / NM:407.74

Sunland Marianna I
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028003800

Date: 6/29/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 280.51 | 285.84 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 416.78 | 407.74 | 7/1/2017 |

Rate Type:

| Interim | Prospective |
|---------------------------------|---|
| _____ Total Interim | _____ Total Prospective |
| _____ Interim Component | _____ Prospective Adjusted for New Cost |
| _____ Settlement Based on Costs | |

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration

028003800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna I**
 Provider Number: 28003800
 Audit Status: Unaudited Costs
 Date: 6/29/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 113

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 16,267 | 12,290 | 28,557 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 585,744 |
| B. Plant Operation | | | 865,199 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 123,993 |
| E. Operating Expense Component & Per Diem | 55.1506 | 55.1506 | 1,574,936 |
| 3. Resident Care | | | |
| A. Dietary | | | 994,986 |
| B. Other | | | 33,448 |
| C. Nursing | | | 799,837 |
| D. Resident Care & Per Diem | 64.0218 | 64.0218 | 1,828,271 |
| 4. Prop Exp & Per Diem | 2.0562 | 2.0562 | 58,718 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 8,133.50 | 12,290.00 | 20,423.50 |
| 3. Staffing Percent | 0.3982 | 0.6018 | 1.0000 |
| 4. Allocation of Direct Care | 1,867,401.18 | 2,821,707.82 | 4,689,109.00 |
| 5. Direct Care Expense Per Diem | 114.7969 | 229.5938 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 16,107 | 12,290 | 28,397 |
| 2. Additional Services | 534,344 | 407,065 | 941,409 |
| 3. Additional Services Exp & Per Diem | 33.1746 | 33.1216 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 55.1506 | 55.1506 | 1,574,936 |
| 2. Resident Care Component | 211.9933 | 326.7372 | 7,458,789 |
| 3. Property Cost Component | 2.0562 | 2.0562 | 58,718 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 269.2001 | 383.9440 | 9,092,443 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

| |
|---------------------------|
| Provider Number: 28003800 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 64.0218 | 64.0218 | A3D Allowable Resident Care Exp | 1,828,271 |
| B5 Allocation of D/C Expenses | 114.7969 | 229.5938 | B4 Allocation of D/C Expenses | 4,689,109 |
| C3 Additional Services per Diem | 33.1746 | 33.1216 | C2 Additional Services per Diem | 941,409 |
| Total Resident Care Component | 211.9933 | 326.7372 | Total Resident Care Component | 7,458,789 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028003800 - 2017/07

RI: 285.84

NM: 407.74

Sunland Marianna I

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 55.151 | 211.993 | 267.144 | 55.151 | 326.737 | 381.888 |
| 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) | 55.151 | 211.993 | 267.144 | 55.151 | 326.737 | 381.888 |
| 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) | 55.151 | 211.993 | 267.144 | 55.151 | 326.737 | 381.888 |
| 12.Plus: Property Rate Component | | | 2.056 | | | 2.056 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 269.200 | | | 383.944 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 58.587 | 225.202 | 283.788 | 58.587 | 347.095 | 405.681 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 58.587 | 225.202 | 283.788 | 58.587 | 347.095 | 405.681 |
| 19.Property Rate Component | | | 2.056 | | | 2.056 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 285.84 | | | 407.74 |
| 23.Medicaid Days | | 16,107 | | | 12,290 | |
| 24.Resident Days | | 16,267 | | | 12,290 | |
| 25.Medicaid Utilization | | 99.02% | | | 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 | | | 285.84 | | | 407.74 |



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

028004600 - 2017/07
RI:298.91 / NM:425.51

Tacachale Facility I
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028004600

Date: 6/29/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 311.90 | 298.91 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 444.12 | 425.51 | 7/1/2017 |

Rate Type:

| Interim | Prospective |
|---------------------------------|---|
| _____ Total Interim | _____ Total Prospective |
| _____ Interim Component | _____ Prospective Adjusted for New Cost |
| _____ Settlement Based on Costs | |

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028004600

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility I**
 Provider Number: 28004600
 Audit Status: Unaudited Costs
 Date: 6/29/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 104

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 3,294 | 27,227 | 30,521 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,015,402 |
| B. Plant Operation | | | 634,867 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 113,823 |
| E. Operating Expense Component & Per Diem | 57.7993 | 57.7993 | 1,764,092 |
| 3. Resident Care | | | |
| A. Dietary | | | 956,340 |
| B. Other | | | 787,539 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1370 | 57.1370 | 1,743,879 |
| 4. Prop Exp & Per Diem | 0.4410 | 0.4410 | 13,459 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 1,647.00 | 27,227.00 | 28,874.00 |
| 3. Staffing Percent | 0.0570 | 0.9430 | 1.0000 |
| 4. Allocation of Direct Care | 382,933.51 | 6,330,376.49 | 6,713,310.00 |
| 5. Direct Care Expense Per Diem | 116.2518 | 232.5036 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 3,291 | 27,118 | 30,409 |
| 2. Additional Services | 163,800 | 1,429,035 | 1,592,835 |
| 3. Additional Services Exp & Per Diem | 49.7721 | 52.6969 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 57.7993 | 57.7993 | 1,764,092 |
| 2. Resident Care Component | 223.1609 | 342.3375 | 10,050,024 |
| 3. Property Cost Component | 0.4410 | 0.4410 | 13,459 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 281.4012 | 400.5778 | 11,827,575 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

| |
|---------------------------|
| Provider Number: 28004600 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1370 | 57.1370 | A3D Allowable Resident Care Exp | 1,743,879 |
| B5 Allocation of D/C Expenses | 116.2518 | 232.5036 | B4 Allocation of D/C Expenses | 6,713,310 |
| C3 Additional Services per Diem | 49.7721 | 52.6969 | C2 Additional Services per Diem | 1,592,835 |
| Total Resident Care Component | 223.1609 | 342.3375 | Total Resident Care Component | 10,050,024 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028004600 - 2017/07

RI: 298.91

NM: 425.51

Tacachale Facility I

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 57.799 | 223.161 | 280.960 | 57.799 | 342.338 | 400.137 |
| 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) | 57.799 | 223.161 | 280.960 | 57.799 | 342.338 | 400.137 |
| 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) | 57.799 | 223.161 | 280.960 | 57.799 | 342.338 | 400.137 |
| 12.Plus: Property Rate Component | | | 0.441 | | | 0.441 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 281.401 | | | 400.578 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 61.401 | 237.065 | 298.466 | 61.401 | 363.667 | 425.067 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 61.401 | 237.065 | 298.466 | 61.401 | 363.667 | 425.067 |
| 19.Property Rate Component | | | 0.441 | | | 0.441 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 298.91 | | | 425.51 |
| 23.Medicaid Days | | | 3,291 | | | 27,118 |
| 24.Resident Days | | | 3,294 | | | 27,227 |
| 25.Medicaid Utilization | | | 99.91% | | | 99.60% |
| 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 | | | 298.91 | | | 425.51 |



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

028006200 - 2017/07
RI:286.10 / NM:403.00

Tacachale Facility II
 1621 N. E. Waldo Road
 Gainesville,, FL 32609

Provider Number: 028006200

Date: 6/29/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 299.95 | 286.10 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 428.38 | 403.00 | 7/1/2017 |

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028006200

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

| | | | |
|------------------|------------------------------|---------------------------|----------------------|
| Provider Name: | Tacachale Facility II | Cost Report Entered By : | Falk, Rebekah |
| Provider Number: | 28006200 | Rate Semester : | July, 2017 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2015 - 6/30/2016 |
| Date: | 6/29/2017 | Days In Reporting Period: | 366 |
| | | Number of Beds: | 92 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 12,128 | 21,070 | 33,198 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 902,753 |
| B. Plant Operation | | | 672,779 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 120,620 |
| E. Operating Expense Component & Per Diem | 51.0920 | 51.0920 | 1,696,152 |
| 3. Resident Care | | | |
| A. Dietary | | | 1,040,221 |
| B. Other | | | 856,615 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1371 | 57.1371 | 1,896,836 |
| 4. Prop Exp & Per Diem | 0.4296 | 0.4296 | 14,263 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 6,064.00 | 21,070.00 | 27,134.00 |
| 3. Staffing Percent | 0.2235 | 0.7765 | 1.0000 |
| 4. Allocation of Direct Care | 1,333,868.79 | 4,634,666.21 | 5,968,535.00 |
| 5. Direct Care Expense Per Diem | 109.9826 | 219.9652 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 12,128 | 21,060 | 33,188 |
| 2. Additional Services | 614,896 | 1,069,124 | 1,684,020 |
| 3. Additional Services Exp & Per Diem | 50.7005 | 50.7656 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 51.0920 | 51.0920 | 1,696,152 |
| 2. Resident Care Component | 217.8202 | 327.8679 | 9,549,391 |
| 3. Property Cost Component | 0.4296 | 0.4296 | 14,263 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 269.3418 | 379.3895 | 11,259,806 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

| |
|---------------------------|
| Provider Number: 28006200 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1371 | 57.1371 | A3D Allowable Resident Care Exp | 1,896,836 |
| B5 Allocation of D/C Expenses | 109.9826 | 219.9652 | B4 Allocation of D/C Expenses | 5,968,535 |
| C3 Additional Services per Diem | 50.7005 | 50.7656 | C2 Additional Services per Diem | 1,684,020 |
| Total Resident Care Component | 217.8202 | 327.8679 | Total Resident Care Component | 9,549,391 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028006200 - 2017/07

RI: 286.10

NM: 403.00

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3. Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4. Current Period Cost | 51.092 | 217.820 | 268.912 | 51.092 | 327.868 | 378.960 |
| 5. Incentive Basis (line 3 - line 4) | 0.000 | 0.000 | | 0.000 | 0.000 | |
| 6. Allowed Current Period Costs (Min of line 3 or 4) | 51.092 | 217.820 | 268.912 | 51.092 | 327.868 | 378.960 |
| 7. Incentive Line 5 x Oper 50% Res 50% | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 8. Incentive - Line 4 x Oper 10% Res 3% | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 9. Incentive - Min of Line 7,8 x Eligibility factor 100.00% | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 10. Final Incentive | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 11. Current Period Base: (line 6 + line 10) | 51.092 | 217.820 | 268.912 | 51.092 | 327.868 | 378.960 |
| 12. Plus: Property Rate Component | | | 0.430 | | | 0.430 |
| 13. Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14. Total Current Period Base | | | 269.342 | | | 379.390 |
| 15. Prospective Rate: Line 11 x Inflation 1.06230530 | 54.275 | 231.392 | 285.667 | 54.275 | 348.296 | 402.571 |
| 16. Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17. NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18. Total Operating & Residential Care Rate | 54.275 | 231.392 | 285.667 | 54.275 | 348.296 | 402.571 |
| 19. Property Rate Component | | | 0.430 | | | 0.430 |
| 20. ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21. Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22. Final Per Diem | | | 286.10 | | | 403.00 |
| 23. Medicaid Days | | | 12,128 | | | 21,060 |
| 24. Resident Days | | | 12,128 | | | 21,070 |
| 25. Medicaid Utilization | | | 100.00% | | | 99.95% |
| 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 | | | 286.10 | | | 403.00 |



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

028009700 - 2017/07
RI:407.38 / NM:629.00

Sunland Marianna II
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028009700
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | <u>378.15</u> | <u>407.38</u> | <u>7/1/2017</u> |
| #8 Non-Ambulatory & #9 Medical | <u>590.66</u> | <u>629.00</u> | <u>7/1/2017</u> |

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



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

028009700

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna II**
 Provider Number: 28009700
 Audit Status: Unaudited Costs
 Date: 6/29/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 121

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 35,144 | 1,524 | 36,668 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 999,100 |
| B. Plant Operation | | | 1,517,211 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 217,434 |
| E. Operating Expense Component & Per Diem | 74.5540 | 74.5540 | 2,733,745 |
| 3. Resident Care | | | |
| A. Dietary | | | 1,265,547 |
| B. Other | | | 58,654 |
| C. Nursing | | | 1,027,013 |
| D. Resident Care & Per Diem | 64.1217 | 64.1217 | 2,351,214 |
| 4. Prop Exp & Per Diem | 2.8081 | 2.8081 | 102,968 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 17,572.00 | 1,524.00 | 19,096.00 |
| 3. Staffing Percent | 0.9202 | 0.0798 | 1.0000 |
| 4. Allocation of Direct Care | 7,359,874.29 | 638,313.71 | 7,998,188.00 |
| 5. Direct Care Expense Per Diem | 209.4205 | 418.8410 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 33,982 | 1,524 | 35,506 |
| 2. Additional Services | 1,112,695 | 48,684 | 1,161,379 |
| 3. Additional Services Exp & Per Diem | 32.7437 | 31.9449 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 74.5540 | 74.5540 | 2,733,745 |
| 2. Resident Care Component | 306.2859 | 514.9076 | 11,510,781 |
| 3. Property Cost Component | 2.8081 | 2.8081 | 102,968 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 383.6480 | 592.2697 | 14,347,494 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

| |
|---------------------------|
| Provider Number: 28009700 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 64.1217 | 64.1217 | A3D Allowable Resident Care Exp | 2,351,214 |
| B5 Allocation of D/C Expenses | 209.4205 | 418.8410 | B4 Allocation of D/C Expenses | 7,998,188 |
| C3 Additional Services per Diem | 32.7437 | 31.9449 | C2 Additional Services per Diem | 1,161,379 |
| Total Resident Care Component | 306.2859 | 514.9076 | Total Resident Care Component | 11,510,781 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028009700 - 2017/07

RI: 407.38

NM: 629.00

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 74.554 | 306.286 | 380.840 | 74.554 | 514.908 | 589.462 |
| 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) | 74.554 | 306.286 | 380.840 | 74.554 | 514.908 | 589.462 |
| 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) | 74.554 | 306.286 | 380.840 | 74.554 | 514.908 | 589.462 |
| 12.Plus: Property Rate Component | | | 2.808 | | | 2.808 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 383.648 | | | 592.270 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 79.199 | 325.369 | 404.568 | 79.199 | 546.989 | 626.188 |
| 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 | 79.199 | 325.369 | 404.568 | 79.199 | 546.989 | 626.188 |
| 19.Property Rate Component | | | 2.808 | | | 2.808 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 407.38 | | | 629.00 |
| 23.Medicaid Days | | 33,982 | | | 1,524 | |
| 24.Resident Days | | 35,144 | | | 1,524 | |
| 25.Medicaid Utilization | | 96.69% | | | 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 | | | 407.38 | | | 629.00 |



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

028015100 - 2017/07
RI:322.91 / NM:480.63

Tacachale Facility IV
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028015100
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 302.65 | 322.91 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 447.75 | 480.63 | 7/1/2017 |

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028015100

ICF/IID Profile Sheet

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

| | | | |
|------------------|------------------------------|---------------------------|----------------------|
| Provider Name: . | Tacachale Facility IV | Cost Report Entered By : | Falk, Rebekah |
| Provider Number: | 28015100 | Rate Semester : | July, 2017 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/7/2015 - 6/30/2016 |
| Date: | 6/29/2017 | Days In Reporting Period: | 360 |
| | | Number of Beds: | 60 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 9,951 | 11,000 | 20,951 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 671,174 |
| B. Plant Operation | | | 468,546 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 84,004 |
| E. Operating Expense Component & Per Diem | 58.4089 | 58.4089 | 1,223,724 |
| 3. Resident Care | | | |
| A. Dietary | | | 656,476 |
| B. Other | | | 540,603 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1371 | 57.1371 | 1,197,079 |
| 4. Prop Exp & Per Diem | 0.4741 | 0.4741 | 9,933 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 4,975.50 | 11,000.00 | 15,975.50 |
| 3. Staffing Percent | 0.3114 | 0.6886 | 1.0000 |
| 4. Allocation of Direct Care | 1,382,025.75 | 3,055,428.25 | 4,437,454.00 |
| 5. Direct Care Expense Per Diem | 138.8831 | 277.7662 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 9,941 | 10,978 | 20,919 |
| 2. Additional Services | 491,190 | 649,316 | 1,140,506 |
| 3. Additional Services Exp & Per Diem | 49.4105 | 59.1470 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 58.4089 | 58.4089 | 1,223,724 |
| 2. Resident Care Component | 245.4307 | 394.0503 | 6,775,039 |
| 3. Property Cost Component | 0.4741 | 0.4741 | 9,933 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 304.3137 | 452.9333 | 8,008,696 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100

FYE: 06/30/2016

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1371 | 57.1371 | A3D Allowable Resident Care Exp | 1,197,079 |
| B5 Allocation of D/C Expenses | 138.8831 | 277.7662 | B4 Allocation of D/C Expenses | 4,437,454 |
| C3 Additional Services per Diem | 49.4105 | 59.1470 | C2 Additional Services per Diem | 1,140,506 |
| Total Resident Care Component | 245.4307 | 394.0503 | Total Resident Care Component | 6,775,039 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2017/07

RI: 322.91

NM: 480.63

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/7/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 58.409 | 245.431 | 303.840 | 58.409 | 394.050 | 452.459 |
| 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) | 58.409 | 245.431 | 303.840 | 58.409 | 394.050 | 452.459 |
| 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) | 58.409 | 245.431 | 303.840 | 58.409 | 394.050 | 452.459 |
| 12.Plus: Property Rate Component | | | 0.474 | | | 0.474 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 304.314 | | | 452.933 |
| 15.Prospective Rate: Line 11 x Inflation 1.06120891 | 61.984 | 260.453 | 322.437 | 61.984 | 418.170 | 480.154 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 61.984 | 260.453 | 322.437 | 61.984 | 418.170 | 480.154 |
| 19.Property Rate Component | | | 0.474 | | | 0.474 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 322.91 | | | 480.63 |
| 23.Medicaid Days | | 9,941 | | | 10,978 | |
| 24.Resident Days | | 9,951 | | | 11,000 | |
| 25.Medicaid Utilization | | 99.90% | | | 99.80% | |
| 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 | | | 322.91 | | | 480.63 |



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

028016000 - 2017/07
RI:250.96 / NM:356.15

Sunland Marianna III
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028016000
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 278.02 | 250.96 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 415.37 | 356.15 | 7/1/2017 |

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028016000

ICF/IID Profile Sheet

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

| | |
|--|--|
| Provider Name: Sunland Marianna III | Cost Report Entered By : Falk, Rebekah |
| Provider Number: 28016000 | Rate Semester : July, 2017 |
| Audit Status: Unaudited Costs | Cost Report : 7/1/2015 - 6/30/2016 |
| Date: 6/29/2017 | Days In Reporting Period: 366 |
| | Number of Beds: 44 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 6,414 | 8,394 | 14,808 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 283,166 |
| B. Plant Operation | | | 518,376 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 74,289 |
| E. Operating Expense Component & Per Diem | 59.1458 | 59.1458 | 875,831 |
| 3. Resident Care | | | |
| A. Dietary | | | 495,673 |
| B. Other | | | 20,040 |
| C. Nursing | | | 414,749 |
| D. Resident Care & Per Diem | 62.8351 | 62.8351 | 930,462 |
| 4. Prop Exp & Per Diem | 2.3758 | 2.3758 | 35,181 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 3,207.00 | 8,394.00 | 11,601.00 |
| 3. Staffing Percent | 0.2764 | 0.7236 | 1.0000 |
| 4. Allocation of Direct Care | 626,653.78 | 1,640,203.22 | 2,266,857.00 |
| 5. Direct Care Expense Per Diem | 97.7009 | 195.4019 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 5,643 | 8,394 | 14,037 |
| 2. Additional Services | 80,830 | 131,267 | 212,097 |
| 3. Additional Services Exp & Per Diem | 14.3239 | 15.6382 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 59.1458 | 59.1458 | 875,831 |
| 2. Resident Care Component | 174.8599 | 273.8752 | 3,409,416 |
| 3. Property Cost Component | 2.3758 | 2.3758 | 35,181 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 236.3815 | 335.3968 | 4,320,428 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

| |
|---------------------------|
| Provider Number: 28016000 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 62.8351 | 62.8351 | A3D Allowable Resident Care Exp | 930,462 |
| B5 Allocation of D/C Expenses | 97.7009 | 195.4019 | B4 Allocation of D/C Expenses | 2,266,857 |
| C3 Additional Services per Diem | 14.3239 | 15.6382 | C2 Additional Services per Diem | 212,097 |
| Total Resident Care Component | 174.8599 | 273.8752 | Total Resident Care Component | 3,409,416 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2017/07

RI: 250.96

NM: 356.15

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Sunland Marianna III

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 59.146 | 174.860 | 234.006 | 59.146 | 273.875 | 333.021 |
| 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) | 59.146 | 174.860 | 234.006 | 59.146 | 273.875 | 333.021 |
| 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) | 59.146 | 174.860 | 234.006 | 59.146 | 273.875 | 333.021 |
| 12.Plus: Property Rate Component | | | 2.376 | | | 2.376 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 236.382 | | | 335.397 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 62.831 | 185.755 | 248.585 | 62.831 | 290.939 | 353.770 |
| 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 | 62.831 | 185.755 | 248.585 | 62.831 | 290.939 | 353.770 |
| 19.Property Rate Component | | | 2.376 | | | 2.376 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 250.96 | | | 356.15 |
| 23.Medicaid Days | | 5,643 | | | 8,394 | |
| 24.Resident Days | | 6,414 | | | 8,394 | |
| 25.Medicaid Utilization | | 87.98% | | | 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 | | | 250.96 | | | 356.15 |



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

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028024100 - 2017/07
RI:323.63 / NM:468.60

Tacachale Facility V
1621 N.E. Waldo Road
Gainesville, FL 32609

Provider Number: 028024100
Date: 6/29/2017
FYE: 6/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 328.71 | 323.63 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 475.57 | 468.60 | 7/1/2017 |

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

Comments:

Distribution:

Contract Management
DPODS - DCF (4)
Home Office:

Attn: Revenue Management/Tacachale
1621 N. E. Waldo Road.
Gainesville, FL 32609

W.Rydell Samuel 
Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



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

028024100

ICF/IID Profile Sheet

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

| | | | |
|------------------|-----------------------------|---------------------------|----------------------|
| Provider Name: | Tacachale Facility V | Cost Report Entered By : | Falk, Rebekah |
| Provider Number: | 28024100 | Rate Semester : | July, 2017 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2015 - 6/30/2016 |
| Date: | 6/29/2017 | Days In Reporting Period: | 366 |
| | | Number of Beds: | 42 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 10,730 | 4,026 | 14,756 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 388,468 |
| B. Plant Operation | | | 346,435 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 62,111 |
| E. Operating Expense Component & Per Diem | 54.0129 | 54.0129 | 797,014 |
| 3. Resident Care | | | |
| A. Dietary | | | 462,362 |
| B. Other | | | 380,752 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1370 | 57.1370 | 843,114 |
| 4. Prop Exp & Per Diem | 0.4977 | 0.4977 | 7,344 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 5,365.00 | 4,026.00 | 9,391.00 |
| 3. Staffing Percent | 0.5713 | 0.4287 | 1.0000 |
| 4. Allocation of Direct Care | 1,467,275.22 | 1,101,071.78 | 2,568,347.00 |
| 5. Direct Care Expense Per Diem | 136.7451 | 273.4903 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 10,725 | 4,026 | 14,751 |
| 2. Additional Services | 603,651 | 225,486 | 829,137 |
| 3. Additional Services Exp & Per Diem | 56.2845 | 56.0075 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 54.0129 | 54.0129 | 797,014 |
| 2. Resident Care Component | 250.1666 | 386.6348 | 4,240,598 |
| 3. Property Cost Component | 0.4977 | 0.4977 | 7,344 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 304.6772 | 441.1454 | 5,044,956 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

| |
|---------------------------|
| Provider Number: 28024100 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1370 | 57.1370 | A3D Allowable Resident Care Exp | 843,114 |
| B5 Allocation of D/C Expenses | 136.7451 | 273.4903 | B4 Allocation of D/C Expenses | 2,568,347 |
| C3 Additional Services per Diem | 56.2845 | 56.0075 | C2 Additional Services per Diem | 829,137 |
| Total Resident Care Component | 250.1666 | 386.6348 | Total Resident Care Component | 4,240,598 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2017/07

RI: 323.63

NM: 468.60

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Tacachale Facility V

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 54.013 | 250.167 | 304.180 | 54.013 | 386.635 | 440.648 |
| 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) | 54.013 | 250.167 | 304.180 | 54.013 | 386.635 | 440.648 |
| 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) | 54.013 | 250.167 | 304.180 | 54.013 | 386.635 | 440.648 |
| 12.Plus: Property Rate Component | | | 0.498 | | | 0.498 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 304.677 | | | 441.145 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 57.378 | 265.753 | 323.131 | 57.378 | 410.724 | 468.102 |
| 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 | 57.378 | 265.753 | 323.131 | 57.378 | 410.724 | 468.102 |
| 19.Property Rate Component | | | 0.498 | | | 0.498 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 323.63 | | | 468.60 |
| 23.Medicaid Days | | | 10,725 | | | 4,026 |
| 24.Resident Days | | | 10,730 | | | 4,026 |
| 25.Medicaid Utilization | | | 99.95% | | | 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 | | | 323.63 | | | 468.60 |



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

028026700 - 2017/07
RI:338.34 / NM:476.40

Tacachale Facility VII
 1621 N.E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028026700
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 337.78 | 338.34 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 479.79 | 476.40 | 7/1/2017 |

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028026700

ICF/IID Profile Sheet

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

| | | | |
|------------------|-------------------------------|---------------------------|----------------------|
| Provider Name: | Tacachale Facility VII | Cost Report Entered By : | Falk, Rebekah |
| Provider Number: | 28026700 | Rate Semester : | July, 2017 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2015 - 6/30/2016 |
| Date: | 6/29/2017 | Days In Reporting Period: | 366 |
| | | Number of Beds: | 32 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 0 | 8,763 | 8,763 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 344,503 |
| B. Plant Operation | | | 234,776 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 42,092 |
| E. Operating Expense Component & Per Diem | 70.9085 | 70.9085 | 621,371 |
| 3. Resident Care | | | |
| A. Dietary | | | 274,579 |
| B. Other | | | 226,113 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1371 | 57.1371 | 500,692 |
| 4. Prop Exp & Per Diem | 0.5680 | 0.5680 | 4,977 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 0.00 | 8,763.00 | 8,763.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,277,672.00 | 2,277,672.00 |
| 5. Direct Care Expense Per Diem | 129.9596 | 259.9192 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 0 | 8,699 | 8,699 |
| 2. Additional Services | 0 | 521,562 | 521,562 |
| 3. Additional Services Exp & Per Diem | 59.9565 | 59.9565 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 70.9085 | 70.9085 | 621,371 |
| 2. Resident Care Component | 247.0532 | 377.0128 | 3,299,926 |
| 3. Property Cost Component | 0.5680 | 0.5680 | 4,977 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 318.5297 | 448.4893 | 3,926,274 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

| |
|---------------------------|
| Provider Number: 28026700 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1371 | 57.1371 | A3D Allowable Resident Care Exp | 500,692 |
| B5 Allocation of D/C Expenses | 129.9596 | 259.9192 | B4 Allocation of D/C Expenses | 2,277,672 |
| C3 Additional Services per Diem | 59.9565 | 59.9565 | C2 Additional Services per Diem | 521,562 |
| Total Resident Care Component | 247.0532 | 377.0128 | Total Resident Care Component | 3,299,926 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028026700 - 2017/07

RI: 338.34

NM: 476.40

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 70.909 | 247.053 | 317.962 | 70.909 | 377.013 | 447.921 |
| 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) | 70.909 | 247.053 | 317.962 | 70.909 | 377.013 | 447.921 |
| 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) | 70.909 | 247.053 | 317.962 | 70.909 | 377.013 | 447.921 |
| 12.Plus: Property Rate Component | | | 0.568 | | | 0.568 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 318.530 | | | 448.489 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 75.326 | 262.446 | 337.772 | 75.326 | 400.503 | 475.829 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 75.326 | 262.446 | 337.772 | 75.326 | 400.503 | 475.829 |
| 19.Property Rate Component | | | 0.568 | | | 0.568 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 338.34 | | | 476.40 |
| 23.Medicaid Days | | 0 | | | 8,699 | |
| 24.Resident Days | | 0 | | | 8,763 | |
| 25.Medicaid Utilization | | 0.00% | | | 99.27% | |
| 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 | | | 338.34 | | | 476.40 |



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

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028055100 - 2017/07
RI:446.24 / NM:684.16

Tacachale Facility VIII
1621 N.E. WALDO ROAD
GAINESVILLE, FL 32609

Provider Number: 028055100
Date: 6/29/2017
FYE: 6/30/2016
Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 455.30 | 446.24 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 706.56 | 684.16 | 7/1/2017 |

| | |
|---------------------------------|---|
| Rate Type: | |
| Interim | Prospective |
| _____ Total Interim | _____ Total Prospective |
| _____ Interim Component | _____ Prospective Adjusted for New Cost |
| _____ Settlement Based on Costs | |

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028055100

ICF/IID Profile Sheet

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

| | |
|---|--|
| Provider Name: Tacachale Facility VIII | Cost Report Entered By : Falk, Rebekah |
| Provider Number: 28055100 | Rate Semester : July, 2017 |
| Audit Status: Unaudited Costs | Cost Report : 7/1/2015 - 6/30/2016 |
| Date: 6/29/2017 | Days In Reporting Period: 366 |
| | Number of Beds: 56 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|-------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 11,321 | 8,418 | 19,739 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 960,594 |
| B. Plant Operation | | | 582,314 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 104,401 |
| E. Operating Expense Component & Per Diem | 83.4545 | 83.4545 | 1,647,309 |
| 3. Resident Care | | | |
| A. Dietary | | | 618,499 |
| B. Other | | | 509,329 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 57.1370 | 57.1370 | 1,127,828 |
| 4. Prop Exp & Per Diem | 0.6254 | 0.6254 | 12,345 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 5,660.50 | 8,418.00 | 14,078.50 |
| 3. Staffing Percent | 0.4021 | 0.5979 | 1.0000 |
| 4. Allocation of Direct Care | 2,553,508.09 | 3,797,443.91 | 6,350,952.00 |
| 5. Direct Care Expense Per Diem | 225.5550 | 451.1100 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 11,208 | 8,418 | 19,626 |
| 2. Additional Services | 597,793 | 435,572 | 1,033,365 |
| 3. Additional Services Exp & Per Diem | 53.3363 | 51.7429 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 83.4545 | 83.4545 | 1,647,309 |
| 2. Resident Care Component | 336.0283 | 559.9899 | 8,512,145 |
| 3. Property Cost Component | 0.6254 | 0.6254 | 12,345 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 420.1082 | 644.0698 | 10,171,799 |

Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

| |
|---------------------------|
| Provider Number: 28055100 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 57.1370 | 57.1370 | A3D Allowable Resident Care Exp | 1,127,828 |
| B5 Allocation of D/C Expenses | 225.5550 | 451.1100 | B4 Allocation of D/C Expenses | 6,350,952 |
| C3 Additional Services per Diem | 53.3363 | 51.7429 | C2 Additional Services per Diem | 1,033,365 |
| Total Resident Care Component | 336.0283 | 559.9899 | Total Resident Care Component | 8,512,145 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2017/07

RI: 446.24

NM: 684.16

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 83.455 | 336.028 | 419.483 | 83.455 | 559.990 | 643.444 |
| 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) | 83.455 | 336.028 | 419.483 | 83.455 | 559.990 | 643.444 |
| 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) | 83.455 | 336.028 | 419.483 | 83.455 | 559.990 | 643.444 |
| 12.Plus: Property Rate Component | | | 0.625 | | | 0.625 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 420.108 | | | 644.070 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 88.654 | 356.965 | 445.619 | 88.654 | 594.880 | 683.534 |
| 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 | 88.654 | 356.965 | 445.619 | 88.654 | 594.880 | 683.534 |
| 19.Property Rate Component | | | 0.625 | | | 0.625 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 446.24 | | | 684.16 |
| 23.Medicaid Days | | 11,208 | | | 8,418 | |
| 24.Resident Days | | 11,321 | | | 8,418 | |
| 25.Medicaid Utilization | | 99.00% | | | 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 | | | 446.24 | | | 684.16 |



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

028058500 - 2017/07
RI:261.64 / NM:349.53

Sunland Marianna IV
 3700 Williams Road
 Marianna, FL 32446

Provider Number: 028058500
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 257.97 | 261.64 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 346.43 | 349.53 | 7/1/2017 |

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



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

028058500

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna IV**
 Provider Number: 28058500
 Audit Status: Unaudited Costs
 Date: 6/29/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 20

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 1,663 | 3,899 | 5,562 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 97,782 |
| B. Plant Operation | | | 238,348 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 34,158 |
| E. Operating Expense Component & Per Diem | 66.5746 | 66.5746 | 370,288 |
| 3. Resident Care | | | |
| A. Dietary | | | 202,883 |
| B. Other | | | 9,214 |
| C. Nursing | | | 155,783 |
| D. Resident Care & Per Diem | 66.1417 | 66.1417 | 367,880 |
| 4. Prop Exp & Per Diem | 2.9083 | 2.9083 | 16,176 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 831.50 | 3,899.00 | 4,730.50 |
| 3. Staffing Percent | 0.1758 | 0.8242 | 1.0000 |
| 4. Allocation of Direct Care | 137,593.08 | 645,189.92 | 782,783.00 |
| 5. Direct Care Expense Per Diem | 82.7379 | 165.4757 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 1,663 | 3,899 | 5,562 |
| 2. Additional Services | 46,731 | 109,561 | 156,292 |
| 3. Additional Services Exp & Per Diem | 28.1004 | 28.0998 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 66.5746 | 66.5746 | 370,288 |
| 2. Resident Care Component | 176.9800 | 259.7172 | 1,306,955 |
| 3. Property Cost Component | 2.9083 | 2.9083 | 16,176 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 246.4629 | 329.2001 | 1,693,419 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

| |
|---------------------------|
| Provider Number: 28058500 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 66.1417 | 66.1417 | A3D Allowable Resident Care Exp | 367,880 |
| B5 Allocation of D/C Expenses | 82.7379 | 165.4757 | B4 Allocation of D/C Expenses | 782,783 |
| C3 Additional Services per Diem | 28.1004 | 28.0998 | C2 Additional Services per Diem | 156,292 |
| Total Resident Care Component | 176.9800 | 259.7172 | Total Resident Care Component | 1,306,955 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028058500 - 2017/07

RI: 261.64

NM: 349.53

Sunland Marianna IV

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 66.575 | 176.980 | 243.555 | 66.575 | 259.717 | 326.292 |
| 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) | 66.575 | 176.980 | 243.555 | 66.575 | 259.717 | 326.292 |
| 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) | 66.575 | 176.980 | 243.555 | 66.575 | 259.717 | 326.292 |
| 12.Plus: Property Rate Component | | | 2.908 | | | 2.908 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 246.463 | | | 329.200 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 70.723 | 188.007 | 258.729 | 70.723 | 275.899 | 346.622 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 70.723 | 188.007 | 258.729 | 70.723 | 275.899 | 346.622 |
| 19.Property Rate Component | | | 2.908 | | | 2.908 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 261.64 | | | 349.53 |
| 23.Medicaid Days | | 1,663 | | | 3,899 | |
| 24.Resident Days | | 1,663 | | | 3,899 | |
| 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 | | | 261.64 | | | 349.53 |



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

028562500 - 2017/07
RI:293.30 / NM:417.40

Sunland Marianna V
 3700 Williams Drive
 Marianna, FL 32446

Provider Number: 028562500
 Date: 6/29/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

| Level of Care | Current Rate | New Rate | Effective Date |
|--------------------------------|---------------|---------------|-----------------|
| #7 Institutional | 281.57 | 293.30 | 7/1/2017 |
| #8 Non-Ambulatory & #9 Medical | 407.84 | 417.40 | 7/1/2017 |

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



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

028562500

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna V**
 Provider Number: 28562500
 Audit Status: Unaudited Costs
 Date: 6/29/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 51

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,196 | 12,850 | 15,046 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 408,845 |
| B. Plant Operation | | | 608,627 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 87,223 |
| E. Operating Expense Component & Per Diem | 73.4212 | 73.4212 | 1,104,695 |
| 3. Resident Care | | | |
| A. Dietary | | | 371,550 |
| B. Other | | | 23,529 |
| C. Nursing | | | 421,415 |
| D. Resident Care & Per Diem | 54.2665 | 54.2665 | 816,494 |
| 4. Prop Exp & Per Diem | 2.7453 | 2.7453 | 41,306 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 1,098.00 | 12,850.00 | 13,948.00 |
| 3. Staffing Percent | 0.0787 | 0.9213 | 1.0000 |
| 4. Allocation of Direct Care | 257,650.79 | 3,015,312.21 | 3,272,963.00 |
| 5. Direct Care Expense Per Diem | 117.3273 | 234.6546 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,196 | 12,756 | 14,952 |
| 2. Additional Services | 62,579 | 357,031 | 419,610 |
| 3. Additional Services Exp & Per Diem | 28.4968 | 27.9893 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 73.4212 | 73.4212 | 1,104,695 |
| 2. Resident Care Component | 200.0906 | 316.9104 | 4,509,067 |
| 3. Property Cost Component | 2.7453 | 2.7453 | 41,306 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 276.2571 | 393.0769 | 5,655,068 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

| |
|---------------------------|
| Provider Number: 28562500 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2016 |
|-----------------|

| | | R/I & N/M Days | | | |
|--------------------------------------|-----------------|----------------|-----------------|--------------------------------------|------------------|
| | | R/I | N/M | | |
| | | | | TOTALS | |
| A3D Allowable Resident Care Exp | 54.2665 | | 54.2665 | A3D Allowable Resident Care Exp | 816,494 |
| B5 Allocation of D/C Expenses | 117.3273 | | 234.6546 | B4 Allocation of D/C Expenses | 3,272,963 |
| C3 Additional Services per Diem | 28.4968 | | 27.9893 | C2 Additional Services per Diem | 419,610 |
| Total Resident Care Component | 200.0906 | | 316.9104 | Total Resident Care Component | 4,509,067 |

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2017/07

RI: 293.30

NM: 417.40

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Sunland Marianna V

Ownership: State

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

| | Fiscal Year Begin | Fiscal Year End | Audit Status | Base Semester |
|---------------------|-------------------|-----------------|-----------------|---------------|
| Current Cost Report | 7/1/2015 | 6/30/2016 | Unaudited Costs | 201607 |
| Prior Cost Report | 7/1/2014 | 6/30/2015 | 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 1.02603478 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 3.Line 1 X 1.4000 X Inflation Factor 1.03644869 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 4.Current Period Cost | 73.421 | 200.091 | 273.512 | 73.421 | 316.910 | 390.332 |
| 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) | 73.421 | 200.091 | 273.512 | 73.421 | 316.910 | 390.332 |
| 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) | 73.421 | 200.091 | 273.512 | 73.421 | 316.910 | 390.332 |
| 12.Plus: Property Rate Component | | | 2.745 | | | 2.745 |
| 13.Plus: ROE/Use Rate | | | 0.000 | | | 0.000 |
| 14.Total Current Period Base | | | 276.257 | | | 393.077 |
| 15.Prospective Rate: Line 11 x Inflation 1.06230530 | 77.996 | 212.557 | 290.553 | 77.996 | 336.656 | 414.651 |
| 16.Interim Rate Component: | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 17.NA | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| 18.Total Operating & Residential Care Rate | 77.996 | 212.557 | 290.553 | 77.996 | 336.656 | 414.651 |
| 19.Property Rate Component | | | 2.745 | | | 2.745 |
| 20.ROE Component + ROE Interim Component | | | 0.000 | | | 0.000 |
| 21.Plus: Property Interim Rate Component | | | 0.000 | | | 0.000 |
| 22.Final Per Diem | | | 293.30 | | | 417.40 |
| 23.Medicaid Days | | 2,196 | | | 12,756 | |
| 24.Resident Days | | 2,196 | | | 12,850 | |
| 25.Medicaid Utilization | | 100.00% | | | 99.27% | |
| 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 | | | 293.30 | | | 417.40 |