



**Florida Agency For Health Care Administration**

**028003800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2019  
 Cost Report : 7/1/2017 - 6/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 113

	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	13,293	9,646	22,939
2. Operating Expenses component			
A. Administration			478,484
B. Plant Operation			103,718
C. Laundry			0
D. Housekeeping			5,231
E. Operating Expense Component & Per Diem	25.6085	25.6085	587,433
3. Resident Care			
A. Dietary			778,785
B. Other			4,010
C. Nursing			734,728
D. Resident Care & Per Diem	66.1547	66.1547	1,517,523
4. Prop Exp & Per Diem	2.1831	2.1831	50,078
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	6,646.50	9,646.00	16,292.50
3. Staffing Percent	0.4079	0.5921	1.0000
4. Allocation of Direct Care	1,693,890.04	2,458,325.96	4,152,216.00
5. Direct Care Expense Per Diem	127.4272	254.8544	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	13,245	9,646	22,891
2. Additional Services	952,769	693,911	1,646,680
3. Additional Services Exp & Per Diem	71.9342	71.9377	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	25.6085	25.6085	587,433
2. Resident Care Component	265.5161	392.9468	7,316,419
3. Property Cost Component	2.1831	2.1831	50,078
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>293.3077</b>	<b>420.7384</b>	<b>7,953,930</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800
FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	66.1547	66.1547	A3D Allowable Resident Care Exp	1,517,523
B5 Allocation of D/C Expenses	127.4272	254.8544	B4 Allocation of D/C Expenses	4,152,216
C3 Additional Services per Diem	71.9342	71.9377	C2 Additional Services per Diem	1,646,680
<b>Total Resident Care Component</b>	<b>265.5161</b>	<b>392.9468</b>	<b>Total Resident Care Component</b>	<b>7,316,419</b>

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# Florida Agency For Health Care Administration

**028004600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility I**  
 Provider Number: 28004600  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2019  
 Cost Report : 7/1/2017 - 6/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 104

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,721	24,162	28,883
2. Operating Expenses component			
A. Administration			987,068
B. Plant Operation			626,091
C. Laundry			0
D. Housekeeping			113,536
E. Operating Expense Component & Per Diem	59.7824	59.7824	1,726,695
3. Resident Care			
A. Dietary			910,653
B. Other			875,871
C. Nursing			0
D. Resident Care & Per Diem	61.8538	61.8538	1,786,524
4. Prop Exp & Per Diem	0.7119	0.7119	20,561
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	2,360.50	24,162.00	26,522.50
3. Staffing Percent	0.0890	0.9110	1.0000
4. Allocation of Direct Care	577,214.79	5,908,351.21	6,485,566.00
5. Direct Care Expense Per Diem	122.2654	244.5307	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,719	24,058	28,777
2. Additional Services	275,869	1,495,179	1,771,048
3. Additional Services Exp & Per Diem	58.4592	62.1489	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	59.7824	59.7824	1,726,695
2. Resident Care Component	242.5784	368.5334	10,043,138
3. Property Cost Component	0.7119	0.7119	20,561
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>303.0727</b>	<b>429.0277</b>	<b>11,790,394</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600
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FYE: 06/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	61.8538	61.8538	A3D Allowable Resident Care Exp	1,786,524
B5 Allocation of D/C Expenses	122.2654	244.5307	B4 Allocation of D/C Expenses	6,485,566
C3 Additional Services per Diem	58.4592	62.1489	C2 Additional Services per Diem	1,771,048
<b>Total Resident Care Component</b>	<b>242.5784</b>	<b>368.5334</b>	<b>Total Resident Care Component</b>	<b>10,043,138</b>

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**Florida Agency For Health Care Administration**

**028006200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2019  
 Cost Report : 7/1/2017 - 6/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 92

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	12,539	18,229	30,768
2. Operating Expenses component			
A. Administration			881,920
B. Plant Operation			663,479
C. Laundry			0
D. Housekeeping			120,316
E. Operating Expense Component & Per Diem	54.1379	54.1379	1,665,715
3. Resident Care			
A. Dietary			969,580
B. Other			962,705
C. Nursing			0
D. Resident Care & Per Diem	62.8018	62.8018	1,932,285
4. Prop Exp & Per Diem	0.7082	0.7082	21,789
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	6,269.50	18,229.00	24,498.50
3. Staffing Percent	0.2559	0.7441	1.0000
4. Allocation of Direct Care	1,482,940.15	4,311,749.85	5,794,690.00
5. Direct Care Expense Per Diem	118.2662	236.5324	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,539	18,047	30,586
2. Additional Services	715,476	1,107,462	1,822,938
3. Additional Services Exp & Per Diem	57.0601	61.3654	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	54.1379	54.1379	1,665,715
2. Resident Care Component	238.1281	360.6996	9,549,913
3. Property Cost Component	0.7082	0.7082	21,789
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>292.9742</b>	<b>415.5457</b>	<b>11,237,417</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200
FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.8018	62.8018	A3D Allowable Resident Care Exp	1,932,285
B5 Allocation of D/C Expenses	118.2662	236.5324	B4 Allocation of D/C Expenses	5,794,690
C3 Additional Services per Diem	57.0601	61.3654	C2 Additional Services per Diem	1,822,938
<b>Total Resident Care Component</b>	<b>238.1281</b>	<b>360.6996</b>	<b>Total Resident Care Component</b>	<b>9,549,913</b>

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**Florida Agency For Health Care Administration**

**028009700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2019

Provider Name: **Sunland Marianna II**  
 Provider Number: 28009700  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2019  
 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>A. Allocation of Expenses (excluding B &amp; C)</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>B. Direct Care Expense</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>C. Additional Services Expense</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>D. Medicaid Per Diem Cost</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
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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	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**

**028015100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility IV**  
 Provider Number: 28015100  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2019  
 Cost Report : 7/1/2017 - 6/30/2018  
 Days In Reporting Period: 365  
 Number of Beds: 60

	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	11,404	8,444	19,848
2. Operating Expenses component			
A. Administration			644,476
B. Plant Operation			462,070
C. Laundry			0
D. Housekeeping			83,792
E. Operating Expense Component & Per Diem	59.9727	59.9727	1,190,338
3. Resident Care			
A. Dietary			615,762
B. Other			592,557
C. Nursing			0
D. Resident Care & Per Diem	60.8786	60.8786	1,208,319
4. Prop Exp & Per Diem	0.7645	0.7645	15,174
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	5,702.00	8,444.00	14,146.00
3. Staffing Percent	0.4031	0.5969	1.0000
4. Allocation of Direct Care	1,706,872.28	2,527,679.72	4,234,552.00
5. Direct Care Expense Per Diem	149.6731	299.3462	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,116	8,424	19,540
2. Additional Services	669,936	560,032	1,229,968
3. Additional Services Exp & Per Diem	60.2677	66.4805	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	59.9727	59.9727	1,190,338
2. Resident Care Component	270.8194	426.7053	6,672,839
3. Property Cost Component	0.7645	0.7645	15,174
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>331.5566</b>	<b>487.4425</b>	<b>7,878,351</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	60.8786	60.8786	A3D Allowable Resident Care Exp	1,208,319
B5 Allocation of D/C Expenses	149.6731	299.3462	B4 Allocation of D/C Expenses	4,234,552
C3 Additional Services per Diem	60.2677	66.4805	C2 Additional Services per Diem	1,229,968
<b>Total Resident Care Component</b>	270.8194	426.7053	<b>Total Resident Care Component</b>	6,672,839

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**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 7/2019

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2019  
 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
<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>	172.4740	261.2759	<b>Total Resident Care Component</b>	3,451,702

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# Florida Agency For Health Care Administration

028024100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility V**

Cost Report Entered By : Berry, Alycia

Provider Number: 28024100

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 42

	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	9,700	3,827	13,527
2. Operating Expenses component			
A. Administration			391,715
B. Plant Operation			341,646
C. Laundry			0
D. Housekeeping			61,954
E. Operating Expense Component & Per Diem	58.7946	58.7946	795,315
3. Resident Care			
A. Dietary			425,462
B. Other			418,059
C. Nursing			0
D. Resident Care & Per Diem	62.3583	62.3583	843,521
4. Prop Exp & Per Diem	0.8295	0.8295	11,220
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	4,850.00	3,827.00	8,677.00
3. Staffing Percent	0.5589	0.4411	1.0000
4. Allocation of Direct Care	1,438,609.95	1,135,167.05	2,573,777.00
5. Direct Care Expense Per Diem	148.3103	296.6206	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	9,657	3,758	13,415
2. Additional Services	583,143	246,244	829,387
3. Additional Services Exp & Per Diem	60.3855	65.5253	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	58.7946	58.7946	795,315
2. Resident Care Component	271.0541	424.5042	4,246,685
3. Property Cost Component	0.8295	0.8295	11,220
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>330.6782</b>	<b>484.1283</b>	<b>5,053,220</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.3583	62.3583	A3D Allowable Resident Care Exp	843,521
B5 Allocation of D/C Expenses	148.3103	296.6206	B4 Allocation of D/C Expenses	2,573,777
C3 Additional Services per Diem	60.3855	65.5253	C2 Additional Services per Diem	829,387
<b>Total Resident Care Component</b>	271.0541	424.5042	<b>Total Resident Care Component</b>	4,246,685

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**Florida Agency For Health Care Administration**

**028026700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2019  
 Cost Report : 7/1/2017 - 6/30/2018  
 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	9,015	9,015
2. Operating Expenses component			
A. Administration			395,377
B. Plant Operation			231,531
C. Laundry			0
D. Housekeeping			41,986
E. Operating Expense Component & Per Diem	74.1979	74.1979	668,894
3. Resident Care			
A. Dietary			276,459
B. Other			272,249
C. Nursing			0
D. Resident Care & Per Diem	60.8661	60.8661	548,708
4. Prop Exp & Per Diem	0.8434	0.8434	7,603
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	9,015.00	9,015.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,597,838.00	2,597,838.00
5. Direct Care Expense Per Diem	144.0842	288.1684	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,968	8,968
2. Additional Services	0	656,860	656,860
3. Additional Services Exp & Per Diem	73.2449	73.2449	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	74.1979	74.1979	668,894
2. Resident Care Component	278.1952	422.2794	3,803,406
3. Property Cost Component	0.8434	0.8434	7,603
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>353.2365</b>	<b>497.3207</b>	<b>4,479,903</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700
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FYE: 06/30/2018
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	60.8661	60.8661	A3D Allowable Resident Care Exp	548,708
B5 Allocation of D/C Expenses	144.0842	288.1684	B4 Allocation of D/C Expenses	2,597,838
C3 Additional Services per Diem	73.2449	73.2449	C2 Additional Services per Diem	656,860
<b>Total Resident Care Component</b>	278.1952	422.2794	<b>Total Resident Care Component</b>	<b>3,803,406</b>

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**Florida Agency For Health Care Administration**

**028055100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility VIII**

Cost Report Entered By : Berry, Alycia

Provider Number: 28055100

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

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	12,764	5,364	18,128
2. Operating Expenses component			
A. Administration			947,220
B. Plant Operation			574,265
C. Laundry			0
D. Housekeeping			104,138
E. Operating Expense Component & Per Diem	89.6747	89.6747	1,625,623
3. Resident Care			
A. Dietary			572,795
B. Other			557,254
C. Nursing			0
D. Resident Care & Per Diem	62.3372	62.3372	1,130,049
4. Prop Exp & Per Diem	1.0403	1.0403	18,859
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	6,382.00	5,364.00	11,746.00
3. Staffing Percent	0.5433	0.4567	1.0000
4. Allocation of Direct Care	3,381,573.27	2,842,174.73	6,223,748.00
5. Direct Care Expense Per Diem	264.9305	529.8611	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,751	5,349	18,100
2. Additional Services	759,859	333,190	1,093,049
3. Additional Services Exp & Per Diem	59.5921	62.2901	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	89.6747	89.6747	1,625,623
2. Resident Care Component	386.8598	654.4884	8,446,846
3. Property Cost Component	1.0403	1.0403	18,859
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>477.5748</b>	<b>745.2034</b>	<b>10,091,328</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100
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FYE: 06/30/2018
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.3372	62.3372	A3D Allowable Resident Care Exp	1,130,049
B5 Allocation of D/C Expenses	264.9305	529.8611	B4 Allocation of D/C Expenses	6,223,748
C3 Additional Services per Diem	59.5921	62.2901	C2 Additional Services per Diem	1,093,049
<b>Total Resident Care Component</b>	<b>386.8598</b>	<b>654.4884</b>	<b>Total Resident Care Component</b>	<b>8,446,846</b>

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**Florida Agency For Health Care Administration**

**028058500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2019

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2019  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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>	183.6037	267.1640	<b>Total Resident Care Component</b>	1,313,837

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**Florida Agency For Health Care Administration**

**028562500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2019

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited Costs  
 Date: 7/1/2019

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2019  
 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>A. Allocation of Expenses (excluding B &amp; C)</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>B. Direct Care Expense</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>C. Additional Services Expense</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>D. Medicaid Per Diem Cost</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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