



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

**028003800 - 2018/07**  
**RI:293.49 / NM:416.60**

**Sunland Marianna I**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028003800

Date: 6/5/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>285.84</b>	<b>293.49</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>407.74</b>	<b>416.60</b>	<b>7/1/2018</b>

Rate Type:


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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

\_\_\_\_\_  
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 \_\_\_\_\_

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) 07/2018 to 7/2018

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 113

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	13,538	10,581	24,119
2. Operating Expenses component			
A. Administration			427,999
B. Plant Operation			971,203
C. Laundry			0
D. Housekeeping			105,408
E. Operating Expense Component & Per Diem	62.3828	62.3828	1,504,610
3. Resident Care			
A. Dietary			850,162
B. Other			37,546
C. Nursing			744,548
D. Resident Care & Per Diem	67.6751	67.6751	1,632,256
4. Prop Exp & Per Diem	2.3013	2.3013	55,504
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,769.00	10,581.00	17,350.00
3. Staffing Percent	0.3901	0.6099	1.0000
4. Allocation of Direct Care	1,577,260.48	2,465,503.52	4,042,764.00
5. Direct Care Expense Per Diem	116.5062	233.0123	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	13,505	10,581	24,086
2. Additional Services	394,700	310,247	704,947
3. Additional Services Exp & Per Diem	29.2262	29.3211	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	62.3828	62.3828	1,504,610
2. Resident Care Component	213.4075	330.0085	6,379,967
3. Property Cost Component	2.3013	2.3013	55,504
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>278.0916</b>	<b>394.6926</b>	<b>7,940,081</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800
FYE: 06/30/2017

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	67.6751	67.6751	A3D Allowable Resident Care Exp			1,632,256
B5 Allocation of D/C Expenses	116.5062	233.0123	B4 Allocation of D/C Expenses			4,042,764
C3 Additional Services per Diem	29.2262	29.3211	C2 Additional Services per Diem			704,947
<b>Total Resident Care Component</b>	<b>213.4075</b>	<b>330.0085</b>	<b>Total Resident Care Component</b>			<b>6,379,967</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2018/07

RI: 293.49

NM: 416.60

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Sunland Marianna I

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	62.383	213.408	275.790	62.383	330.009	392.391
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)	62.383	213.408	275.790	62.383	330.009	392.391
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)	62.383	213.408	275.790	62.383	330.009	392.391
12.Plus: Property Rate Component			2.301			2.301
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			278.092			394.693
15.Prospective Rate: Line 11 x Inflation 1.05583510	65.866	225.323	291.189	65.866	348.435	414.301
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	65.866	225.323	291.189	65.866	348.435	414.301
19.Property Rate Component			2.301			2.301
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>293.49</b>			<b>416.60</b>
23.Medicaid Days		13,505			10,581	
24.Resident Days		13,538			10,581	
25.Medicaid Utilization		99.76%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>293.49</b>			<b>416.60</b>



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

**028004600 - 2018/07**  
**RI:308.49 / NM:434.21**

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

Provider Number: 028004600  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>298.91</b>	<b>308.49</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>425.51</b>	<b>434.21</b>	<b>7/1/2018</b>


Rate Type:

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

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) 07/2018 to 7/2018

Provider Name: **Tacachale Facility I**  
 Provider Number: 28004600  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 104

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	3,339	26,185	29,524
2. Operating Expenses component			
A. Administration			1,017,442
B. Plant Operation			582,249
C. Laundry			0
D. Housekeeping			123,817
E. Operating Expense Component & Per Diem	58.3765	58.3765	1,723,508
3. Resident Care			
A. Dietary			929,151
B. Other			814,932
C. Nursing			0
D. Resident Care & Per Diem	59.0734	59.0734	1,744,083
4. Prop Exp & Per Diem	0.3985	0.3985	11,764
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,669.50	26,185.00	27,854.50
3. Staffing Percent	0.0599	0.9401	1.0000
4. Allocation of Direct Care	397,952.80	6,241,625.20	6,639,578.00
5. Direct Care Expense Per Diem	119.1832	238.3664	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	3,336	26,085	29,421
2. Additional Services	184,030	1,436,094	1,620,124
3. Additional Services Exp & Per Diem	55.1649	55.0544	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	58.3765	58.3765	1,723,508
2. Resident Care Component	233.4215	352.4942	10,003,785
3. Property Cost Component	0.3985	0.3985	11,764
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>292.1965</b>	<b>411.2692</b>	<b>11,739,057</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0734	59.0734	A3D Allowable Resident Care Exp	1,744,083
B5 Allocation of D/C Expenses	119.1832	238.3664	B4 Allocation of D/C Expenses	6,639,578
C3 Additional Services per Diem	55.1649	55.0544	C2 Additional Services per Diem	1,620,124
<b>Total Resident Care Component</b>	233.4215	352.4942	<b>Total Resident Care Component</b>	10,003,785

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2018/07

RI: 308.49

NM: 434.21

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Tacachale Facility I

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	58.377	233.422	291.798	58.377	352.494	410.871
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)	58.377	233.422	291.798	58.377	352.494	410.871
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	58.377	233.422	291.798	58.377	352.494	410.871
12.Plus: Property Rate Component			0.399			0.399
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			292.197			411.269
15.Prospective Rate: Line 11 x Inflation 1.05583510	61.636	246.455	308.091	61.636	372.176	433.812
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	61.636	246.455	308.091	61.636	372.176	433.812
19.Property Rate Component			0.399			0.399
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>308.49</b>			<b>434.21</b>
23.Medicaid Days		3,336			26,085	
24.Resident Days		3,339			26,185	
25.Medicaid Utilization		99.91%			99.62%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>308.49</b>			<b>434.21</b>





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

**028006200 - 2018/07**  
**RI:293.20 / NM:413.43**

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

Provider Number: 028006200  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>286.10</b>	<b>293.20</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>403.00</b>	<b>413.43</b>	<b>7/1/2018</b>

Rate Type:

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


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

**028006200**

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 92

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	12,391	20,060	32,451
2. Operating Expenses component			
A. Administration			910,588
B. Plant Operation			617,019
C. Laundry			0
D. Housekeeping			131,211
E. Operating Expense Component & Per Diem	51.1176	51.1176	1,658,818
3. Resident Care			
A. Dietary			1,021,278
B. Other			895,724
C. Nursing			0
D. Resident Care & Per Diem	59.0737	59.0737	1,917,002
4. Prop Exp & Per Diem	0.3841	0.3841	12,466
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,195.50	20,060.00	26,255.50
3. Staffing Percent	0.2360	0.7640	1.0000
4. Allocation of Direct Care	1,402,197.26	4,540,081.74	5,942,279.00
5. Direct Care Expense Per Diem	113.1626	226.3251	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	12,370	19,926	32,296
2. Additional Services	667,691	1,089,741	1,757,432
3. Additional Services Exp & Per Diem	53.9766	54.6894	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	51.1176	51.1176	1,658,818
2. Resident Care Component	226.2129	340.0882	9,616,713
3. Property Cost Component	0.3841	0.3841	12,466
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>277.7146</b>	<b>391.5899</b>	<b>11,287,997</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0737	59.0737	A3D Allowable Resident Care Exp	1,917,002
B5 Allocation of D/C Expenses	113.1626	226.3251	B4 Allocation of D/C Expenses	5,942,279
C3 Additional Services per Diem	53.9766	54.6894	C2 Additional Services per Diem	1,757,432
<b>Total Resident Care Component</b>	226.2129	340.0882	<b>Total Resident Care Component</b>	9,616,713

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2018/07

RI: 293.20

NM: 413.43

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Tacachale Facility II

Ownership:State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	51.118	226.213	277.331	51.118	340.088	391.206
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)	51.118	226.213	277.331	51.118	340.088	391.206
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)	51.118	226.213	277.331	51.118	340.088	391.206
12.Plus: Property Rate Component			0.384			0.384
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			277.715			391.590
15.Prospective Rate: Line 11 x Inflation 1.05583510	53.972	238.844	292.815	53.972	359.077	413.049
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	53.972	238.844	292.815	53.972	359.077	413.049
19.Property Rate Component			0.384			0.384
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>293.20</b>			<b>413.43</b>
23.Medicaid Days		12,370			19,926	
24.Resident Days		12,391			20,060	
25.Medicaid Utilization		99.83%			99.33%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>293.20</b>			<b>413.43</b>



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

<b>028009700 - 2018/07</b>
<b>RI:431.75 / NM:651.03</b>

**Sunland Marianna II**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028009700  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>407.38</b>	<b>431.75</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>629.00</b>	<b>651.03</b>	<b>7/1/2018</b>

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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\_\_\_\_\_ 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) 07/2018 to 7/2018

Provider Name: **Sunland Marianna II**  
 Provider Number: 28009700  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	30,665	2,375	33,040
2. Operating Expenses component			
A. Administration			822,764
B. Plant Operation			1,703,098
C. Laundry			0
D. Housekeeping			184,843
E. Operating Expense Component & Per Diem	82.0431	82.0431	2,710,705
3. Resident Care			
A. Dietary			1,226,532
B. Other			65,840
C. Nursing			1,019,938
D. Resident Care & Per Diem	69.9852	69.9852	2,312,310
4. Prop Exp & Per Diem	2.9459	2.9459	97,331
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	15,332.50	2,375.00	17,707.50
3. Staffing Percent	0.8659	0.1341	1.0000
4. Allocation of Direct Care	6,729,254.35	1,042,359.65	7,771,614.00
5. Direct Care Expense Per Diem	219.4441	438.8883	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	30,032	2,375	32,407
2. Additional Services	1,040,749	54,377	1,095,126
3. Additional Services Exp & Per Diem	34.6547	22.8956	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	82.0431	82.0431	2,710,705
2. Resident Care Component	324.0840	531.7691	11,179,050
3. Property Cost Component	2.9459	2.9459	97,331
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>409.0730</b>	<b>616.7581</b>	<b>13,987,086</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

Provider Number: 28009700
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.9852	69.9852	A3D Allowable Resident Care Exp	2,312,310
B5 Allocation of D/C Expenses	219.4441	438.8883	B4 Allocation of D/C Expenses	7,771,614
C3 Additional Services per Diem	34.6547	22.8956	C2 Additional Services per Diem	1,095,126
<b>Total Resident Care Component</b>	<b>324.0840</b>	<b>531.7691</b>	<b>Total Resident Care Component</b>	<b>11,179,050</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2018/07

RI: 431.75

NM: 651.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Sunland Marianna II

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	82.043	324.084	406.127	82.043	531.769	613.812
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	82.043	324.084	406.127	82.043	531.769	613.812
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	82.043	324.084	406.127	82.043	531.769	613.812
12.Plus: Property Rate Component			2.946			2.946
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			409.073			616.758
15.Prospective Rate: Line 11 x Inflation 1.05583510	86.624	342.179	428.803	86.624	561.460	648.084
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	86.624	342.179	428.803	86.624	561.460	648.084
19.Property Rate Component			2.946			2.946
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>431.75</b>			<b>651.03</b>
23.Medicaid Days		30,032			2,375	
24.Resident Days		30,665			2,375	
25.Medicaid Utilization		97.94%			100.00%	
26.		0.00			0.00	
27.		0.00			0.00	
28.		0.00			0.00	
29.		0.00			0.00	
<b>30.Final Per Diem After Adjustments</b>			<b>431.75</b>			<b>651.03</b>





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

**028015100 - 2018/07**  
**RI:326.01 / NM:479.72**

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

Provider Number: 028015100  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>322.91</b>	<b>326.01</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>480.63</b>	<b>479.72</b>	<b>7/1/2018</b>

Rate Type:

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


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) 07/2018 to 7/2018

Provider Name: <b>Tacachale Facility IV</b>	Cost Report Entered By : Kiswani, Farah
Provider Number: 28015100	Rate Semester : July, 2018
Audit Status: Unaudited Costs	Cost Report : 7/1/2016 - 6/30/2017
Date: 6/5/2018	Days In Reporting Period: 365
	Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	9,833	10,141	19,974
2. Operating Expenses component			
A. Administration			641,582
B. Plant Operation			429,713
C. Laundry			0
D. Housekeeping			91,380
E. Operating Expense Component & Per Diem	58.2094	58.2094	1,162,675
3. Resident Care			
A. Dietary			628,610
B. Other			551,329
C. Nursing			0
D. Resident Care & Per Diem	59.0737	59.0737	1,179,939
4. Prop Exp & Per Diem	0.4347	0.4347	8,682
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,916.50	10,141.00	15,057.50
3. Staffing Percent	0.3265	0.6735	1.0000
4. Allocation of Direct Care	1,367,057.05	2,819,754.95	4,186,812.00
5. Direct Care Expense Per Diem	139.0275	278.0549	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	9,583	10,032	19,615
2. Additional Services	498,786	587,865	1,086,651
3. Additional Services Exp & Per Diem	52.0490	58.5990	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	58.2094	58.2094	1,162,675
2. Resident Care Component	250.1502	395.7276	6,453,402
3. Property Cost Component	0.4347	0.4347	8,682
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>308.7943</b>	<b>454.3717</b>	<b>7,624,759</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0737	59.0737	A3D Allowable Resident Care Exp	1,179,939
B5 Allocation of D/C Expenses	139.0275	278.0549	B4 Allocation of D/C Expenses	4,186,812
C3 Additional Services per Diem	52.0490	58.5990	C2 Additional Services per Diem	1,086,651
<b>Total Resident Care Component</b>	<b>250.1502</b>	<b>395.7276</b>	<b>Total Resident Care Component</b>	<b>6,453,402</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028015100 - 2018/07

RI: 326.01

NM: 479.72

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	58.209	250.150	308.360	58.209	395.728	453.937
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)	58.209	250.150	308.360	58.209	395.728	453.937
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)	58.209	250.150	308.360	58.209	395.728	453.937
12.Plus: Property Rate Component			0.435			0.435
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			308.794			454.372
15.Prospective Rate: Line 11 x Inflation 1.05583510	61.460	264.117	325.577	61.460	417.823	479.283
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	61.460	264.117	325.577	61.460	417.823	479.283
19.Property Rate Component			0.435			0.435
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>326.01</b>			<b>479.72</b>
23.Medicaid Days		9,583			10,032	
24.Resident Days		9,833			10,141	
25.Medicaid Utilization		97.46%			98.93%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>326.01</b>			<b>479.72</b>



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

<b>028016000 - 2018/07</b>
<b>RI:245.31 / NM:339.07</b>

**Sunland Marianna III**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028016000  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>250.96</b>	<b>245.31</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>356.15</b>	<b>339.07</b>	<b>7/1/2018</b>


Rate Type:

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

Comments:

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

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For Information only - No Change in rate



**Florida Agency For Health Care Administration**

**028016000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 44

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	5,514	9,618	15,132
2. Operating Expenses component			
A. Administration			229,345
B. Plant Operation			581,887
C. Laundry			0
D. Housekeeping			63,154
E. Operating Expense Component & Per Diem	57.7839	57.7839	874,386
3. Resident Care			
A. Dietary			552,402
B. Other			22,495
C. Nursing			467,122
D. Resident Care & Per Diem	68.8619	68.8619	1,042,019
4. Prop Exp & Per Diem	2.1976	2.1976	33,254
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,757.00	9,618.00	12,375.00
3. Staffing Percent	0.2228	0.7772	1.0000
4. Allocation of Direct Care	482,632.07	1,683,697.93	2,166,330.00
5. Direct Care Expense Per Diem	87.5285	175.0570	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,751	9,618	14,369
2. Additional Services	76,413	166,940	243,353
3. Additional Services Exp & Per Diem	16.0836	17.3570	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	57.7839	57.7839	874,386
2. Resident Care Component	172.4740	261.2759	3,451,702
3. Property Cost Component	2.1976	2.1976	33,254
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>232.4555</b>	<b>321.2574</b>	<b>4,359,342</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

Provider Number: 28016000
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	68.8619	68.8619	A3D Allowable Resident Care Exp	1,042,019
B5 Allocation of D/C Expenses	87.5285	175.0570	B4 Allocation of D/C Expenses	2,166,330
C3 Additional Services per Diem	16.0836	17.3570	C2 Additional Services per Diem	243,353
<b>Total Resident Care Component</b>	<b>172.4740</b>	<b>261.2759</b>	<b>Total Resident Care Component</b>	<b>3,451,702</b>

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# Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2018/07

RI: 245.31

NM: 339.07

## ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

### Sunland Marianna III

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	57.784	172.474	230.258	57.784	261.276	319.060
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.784	172.474	230.258	57.784	261.276	319.060
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	57.784	172.474	230.258	57.784	261.276	319.060
12.Plus: Property Rate Component			2.198			2.198
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			232.456			321.257
15.Prospective Rate: Line 11 x Inflation 1.05583510	61.010	182.104	243.114	61.010	275.864	336.875
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	61.010	182.104	243.114	61.010	275.864	336.875
19.Property Rate Component			2.198			2.198
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>245.31</b>			<b>339.07</b>
23.Medicaid Days		4,751			9,618	
24.Resident Days		5,514			9,618	
25.Medicaid Utilization		86.16%			100.00%	
26.		0.00			0.00	
27.		0.00			0.00	
28.		0.00			0.00	
29.		0.00			0.00	
<b>30.Final Per Diem After Adjustments</b>			<b>245.31</b>			<b>339.07</b>





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

**028024100 - 2018/07**  
**RI:327.95 / NM:474.49**

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

Provider Number: 028024100  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>323.63</b>	<b>327.95</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>468.60</b>	<b>474.49</b>	<b>7/1/2018</b>


Rate Type:

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

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

**028024100**

Provider Name: <b>Tacachale Facility V</b>	Cost Report Entered By : Kiswani, Farah
Provider Number: 28024100	Rate Semester : July, 2018
Audit Status: Unaudited Costs	Cost Report : 7/1/2016 - 6/30/2017
Date: 6/5/2018	Days In Reporting Period: 365
	Number of Beds: 42

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	10,077	4,015	14,092
2. Operating Expenses component			
A. Administration			380,386
B. Plant Operation			317,722
C. Laundry			0
D. Housekeeping			67,565
E. Operating Expense Component & Per Diem	54.3339	54.3339	765,673
3. Resident Care			
A. Dietary			443,495
B. Other			388,972
C. Nursing			0
D. Resident Care & Per Diem	59.0737	59.0737	832,467
4. Prop Exp & Per Diem	0.4555	0.4555	6,419
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,038.50	4,015.00	9,053.50
3. Staffing Percent	0.5565	0.4435	1.0000
4. Allocation of Direct Care	1,381,466.15	1,100,840.85	2,482,307.00
5. Direct Care Expense Per Diem	137.0910	274.1820	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	9,835	4,015	13,850
2. Additional Services	586,898	246,419	833,317
3. Additional Services Exp & Per Diem	59.6744	61.3746	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	54.3339	54.3339	765,673
2. Resident Care Component	255.8391	394.6303	4,148,091
3. Property Cost Component	0.4555	0.4555	6,419
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>310.6285</b>	<b>449.4197</b>	<b>4,920,183</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0737	59.0737	A3D Allowable Resident Care Exp	832,467
B5 Allocation of D/C Expenses	137.0910	274.1820	B4 Allocation of D/C Expenses	2,482,307
C3 Additional Services per Diem	59.6744	61.3746	C2 Additional Services per Diem	833,317
<b>Total Resident Care Component</b>	<b>255.8391</b>	<b>394.6303</b>	<b>Total Resident Care Component</b>	<b>4,148,091</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

028024100 - 2018/07

RI: 327.95

NM: 474.49

**Tacachale Facility V**

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	54.334	255.839	310.173	54.334	394.630	448.964
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)	54.334	255.839	310.173	54.334	394.630	448.964
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)	54.334	255.839	310.173	54.334	394.630	448.964
12.Plus: Property Rate Component			0.456			0.456
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			310.629			449.420
15.Prospective Rate: Line 11 x Inflation 1.05583510	57.368	270.124	327.492	57.368	416.665	474.032
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	57.368	270.124	327.492	57.368	416.665	474.032
19.Property Rate Component			0.456			0.456
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>327.95</b>			<b>474.49</b>
23.Medicaid Days		9,835			4,015	
24.Resident Days		10,077			4,015	
25.Medicaid Utilization		97.60%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>327.95</b>			<b>474.49</b>



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

**028026700 - 2018/07**  
**RI:326.56 / NM:452.95**

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

Provider Number: 028026700  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>338.34</b>	<b>326.56</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>476.40</b>	<b>452.95</b>	<b>7/1/2018</b>

Rate Type:


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

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) 07/2018 to 7/2018

Provider Name:	<b>Tacachale Facility VII</b>	Cost Report Entered By :	Kiswani, Farah
Provider Number:	28026700	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/5/2018	Days In Reporting Period:	365
		Number of Beds:	32

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	9,177	9,177
2. Operating Expenses component			
A. Administration			336,674
B. Plant Operation			215,318
C. Laundry			0
D. Housekeeping			45,788
E. Operating Expense Component & Per Diem	65.1389	65.1389	597,780
3. Resident Care			
A. Dietary			288,813
B. Other			253,307
C. Nursing			0
D. Resident Care & Per Diem	59.0738	59.0738	542,120
4. Prop Exp & Per Diem	0.4740	0.4740	4,350
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	9,177.00	9,177.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,197,056.00	2,197,056.00
5. Direct Care Expense Per Diem	119.7045	239.4090	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,962	8,962
2. Additional Services	0	581,836	581,836
3. Additional Services Exp & Per Diem	64.9226	64.9226	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	65.1389	65.1389	597,780
2. Resident Care Component	243.7009	363.4054	3,321,012
3. Property Cost Component	0.4740	0.4740	4,350
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>309.3138</b>	<b>429.0183</b>	<b>3,923,142</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0738	59.0738	A3D Allowable Resident Care Exp	542,120
B5 Allocation of D/C Expenses	119.7045	239.4090	B4 Allocation of D/C Expenses	2,197,056
C3 Additional Services per Diem	64.9226	64.9226	C2 Additional Services per Diem	581,836
<b>Total Resident Care Component</b>	<b>243.7009</b>	<b>363.4054</b>	<b>Total Resident Care Component</b>	<b>3,321,012</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2018/07

RI: 326.56

NM: 452.95

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	65.139	243.701	308.840	65.139	363.405	428.544
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	65.139	243.701	308.840	65.139	363.405	428.544
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	65.139	243.701	308.840	65.139	363.405	428.544
12.Plus: Property Rate Component			0.474			0.474
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			309.314			429.018
15.Prospective Rate: Line 11 x Inflation 1.05583510	68.776	257.308	326.084	68.776	383.696	452.472
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	68.776	257.308	326.084	68.776	383.696	452.472
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
<b>22.Final Per Diem</b>			<b>326.56</b>			<b>452.95</b>
23.Medicaid Days		0			8,962	
24.Resident Days		0			9,177	
25.Medicaid Utilization		0.00%			97.66%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>326.56</b>			<b>452.95</b>





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

**028055100 - 2018/07**  
**RI:451.33 / NM:689.08**

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

Provider Number: 028055100  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>446.24</b>	<b>451.33</b>	<b>7/1/2018</b>
#8 Non-Ambulatory & #9 Medical	<b>684.16</b>	<b>689.08</b>	<b>7/1/2018</b>

Rate Type:


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

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) 07/2018 to 7/2018

Provider Name: **Tacachale Facility VIII**  
 Provider Number: 28055100  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	11,137	7,647	18,784
2. Operating Expenses component			
A. Administration			924,397
B. Plant Operation			534,052
C. Laundry			0
D. Housekeeping			113,568
E. Operating Expense Component & Per Diem	83.6892	83.6892	1,572,017
3. Resident Care			
A. Dietary			591,159
B. Other			518,483
C. Nursing			0
D. Resident Care & Per Diem	59.0738	59.0738	1,109,642
4. Prop Exp & Per Diem	0.5744	0.5744	10,790
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,568.50	7,647.00	13,215.50
3. Staffing Percent	0.4214	0.5786	1.0000
4. Allocation of Direct Care	2,541,815.99	3,490,575.01	6,032,391.00
5. Direct Care Expense Per Diem	228.2317	456.4633	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,084	7,608	18,692
2. Additional Services	619,909	402,215	1,022,124
3. Additional Services Exp & Per Diem	55.9283	52.8674	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	83.6892	83.6892	1,572,017
2. Resident Care Component	343.2338	568.4045	8,164,157
3. Property Cost Component	0.5744	0.5744	10,790
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>427.4974</b>	<b>652.6681</b>	<b>9,746,964</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.0738	59.0738	A3D Allowable Resident Care Exp	1,109,642
B5 Allocation of D/C Expenses	228.2317	456.4633	B4 Allocation of D/C Expenses	6,032,391
C3 Additional Services per Diem	55.9283	52.8674	C2 Additional Services per Diem	1,022,124
<b>Total Resident Care Component</b>	<b>343.2338</b>	<b>568.4045</b>	<b>Total Resident Care Component</b>	<b>8,164,157</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2018/07

RI: 451.33

NM: 689.08

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Tacachale Facility VIII

Ownership:State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	83.689	343.234	426.923	83.689	568.405	652.094
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)	83.689	343.234	426.923	83.689	568.405	652.094
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)	83.689	343.234	426.923	83.689	568.405	652.094
12.Plus: Property Rate Component			0.574			0.574
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			427.497			652.668
15.Prospective Rate: Line 11 x Inflation 1.05583510	88.362	362.398	450.760	88.362	600.141	688.503
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	88.362	362.398	450.760	88.362	600.141	688.503
19.Property Rate Component			0.574			0.574
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>451.33</b>			<b>689.08</b>
23.Medicaid Days		11,084			7,608	
24.Resident Days		11,137			7,647	
25.Medicaid Utilization		99.52%			99.49%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>451.33</b>			<b>689.08</b>



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

**028058500 - 2018/07**  
**RI:270.77 / NM:359.00**

**Sunland Marianna IV**  
 3700 Williams Road  
 Marianna, FL 32446

Provider Number: 028058500  
 Date: 6/5/2018  
 FYE: 6/30/2017  
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.64</u>	<u>270.77</u>	<u>7/1/2018</u>
#8 Non-Ambulatory & #9 Medical	<u>349.53</u>	<u>359.00</u>	<u>7/1/2018</u>

Rate Type:


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

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) 07/2018 to 7/2018

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 20

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,526	3,869	5,395
2. Operating Expenses component			
A. Administration			81,959
B. Plant Operation			267,550
C. Laundry			0
D. Housekeeping			29,038
E. Operating Expense Component & Per Diem	70.1663	70.1663	378,547
3. Resident Care			
A. Dietary			197,586
B. Other			10,343
C. Nursing			166,543
D. Resident Care & Per Diem	69.4109	69.4109	374,472
4. Prop Exp & Per Diem	2.8341	2.8341	15,290
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	763.00	3,869.00	4,632.00
3. Staffing Percent	0.1647	0.8353	1.0000
4. Allocation of Direct Care	127,523.29	646,641.71	774,165.00
5. Direct Care Expense Per Diem	83.5670	167.1341	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,526	3,869	5,395
2. Additional Services	46,735	118,465	165,200
3. Additional Services Exp & Per Diem	30.6258	30.6190	

D. Medicaid Per Diem Cost

1. Operating Component	70.1663	70.1663	378,547
2. Resident Care Component	183.6037	267.1640	1,313,837
3. Property Cost Component	2.8341	2.8341	15,290
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>256.6041</b>	<b>340.1644</b>	<b>1,707,674</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

Provider Number: 28058500
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.4109	69.4109	A3D Allowable Resident Care Exp	374,472
B5 Allocation of D/C Expenses	83.5670	167.1341	B4 Allocation of D/C Expenses	774,165
C3 Additional Services per Diem	30.6258	30.6190	C2 Additional Services per Diem	165,200
<b>Total Resident Care Component</b>	<b>183.6037</b>	<b>267.1640</b>	<b>Total Resident Care Component</b>	<b>1,313,837</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2018/07

RI: 270.77

NM: 359.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	70.166	183.604	253.770	70.166	267.164	337.330
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.166	183.604	253.770	70.166	267.164	337.330
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	70.166	183.604	253.770	70.166	267.164	337.330
12.Plus: Property Rate Component			2.834			2.834
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			256.604			340.164
15.Prospective Rate: Line 11 x Inflation 1.05583510	74.084	193.855	267.939	74.084	282.081	356.165
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.084	193.855	267.939	74.084	282.081	356.165
19.Property Rate Component			2.834			2.834
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>270.77</b>			<b>359.00</b>
23.Medicaid Days		1,526			3,869	
24.Resident Days		1,526			3,869	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>270.77</b>			<b>359.00</b>





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

**028562500 - 2018/07**  
**RI:290.98 / NM:411.43**

**Sunland Marianna V**

3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028562500

Date: 6/5/2018

FYE: 6/30/2017

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.30</u>	<u>290.98</u>	<u>7/1/2018</u>
#8 Non-Ambulatory & #9 Medical	<u>417.40</u>	<u>411.43</u>	<u>7/1/2018</u>

Rate Type:


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

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) 07/2018 to 7/2018

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited Costs  
 Date: 6/5/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 51

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	12,691	14,881
2. Operating Expenses component			
A. Administration			335,677
B. Plant Operation			683,195
C. Laundry			0
D. Housekeeping			74,149
E. Operating Expense Component & Per Diem	73.4508	73.4508	1,093,021
3. Resident Care			
A. Dietary			361,313
B. Other			26,412
C. Nursing			459,373
D. Resident Care & Per Diem	56.9248	56.9248	847,098
4. Prop Exp & Per Diem	2.6237	2.6237	39,044
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,095.00	12,691.00	13,786.00
3. Staffing Percent	0.0794	0.9206	1.0000
4. Allocation of Direct Care	251,844.77	2,918,869.23	3,170,714.00
5. Direct Care Expense Per Diem	114.9976	229.9952	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190	12,664	14,854
2. Additional Services	60,746	339,633	400,379
3. Additional Services Exp & Per Diem	27.7379	26.8188	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	73.4508	73.4508	1,093,021
2. Resident Care Component	199.6603	313.7388	4,418,191
3. Property Cost Component	2.6237	2.6237	39,044
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>275.7348</b>	<b>389.8133</b>	<b>5,550,256</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

Provider Number: 28562500
FYE: 06/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	56.9248	56.9248	A3D Allowable Resident Care Exp	847,098
B5 Allocation of D/C Expenses	114.9976	229.9952	B4 Allocation of D/C Expenses	3,170,714
C3 Additional Services per Diem	27.7379	26.8188	C2 Additional Services per Diem	400,379
<b>Total Resident Care Component</b>	199.6603	313.7388	<b>Total Resident Care Component</b>	4,418,191

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2018/07

RI: 290.98

NM: 411.43

ICF/IID Calculation Sheet

Rates Effective 07/01/2018 through 06/30/2019

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2017 - 04/30/2018 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02488470	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03483858	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	73.451	199.660	273.111	73.451	313.739	387.190
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.451	199.660	273.111	73.451	313.739	387.190
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	73.451	199.660	273.111	73.451	313.739	387.190
12.Plus: Property Rate Component			2.624			2.624
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			275.735			389.813
15.Prospective Rate: Line 11 x Inflation 1.05583510	77.552	210.808	288.360	77.552	331.256	408.808
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	77.552	210.808	288.360	77.552	331.256	408.808
19.Property Rate Component			2.624			2.624
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>290.98</b>			<b>411.43</b>
23.Medicaid Days		2,190			12,664	
24.Resident Days		2,190			12,691	
25.Medicaid Utilization		100.00%			99.79%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>290.98</b>			<b>411.43</b>