



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 001135-00 - 2015/01

234.61

Surrey Place Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
110 SE LEE AVE	10/1/2013-7/31/2014	Number of Beds: 60	Superior: 0
LIVE OAK, FL 32060	Days in CR 304	Maximum: 18,240	Standard: 243
County: Suwannee [61]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 17,123	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,794	Inflation
Current Class North Small	Initial CR? False	Medicaid: 10,899	FY Index: 1.32975299
Class at 1/94: North Small	Medical Utilization	63.65123%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.87610%	Cost: 1.03148401
Open Date: 01/21/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/21/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 01/21/1988	Low Occupancy Adjustment Factor:	119.87555%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 257109			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	565,348	777,472	592,242	409,366		2,344,428	
1a	Audit Adjustments							
2	Cost Per Diem	51.8715	71.3342	54.3391	37.5600		215.1048	
3	Cost Per Diem Inflated	53.5046	73.0717	56.0499				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.5046	73.0717	56.0499	37.5600		220.1862	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6747		57.5320				
7	Provider Target Rate	59.7868		59.6389				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.5046	73.0717	56.0499	13.6500		196.2762	
12/13	Medical Adjustment Rate		1.1222	0.8608				
14	Prospective Per Diem 11	53.5046	74.1939	56.9107	13.6500		198.2592	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/21/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,820,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed	80% Capital(1):	2,465,244	16.5368
Indexed Asset Value	3,081,555	<60% of Base:	False	20% ROE(2):	616,311	0.7154
FRVS Base Asset:	1,765,380	Interest Rate:	12.0100%	Insurance Cost(3):	27,913	1.6301
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	33,958	1.9832
ROE Factor	0.022880	Amortization Rate:	12.0100%	Home Office(3):	13,052	0.7622
		Interest Only:	False	Replacement(3&4):	42,731	0.0000
		Yearly Payment:	325,940	Total FRVS PD:		21.6277

(1) 80% Capital (\$2,465,244) amortized at 12.0100 % for 20 years Principal & Interest of \$325,940 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$16.5368

(2) 20% ROE (\$616,311) times the ROE factor (0.022880) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.7154

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.5046	53.5046	0.9309	52.5737
Direct Care	74.1939	74.1939	1.2908	72.9031
Indirect Care	56.9107	56.9107	0.9901	55.9206
Property	13.6500	21.6277	0.3763	21.2514
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0620
Supplemental Rate Add-on				9.9025
Totals	198.2592	206.2369	3.5881	234.6133

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	1,804,061	0.00	0.9007	0.9007		60	80.10	1,765,380	1,765,380	1
1988/07		0.10	0.5899	0.5899		60	80.10	1,766,422	1,778,760	
1989/01	7,955	0.10	0.5899	0.5899		60	80.10	1,775,419	1,789,260	
1989/07		0.20	0.5899	0.5899		60	80.44	1,777,514	1,801,380	
1990/01		0.20	0.5899	0.5899		60	80.44	1,779,611	1,810,440	
1990/07		0.30	0.5899	0.5899		60	80.44	1,782,761	1,821,120	
1991/01		0.30	0.5899	0.5899		60	80.44	1,785,916	1,831,800	
1991/07		0.40	1.4932	1.4932		60	80.44	1,796,583	1,859,160	
1992/01		0.40	2.0117	2.0117		60	80.44	1,811,040	1,896,540	
1992/07		0.50	1.8152	1.8152		60	78.19	1,827,477	1,930,980	
1993/01		0.50	1.7710	1.7710		60	78.19	1,843,659	1,965,180	
1993/07		0.60	1.5329	1.5329		60	76.45	1,860,615	1,995,300	
1994/01		0.60	1.6983	1.6983		60	76.45	1,879,575	2,029,200	
1994/07		0.70	1.5991	1.5991		60	76.65	1,900,615	2,061,660	
1995/01		0.70	1.5812	1.5812		60	76.65	1,921,651	2,094,240	
1995/07		0.80	1.5250	1.5250		60	74.78	1,945,095	2,126,160	
1996/01		0.80	1.7228	1.7228		60	74.78	1,971,902	2,162,820	
1996/07	9,869	0.90	1.3294	1.3294		60	77.87	2,005,365	2,191,560	
1997/01		0.90	1.4109	1.4109		60	77.87	2,030,829	2,222,460	
1997/07		1.00	1.0917	1.0917		60	70.86	2,053,000	2,246,700	
1998/01		1.00	1.1663	1.1663		60	70.86	2,076,944	2,272,920	
1998/07	18,414	1.00	1.0794	1.0794		60	66.24	2,117,777	2,297,460	
1999/01		1.00	1.4499	1.4499		60	66.24	2,148,483	2,330,760	
1999/07	45,615	1.00	1.2299	1.2299		60	71.85	2,220,522	2,359,440	
2000/01	9,841	1.00	1.3356	1.3356		60	71.85	2,260,020	2,390,940	
2000/07		1.00	1.1129	1.1129		60	71.85	2,285,172	2,417,520	
2001/01		1.00	1.2976	1.2976		60	71.85	2,314,824	2,448,900	
2001/07		1.00	0.9615	0.9615		60	71.85	2,337,081	2,472,420	
2002/01	10,224	1.00	1.0301	1.0301		60	72.13	2,371,379	2,497,860	
2002/07		1.00	0.8337	0.8337		60	72.13	2,391,149	2,518,680	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01	11,630	1.00	1.3271	1.3271		60	75.17	2,434,512	2,552,100	
2003/07		1.00	1.1664	1.1664		60	75.17	2,462,908	2,581,860	
2004/01		1.00	1.1103	1.1103		60	75.17	2,490,254	2,610,540	
2004/07	71,024	1.00	0.8378	0.8378		60	75.92	2,582,141	2,632,440	
2005/01		1.00	0.8595	0.8595		60	75.92	2,604,335	2,655,060	
2005/07	17,647	1.00	0.7364	0.7364		60	74.00	2,641,160	2,674,620	
2006/01		1.00	0.9068	0.9068		60	74.00	2,665,110	2,698,860	
2006/07	18,913	1.00	0.8133	0.8133		60	72.08	2,705,698	2,720,820	
2007/01		1.00	1.0133	1.0133		60	72.08	2,733,115	2,748,360	
2007/07		1.00	1.1050	1.1050		60	75.91	2,763,316	2,778,720	
2008/01		1.00	0.8556	0.8556		60	75.91	2,786,959	2,802,480	
2008/07		0.95	0.6104	0.6104		60	70.06	2,803,121	2,819,580	
2009/01		0.95	1.3268	1.3268		60	68.65	2,838,454	2,857,020	
2009/07		0.90	0.6841	0.6841		60	68.65	2,855,930	2,876,580	
2010/01		0.90	0.8643	0.8643		60	68.65	2,878,146	2,901,420	
2010/07		0.85	0.7107	0.7107		60	60.74	2,895,533	2,922,060	
2011/01		0.85	0.9198	0.9198		60	61.34	2,918,170	2,948,940	
2011/07		0.80	0.9028	0.9028		60	61.34	2,939,245	2,975,580	
2012/01	9,050	0.80	0.3865	0.3865		60	62.56	2,957,383	2,987,100	
2012/07		0.75	0.9417	0.9417		60	62.56	2,978,271	3,015,240	
2013/01		0.75	0.4901	0.4901		60	62.56	2,989,219	3,030,000	
2013/07	21,669	0.70	0.6196	0.6196		60	55.87	3,023,852	3,048,780	
2014/01		0.70	0.8564	0.8564		60	55.87	3,041,980	3,074,880	
2014/07		0.65	1.2383	1.2383		60	58.35	3,066,465	3,112,980	
2015/01		0.65	0.7571	0.7571		60	63.65	3,081,555	3,136,560	

Message Code:

1 Per Bed Standard Limitation



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Signature HealthCARE of Palm Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4405 LAKEWOOD ROAD	10/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
LAKE WORTH, FL 33461	Days in CR 304	Maximum: 36,480	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 30,411	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,777	Inflation
Current Class South Large	Initial CR? False	Medicaid: 15,843	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	52.09628%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.36349%	Cost: 1.03148401
Open Date: 07/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 07/01/1984	Low Occupancy Adjustment Factor:	106.45142%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 257117			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	825,823	1,241,040	913,864	751,909		3,732,636
1a	Audit Adjustments						
2	Cost Per Diem	52.1254	78.3337	57.6825	47.4600		235.6016
3	Cost Per Diem Inflated	53.7665	80.2417	59.4986			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.7665	80.2417	59.4986	47.4600		240.9668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2468		56.6225			
7	Provider Target Rate	54.1601		58.6961			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.7665	80.2417	58.6961	13.6500		206.3543
12/13	Medical Adjustment Rate		0.1892	0.1384			
14	Prospective Per Diem 11	53.7665	80.4309	58.8345	13.6500		206.6819
15	Inflated Usual & Customary Charge						0.00



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Signature HealthCARE of Palm Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,661,744 12.3304
RS to Start Calcs:	1984/07	<60% of Base:	True	20% ROE(2):	1,165,436 0.6764
Indexed Asset Value	5,827,180	Interest Rate:	10.5000%	Insurance Cost(3):	46,362 1.5245
FRVS Base Asset:	3,420,000	Chase Rate:	10.5000%	Taxes Cost(3):	66,906 2.2001
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	24,724 0.8130
ROE Factor	0.022880	Interest Only:	True	Replacement(3&4):	70,838 0.0000
		Yearly Payment:	486,063	Total FRVS PD:	17.5444

- (1) 80% Capital (\$4,661,744) amortized at 10.5000 % for 20 years Interest of \$486,063 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.3304
- (2) 20% ROE (\$1,165,436) times the ROE factor (0.022880) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6764
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.7665	53.7665	0.9354	52.8311
Direct Care	80.4309	80.4309	1.3993	79.0316
Indirect Care	58.8345	58.8345	1.0236	57.8109
Property	13.6500	17.5444	0.3052	17.2392
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.7369
Supplemental Rate Add-on				9.9025
Totals	206.6819	210.5763	3.6635	236.5522

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,502,123	0.00	1.9179	1.9179		120	21.37	3,502,123	3,352,680	
1985/01		0.10	1.1471	1.1471		120	21.37	3,502,123	3,391,080	
1985/10		0.10	0.8522	0.8522		120	21.37	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	21.37	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	21.37	3,420,000	3,441,840	
1987/01		0.30	1.0091	1.0091		120	44.00	3,428,282	3,503,400	
1987/07		0.30	0.9007	0.9007		120	44.00	3,435,693	3,530,760	
1988/01		0.40	0.9007	0.9007		120	50.00	3,446,946	3,559,440	
1988/07		0.40	0.5899	0.5899		120	47.28	3,453,939	3,557,520	
1989/01		0.50	0.5899	0.5899		120	47.28	3,462,698	3,578,520	
1989/07		0.50	0.5899	0.5899		120	37.69	3,469,698	3,602,760	
1990/01		0.60	0.5899	0.5899		120	37.69	3,478,113	3,620,880	
1990/07		0.60	0.5899	0.5899		120	37.69	3,486,548	3,642,240	
1991/01		0.70	0.5899	0.5899		120	37.69	3,496,413	3,663,600	
1991/07		0.70	1.4932	1.4932		120	37.69	3,521,456	3,718,320	
1992/01		0.80	2.0117	2.0117		120	37.69	3,521,456	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	39.28	3,560,293	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	39.28	3,638,166	3,930,360	
1993/07		0.90	1.5329	1.5329		120	51.71	3,685,356	3,990,600	
1994/01		1.00	1.6983	1.6983		120	51.71	3,744,200	4,058,400	
1994/07		1.00	1.5991	1.5991		120	56.36	3,804,074	4,123,320	
1995/01		1.00	1.5812	1.5812		120	56.36	3,864,224	4,188,480	
1995/07		1.00	1.5250	1.5250		120	64.49	3,923,153	4,252,320	
1996/01		1.00	1.7228	1.7228		120	64.49	3,990,741	4,325,640	
1996/07		1.00	1.3294	1.3294		120	59.48	4,043,794	4,383,120	
1997/01		1.00	1.4109	1.4109		120	59.48	4,100,848	4,444,920	
1997/07		1.00	1.0917	1.0917		120	56.00	4,145,617	4,493,400	
1998/01		1.00	1.1663	1.1663		120	56.00	4,145,617	4,545,840	5
1998/07	30,039	1.00	1.0794	1.0794		120	51.62	4,266,494	4,594,920	
1999/01		1.00	1.4499	1.4499		120	51.62	4,266,494	4,661,520	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	76,050	1.00	1.2299	1.2299		120	68.08	4,453,790	4,718,880	
2000/01	7,596	1.00	1.3356	1.3356		120	68.08	4,461,386	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	68.08	4,571,184	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.08	4,630,500	4,897,800	
2001/07		1.00	0.9615	0.9615		120	68.08	4,675,022	4,944,840	
2002/01		1.00	1.0301	1.0301		120	68.08	4,723,179	4,995,720	
2002/07	32,011	1.00	0.8337	0.8337		120	68.75	4,794,567	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.01	4,858,196	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.01	4,914,862	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.01	4,969,432	5,221,080	
2004/07	34,266	1.00	0.8378	0.8378		120	61.88	5,045,332	5,264,880	
2005/01		0.95	0.8595	0.8595		120	61.88	5,086,527	5,310,120	
2005/07	75,222	0.95	0.7364	0.7364		120	59.82	5,197,334	5,349,240	
2006/01		0.90	0.9068	0.9068		120	59.82	5,239,749	5,397,720	
2006/07		0.90	0.8133	0.8133		120	50.16	5,274,729	5,441,640	
2007/01		0.85	1.0133	1.0133		120	50.16	5,316,162	5,496,720	
2007/07		0.85	1.1050	1.1050		120	58.34	5,366,097	5,557,440	
2008/01		0.80	0.8556	0.8556		120	58.34	5,402,828	5,604,960	
2008/07		0.80	0.6104	0.6104		120	59.26	5,402,828	5,639,160	5
2009/01		0.75	1.3268	1.3268		120	58.92	5,483,236	5,714,040	
2009/07		0.75	0.6841	0.6841		120	58.92	5,511,370	5,753,160	
2010/01		0.70	0.8643	0.8643		120	58.92	5,544,714	5,802,840	
2010/07		0.70	0.7107	0.7107		120	51.95	5,570,769	5,844,120	
2011/01		0.65	0.9198	0.9198		120	46.65	5,599,020	5,897,880	
2011/07		0.65	0.9028	0.9028		120	46.65	5,626,887	5,951,160	
2012/01		0.60	0.3865	0.3865		120	52.95	5,639,449	5,974,200	
2012/07		0.60	0.9417	0.9417		120	52.95	5,670,124	6,030,480	
2013/01		0.55	0.4901	0.4901		120	52.95	5,684,841	6,060,000	
2013/07	45,880	0.55	0.6196	0.6196		120	52.47	5,749,204	6,097,560	
2014/01		0.50	0.8564	0.8564		120	52.47	5,772,690	6,149,760	



Florida Agency for Health Care Administration
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0 001136-00 - 2015/01

236.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	56.96	5,808,434	6,225,960	
2015/01		0.45	0.7571	0.7571		120	52.10	5,827,180	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 001136073120141001201310302014093349



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 001416-00 - 2015/01

211.03

Florida Baptist Retirement Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Church CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1006 33RD ST	1/1/2013-12/31/2013	Number of Beds: 24	Superior: 0
VERO BEACH, FL 32960	Days in CR 365	Maximum: 8,760	Standard: 243
County: Indian River [31]	First Used : 2015/01	Max Annualized: 8,760	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 8,233	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 652	Inflation
Current Class South Small	Initial CR? False	Medicaid: 5,205	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	63.22118%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.98402%	Cost: 1.04340134
Open Date: 01/01/1955	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1955	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/30/2008	Low Occupancy Adjustment Factor:	120.01336%	DC Sem Index: 1.25449501
Med # Active Date: 07/30/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	256,656	424,531	315,564	24,151		1,020,902	
1a	Audit Adjustments							
2	Cost Per Diem	49.3095	81.5622	60.6271	4.6400		196.1388	
3	Cost Per Diem Inflated	51.4496	84.2135	63.2584				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.4496	84.2135	63.2584	4.6400		203.5615	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.2094		86.9117				
7	Provider Target Rate	61.3777		90.0945				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	73.5995		81.3645				
10b	Base for line 10a	70.9994		78.4901				
11	Lesser of 5,7,8,10, 10a	51.4496	84.2135	63.2584	4.6400		203.5615	
12/13	Medical Adjustment Rate		1.2526	0.9409				
14	Prospective Per Diem 11	51.4496	85.4661	64.1993	4.6400		205.7550	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 001416-00 - 2015/01

211.03

Rate Semester 01/01/2015 through 08/31/2015

Florida Baptist Retirement Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/30/2008	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem	
RS to Start Calcs:	1971/07	Type:	None	80% Capital(1):	209,402	1.5743
Indexed Asset Value	261,753	<60% of Base:	True	20% ROE(2):	52,351	0.1245
FRVS Base Asset:	0	Interest Rate:	0.0000%	Insurance Cost(3):	15,452	1.8768
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	0	0.0000
ROE Factor	0.018750	Amortization Rate:	6.0000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	1,850	0.0000
		Yearly Payment:	12,412	Total FRVS PD:		3.5756

(1) 80% Capital (\$209,402) amortized at 6.0000 % for 20 years Interest of \$12,412 divided by annual available days (8760) divided by Occup. Adj. (0.90) = \$1.5743

(2) 20% ROE (\$52,351) times the ROE factor (0.018750) divided by annual available days (8760) divided by Occup. Adj. (0.90) = \$0.1245

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,669
Comparison Date:	01/01/1972	Current RS PBS:	52,276
Comparison Bed	24	Effective PBS Limitation	256,056

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.4496	51.4496	0.8951	50.5545
Direct Care	85.4661	85.4661	1.4869	83.9792
Indirect Care	64.1993	64.1993	1.1169	63.0824
Property	4.6400	3.5756	0.0622	3.5134
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	205.7550	204.6906	3.5611	211.0320

Medicaid Trend Adjustment



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0 001416-00 - 2015/01

211.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07	590,508	0.00	0.6104	0.6104		24	17.10	256,056	256,056	1
2009/01		0.10	1.3268	1.3268		24	17.10	256,056	1,142,808	
2009/07		0.10	0.6841	0.6841		24	17.10	256,056	1,150,632	
2010/01		0.20	0.8643	0.8643		24	17.10	256,056	1,160,568	
2010/07		0.20	0.7107	0.7107		24	17.10	256,056	1,168,824	
2011/01		0.30	0.9198	0.9198		24	17.10	256,056	1,179,576	
2011/07		0.30	0.9028	0.9028		24	17.10	256,056	1,190,232	
2012/01		0.40	0.3865	0.3865		24	27.48	256,254	1,194,840	
2012/07		0.40	0.9417	0.9417		24	27.48	256,736	1,206,096	
2013/01		0.50	0.4901	0.4901		24	35.47	257,142	1,212,000	
2013/07		0.50	0.6196	0.6196		24	35.47	257,656	1,219,512	
2014/01		0.60	0.8564	0.8564		24	46.04	258,764	1,229,952	
2014/07		0.60	1.2383	1.2383		24	46.04	260,373	1,245,192	
2015/01		0.70	0.7571	0.7571		24	63.22	261,753	1,254,624	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 002400-00 - 2015/01

260.49

Village Place Health and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2370 HARBOR BLVD	1/1/2014-8/31/2014	Number of Beds: 104	Superior: 0
PORT CHARLOTTE, FL 33952	Days in CR 243	Maximum: 25,272	Standard: 243
County: Charlotte [8]	First Used : 2015/01	Max Annualized: 37,960	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 23,784	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,767	Inflation
Current Class South Large	Initial CR? False	Medicaid: 11,611	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	48.81853%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.11206%	Cost: 1.02673601
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 09/22/1987	Low Occupancy Adjustment Factor:	120.17686%	DC Sem Index: 1.25449501
Med # Active Date: 09/30/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 317179			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	656,486	1,165,499	724,716	261,248	6,978	2,814,927	
1a	Audit Adjustments							
2	Cost Per Diem	56.5400	100.3789	62.4163	22.5000	0.6010	242.4362	
3	Cost Per Diem Inflated	58.0517	102.6841	64.0851				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.0517	102.6841	64.0851	22.5000	0.6010	247.9219	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	78.1396		75.1124				
7	Provider Target Rate	81.0011		77.8631				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	63.0213		71.1022				
10b	Base for line 10a	60.7949		68.5904				
11	Lesser of 5,7,8,10, 10a	56.7419	99.8648	64.0851	13.6500	0.6010	234.9428	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	99.8648	64.0851	13.6500	0.6010	234.9428	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 002400-00 - 2015/01

260.49

Rate Semester 01/01/2015 through 08/31/2015

Village Place Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/22/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed	80% Capital(1):	4,349,363 12.7783
Indexed Asset Value	5,436,704	<60% of Base:	False	20% ROE(2):	1,087,341 0.7409
FRVS Base Asset:	3,036,280	Interest Rate:	8.0000%	Insurance Cost(3):	48,670 2.0463
Occup Adj Factor	0.9000	Chase Rate:	5.0000%	Taxes Cost(3):	33,131 1.3930
ROE Factor	0.023280	Amortization Rate:	8.0000%	Home Office(3):	21,903 0.9209
		Interest Only:	False	Replacement(3&4):	325,706 0.0000
		Yearly Payment:	436,558	Total FRVS PD:	17.8794

- (1) 80% Capital (\$4,349,363) amortized at 8.0000 % for 20 years Principal & Interest of \$436,558 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$12.7783
- (2) 20% ROE (\$1,087,341) times the ROE factor (0.023280) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.7409
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	104	Effective PBS Limitation	3,036,280

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	64.0851	64.0851	1.1149	62.9702
Property	13.6500	17.8794	0.3111	17.5683
ROE	0.6010	0.6010	0.0105	0.5905
ROE Adjustment	-0.6010	-0.6010	-0.0105	-0.5905
Quality Assess-Medicaid Share				16.1717
Supplemental Rate Add-on				9.9025
Totals	234.3418	238.5712	4.1506	260.4948

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 002400-00 - 2015/01

260.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,658,213	0.00	0.9007	0.9007		104	31.87	3,036,280	3,036,280	1
1988/01		0.10	0.9007	0.9007		104	31.87	3,037,865	3,084,848	
1988/07		0.10	0.5899	0.5899		104	31.87	3,038,904	3,083,184	
1989/01		0.20	0.5899	0.5899		104	31.87	3,040,982	3,101,384	
1989/07		0.20	0.5899	0.5899		104	31.87	3,043,061	3,122,392	
1990/01		0.30	0.5899	0.5899		104	40.33	3,047,011	3,138,096	
1990/07	76,703	0.30	0.5899	0.5899		104	40.33	3,127,669	3,156,608	
1991/01		0.40	0.5899	0.5899		104	40.33	3,133,082	3,175,120	
1991/07	38,259	0.40	1.4932	1.4932		104	42.30	3,185,734	3,222,544	
1992/01		0.50	2.0117	2.0117		104	42.30	3,210,380	3,287,336	
1992/07		0.50	1.8152	1.8152		104	42.61	3,232,954	3,347,032	
1993/01		0.60	1.7710	1.7710		104	42.61	3,259,568	3,406,312	
1993/07	38,684	0.60	1.5329	1.5329		104	37.64	3,318,768	3,458,520	
1994/01		0.70	1.6983	1.6983		104	37.64	3,345,769	3,517,280	
1994/07	35,272	0.70	1.5991	1.5991		104	37.47	3,406,556	3,573,544	
1995/01		0.80	1.5812	1.5812		104	37.47	3,435,914	3,630,016	
1995/07	74,091	0.80	1.5250	1.5250		104	39.55	3,540,148	3,685,344	
1996/01		0.90	1.7228	1.7228		104	39.55	3,579,619	3,748,888	
1996/07	41,088	0.90	1.3294	1.3294		104	45.07	3,655,804	3,798,704	
1997/01		1.00	1.4109	1.4109		104	45.07	3,698,071	3,852,264	
1997/07		1.00	1.0917	1.0917		104	45.07	3,731,154	3,894,280	
1998/01		1.00	1.1663	1.1663		104	45.07	3,766,814	3,939,728	
1998/07	70,974	1.00	1.0794	1.0794		104	50.26	3,874,943	3,982,264	
1999/01		1.00	1.4499	1.4499		104	50.26	3,926,284	4,039,984	
1999/07	27,370	1.00	1.2299	1.2299		104	56.40	4,001,943	4,089,696	
2000/01		1.00	1.3356	1.3356		104	56.40	4,055,393	4,144,296	
2000/07		1.00	1.1129	1.1129		104	53.98	4,099,688	4,190,368	
2001/01		1.00	1.2976	1.2976		104	53.98	4,099,688	4,244,760	5
2001/07	26,358	1.00	0.9615	0.9615		104	48.51	4,213,467	4,285,528	
2002/01	59,423	1.00	1.0301	1.0301		104	49.60	4,312,032	4,329,624	



Florida Agency for Health Care Administration
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0 002400-00 - 2015/01

260.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		104	49.60	4,344,452	4,365,712	
2003/01		1.00	1.3271	1.3271		104	49.60	4,396,447	4,423,640	
2003/07	16,855	1.00	1.1664	1.1664		104	47.48	4,457,571	4,475,224	
2004/01		1.00	1.1103	1.1103		104	47.48	4,500,296	4,524,936	
2004/07		1.00	0.8378	0.8378		104	45.86	4,531,734	4,562,896	
2005/01		1.00	0.8595	0.8595		104	62.60	4,570,684	4,602,104	
2005/07		1.00	0.7364	0.7364		104	62.60	4,604,343	4,636,008	
2006/01		1.00	0.9068	0.9068		104	62.60	4,646,095	4,678,024	11
2006/07		1.00	0.8133	0.8133		104	37.79	4,646,095	4,716,088	12
2007/01		1.00	1.0133	1.0133		104	37.79	4,678,442	4,763,824	
2007/07		1.00	1.1050	1.1050		104	37.79	4,713,962	4,816,448	
2008/01		1.00	0.8556	0.8556		104	37.79	4,741,674	4,857,632	
2008/07	20,868	0.95	0.6104	0.6104		104	42.16	4,783,620	4,887,272	
2009/01	43,674	0.95	1.3268	1.3268		104	42.16	4,873,515	4,952,168	
2009/07	10,885	0.90	0.6841	0.6841		104	42.16	4,907,401	4,986,072	
2010/01		0.90	0.8643	0.8643		104	42.16	4,936,664	5,029,128	
2010/07		0.85	0.7107	0.7107		104	42.16	4,959,524	5,064,904	
2011/01	75,427	0.85	0.9198	0.9198		104	42.16	5,064,673	5,111,496	
2011/07	39,825	0.80	0.9028	0.9028		104	42.47	5,132,742	5,157,672	
2012/01		0.80	0.3865	0.3865		104	42.47	5,144,997	5,177,640	
2012/07	73,656	0.75	0.9417	0.9417		104	40.39	5,226,416	5,226,416	8
2013/01		0.75	0.4901	0.4901		104	40.39	5,240,525	5,252,000	
2013/07		0.70	0.6196	0.6196		104	40.39	5,257,216	5,284,552	
2014/01	133,044	0.70	0.8564	0.8564		104	47.97	5,329,792	5,329,792	8
2014/07	74,103	0.65	1.2383	1.2383		104	46.74	5,395,832	5,395,832	8
2015/01	31,417	0.65	0.7571	0.7571		104	48.82	5,436,704	5,436,704	8

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |
| 8 Limited to Current RS Per Bed Standard |
| 11 Not in Medicaid |
| 12 Re-Entry to Medicaid |



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 005219-00 - 2015/01

229.96

Osceola Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4201 W NEW NOLTE ROAD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
SAINT CLOUD, FL 34772	Days in CR 365	Maximum: 43,800	Standard: 243
County: Osceola [49]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 41,484	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,412	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,068	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	67.65982%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.71233%	Cost: 1.05607860
Open Date: 06/11/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/11/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 10/28/1991	Low Occupancy Adjustment Factor:	120.94338%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 217859			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,194,471	2,176,321	1,524,469	634,056		5,529,317	
1a	Audit Adjustments							
2	Cost Per Diem	42.5563	77.5374	54.3134	22.5900		196.9971	
3	Cost Per Diem Inflated	44.9428	80.4884	57.3592				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9428	80.4884	57.3592	22.5900		205.3804	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5916		64.2041				
7	Provider Target Rate	60.7373		66.5553				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	53.8043		62.5203				
10b	Base for line 10a	51.9035		60.3116				
11	Lesser of 5,7,8,10, 10a	44.9428	80.4884	57.3592	13.6500		196.4404	
12/13	Medical Adjustment Rate		1.5991	1.1396				
14	Prospective Per Diem 11	44.9428	82.0875	58.4988	13.6500		199.1791	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 005219-00 - 2015/01

229.96

Rate Semester 01/01/2015 through 08/31/2015

Osceola Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/28/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	4,552,048 14.3031
Indexed Asset Value	5,690,060	<60% of Base:	False	20% ROE(2):	1,138,012 0.4151
FRVS Base Asset:	3,642,240	Interest Rate:	12.0000%	Insurance Cost(3):	64,152 1.5464
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	50,903 1.2271
ROE Factor	0.014380	Amortization Rate:	11.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	563,829	Total FRVS PD:	17.4917

- (1) 80% Capital (\$4,552,048) amortized at 11.0000 % for 20 years Principal & Interest of \$563,829 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.3031
- (2) 20% ROE (\$1,138,012) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4151
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9428	44.9428	0.7819	44.1609
Direct Care	82.0875	82.0875	1.4281	80.6594
Indirect Care	58.4988	58.4988	1.0177	57.4811
Property	13.6500	17.4917	0.3043	17.1874
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.5694
Supplemental Rate Add-on				9.9025
Totals	199.1791	203.0208	3.5320	229.9607

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	4,933,879	0.00	0.5899	0.5899		120	70.00	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	73.16	3,647,678	3,718,320	
1992/01		0.10	2.0117	2.0117		120	73.16	3,655,017	3,793,080	
1992/07		0.20	1.8152	1.8152		120	73.16	3,668,285	3,861,960	
1993/01		0.20	1.7710	1.7710		120	73.16	3,681,278	3,930,360	
1993/07		0.30	1.5329	1.5329		120	73.16	3,698,208	3,990,600	
1994/01	51,475	0.30	1.6983	1.6983		120	78.35	3,768,525	4,058,400	
1994/07		0.40	1.5991	1.5991		120	78.35	3,792,628	4,123,320	
1995/01	114,606	0.40	1.5812	1.5812		120	75.41	3,931,222	4,188,480	
1995/07		0.50	1.5250	1.5250		120	75.41	3,961,198	4,252,320	
1996/01		0.50	1.7228	1.7228		120	70.02	3,995,320	4,325,640	
1996/07		0.60	1.3294	1.3294		120	70.02	4,027,187	4,383,120	
1997/01	39,152	0.60	1.4109	1.4109		120	72.76	4,100,429	4,444,920	
1997/07		0.70	1.0917	1.0917		120	72.76	4,131,764	4,493,400	
1998/01		0.70	1.1663	1.1663		120	72.49	4,131,764	4,545,840	5
1998/07		0.80	1.0794	1.0794		120	72.49	4,201,465	4,594,920	
1999/01		0.80	1.4499	1.4499		120	66.74	4,250,198	4,661,520	
1999/07		0.90	1.2299	1.2299		120	66.74	4,297,243	4,718,880	
2000/01		0.90	1.3356	1.3356		120	66.74	4,348,896	4,781,880	
2000/07		1.00	1.1129	1.1129		120	66.74	4,397,295	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.74	4,454,354	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.74	4,497,183	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.41	4,543,508	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.41	4,581,387	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.70	4,642,187	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.70	4,696,333	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.02	4,748,476	5,221,080	
2004/07		1.00	0.8378	0.8378		120	66.02	4,788,259	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.32	4,829,414	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.32	4,864,978	5,349,240	



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229.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	59.84	4,909,094	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.84	4,949,020	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.84	4,999,168	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.15	5,054,409	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.15	5,097,655	5,604,960	
2008/07		1.00	0.6104	0.6104		120	69.18	5,128,771	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.97	5,196,820	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.97	5,232,371	5,753,160	
2010/01		1.00	0.8643	0.8643		120	57.97	5,277,594	5,802,840	
2010/07		1.00	0.7107	0.7107		120	57.97	5,315,102	5,844,120	
2011/01		1.00	0.9198	0.9198		120	57.97	5,363,990	5,897,880	
2011/07		0.95	0.9028	0.9028		120	59.10	5,409,997	5,951,160	
2012/01		0.95	0.3865	0.3865		120	59.10	5,429,863	5,974,200	
2012/07		0.90	0.9417	0.9417		120	57.62	5,475,881	6,030,480	
2013/01		0.90	0.4901	0.4901		120	57.62	5,500,035	6,060,000	
2013/07	30,852	0.85	0.6196	0.6196		120	62.51	5,559,856	6,097,560	
2014/01		0.85	0.8564	0.8564		120	62.51	5,600,326	6,149,760	
2014/07		0.80	1.2383	1.2383		120	67.66	5,655,803	6,225,960	
2015/01		0.80	0.7571	0.7571		120	67.66	5,690,060	6,273,120	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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0 005372-00 - 2015/01

235.42

Debary Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
60 N HWY 17/92	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 243
DEBARY, FL 32713	Days in CR 181	Maximum: 21,720	Standard: 0
County: Volusia [64]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 20,299	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,756	Inflation
Current Class North Large	Initial CR? False	Medicaid: 13,442	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	66.22001%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.45764%	Cost: 1.02853242
Open Date: 07/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 07/01/1983	Low Occupancy Adjustment Factor:	119.34119%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213551			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	656,004	1,147,776	766,970	354,869		2,925,619	
1a	Audit Adjustments							
2	Cost Per Diem	48.8026	85.3873	57.0577	26.4000		217.6476	
3	Cost Per Diem Inflated	50.1951	87.4075	58.6857				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.1951	87.4075	58.6857	26.4000		222.6883	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.3401		58.6282				
7	Provider Target Rate	45.9639		60.7752				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	51.1809		62.2453				
10b	Base for line 10a	49.3728		60.0463				
11	Lesser of 5,7,8,10, 10a	45.9639	87.4075	58.6857	13.6500		205.7071	
12/13	Medical Adjustment Rate		1.5950	1.0709				
14	Prospective Per Diem 11	45.9639	89.0025	59.7566	13.6500		208.3730	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Debary Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,008,973.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable	80% Capital(1):	4,018,446	10.5193
Indexed Asset Value	5,023,058	<60% of Base:	False	20% ROE(2):	1,004,612	0.5946
FRVS Base Asset:	1,460,322	Interest Rate:	8.3750%	Insurance Cost(3):	15,446	0.7609
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	21,350	1.0518
ROE Factor	0.023330	Amortization Rate:	8.3750%	Home Office(3):	19,587	0.9649
		Interest Only:	False	Replacement(3&4):	10,084	0.0000
		Yearly Payment:	414,669	Total FRVS PD:		13.8915

- (1) 80% Capital (\$4,018,446) amortized at 8.3750 % for 20 years Principal & Interest of \$414,669 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5193
- (2) 20% ROE (\$1,004,612) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5946
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9639	45.9639	0.7997	45.1642
Direct Care	89.0025	89.0025	1.5484	87.4541
Indirect Care	59.7566	59.7566	1.0396	58.7170
Property	13.6500	13.8915	0.2417	13.6498
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.5335
Supplemental Rate Add-on				9.9025
Totals	208.3730	208.6145	3.6294	235.4211

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	1,318,110	0.00	3.9578	3.0000	0.9578	93	56.58	1,318,110	2,516,766	
1984/01	130,637	0.10	2.2530	2.2530		93	56.58	1,451,717	2,549,409	
1984/07		0.10	1.9179	1.9179		93	56.58	1,454,501	2,598,327	
1985/01		0.20	1.1471	1.1471		93	56.58	1,457,838	2,628,087	
1985/10		0.20	0.8522	0.8522		93	100.00	1,460,322	2,650,500	
1986/01		0.30	0.8299	0.8299		93	54.62	1,463,933	2,672,541	
1986/07		0.30	0.2974	0.2974		93	56.04	1,465,239	2,667,426	
1987/01		0.40	1.0091	1.0091		93	54.20	1,471,067	2,715,135	
1987/07		0.40	0.9007	0.9007		93	54.20	1,476,290	2,736,339	
1988/01		0.50	0.9007	0.9007		93	54.20	1,482,842	2,758,566	
1988/07		0.50	0.5899	0.5899		93	61.10	1,487,216	2,757,078	
1989/01		0.60	0.5899	0.5899		93	58.58	1,492,479	2,773,353	
1989/07		0.60	0.5899	0.5899		93	58.58	1,497,761	2,792,139	
1990/01		0.70	0.5899	0.5899		93	58.58	1,503,945	2,806,182	
1990/07		0.70	0.5899	0.5899		93	57.14	1,510,155	2,822,736	
1991/01		0.80	0.5899	0.5899		93	53.46	1,517,082	2,839,290	
1991/07		0.80	1.4932	1.4932		93	53.46	1,534,698	2,881,698	
1992/01		0.90	2.0117	2.0117		93	52.46	1,561,201	2,939,637	
1992/07		0.90	1.8152	1.8152		93	52.46	1,585,528	2,993,019	
1993/01	17,423	1.00	1.7710	1.7710		93	48.61	1,627,768	3,046,029	
1993/07		1.00	1.5329	1.5329		93	48.61	1,649,821	3,092,715	
1994/01	854,043	1.00	1.6983	1.6983		120	48.46	2,528,551	4,058,400	
1994/07		1.00	1.5991	1.5991		120	48.46	2,564,177	4,123,320	
1995/01		1.00	1.5812	1.5812		120	51.07	2,601,825	4,188,480	
1995/07		1.00	1.5250	1.5250		120	51.07	2,638,668	4,252,320	
1996/01	933,436	1.00	1.7228	1.7228		120	50.86	3,614,141	4,325,640	
1996/07		1.00	1.3294	1.3294		120	50.86	3,658,571	4,383,120	
1997/01		1.00	1.4109	1.4109		120	56.84	3,710,190	4,444,920	
1997/07		1.00	1.0917	1.0917		120	56.84	3,750,694	4,493,400	
1998/01	10,801	1.00	1.1663	1.1663		120	66.32	3,805,239	4,545,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	15,161	1.00	1.0794	1.0794		120	66.32	3,861,474	4,594,920	
1999/01		1.00	1.4499	1.4499		120	66.32	3,917,462	4,661,520	
1999/07		1.00	1.2299	1.2299		120	66.32	3,965,643	4,718,880	
2000/01		1.00	1.3356	1.3356		120	66.32	4,018,608	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.81	4,063,331	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.81	4,116,057	4,897,800	
2001/07		1.00	0.9615	0.9615		120	74.72	4,155,633	4,944,840	
2002/01		1.00	1.0301	1.0301		120	74.72	4,198,440	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.02	4,233,442	5,037,360	
2003/01		1.00	1.3271	1.3271		120	71.02	4,289,624	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.18	4,339,658	5,163,720	
2004/01		0.95	1.1103	1.1103		120	69.18	4,385,433	5,221,080	
2004/07		0.95	0.8378	0.8378		120	67.38	4,420,337	5,264,880	
2005/01		0.90	0.8595	0.8595		120	67.38	4,454,533	5,310,120	
2005/07		0.90	0.7364	0.7364		120	69.37	4,484,058	5,349,240	
2006/01		0.85	0.9068	0.9068		120	69.37	4,518,621	5,397,720	
2006/07		0.85	0.8133	0.8133		120	66.14	4,549,858	5,441,640	
2007/01		0.80	1.0133	1.0133		120	66.14	4,586,739	5,496,720	
2007/07	23,676	0.80	1.1050	1.1050		120	65.23	4,650,962	5,557,440	
2008/01		0.75	0.8556	0.8556		120	65.23	4,680,807	5,604,960	
2008/07		0.75	0.6104	0.6104		120	61.50	4,702,236	5,639,160	
2009/01		0.70	1.3268	1.3268		120	61.50	4,745,910	5,714,040	
2009/07		0.70	0.6841	0.6841		120	61.50	4,768,638	5,753,160	
2010/01		0.65	0.8643	0.8643		120	61.50	4,795,428	5,802,840	
2010/07		0.65	0.7107	0.7107		120	61.50	4,817,583	5,844,120	
2011/01		0.60	0.9198	0.9198		120	61.50	4,844,171	5,897,880	
2011/07		0.60	0.9028	0.9028		120	61.50	4,870,412	5,951,160	
2012/01		0.55	0.3865	0.3865		120	69.62	4,880,766	5,974,200	
2012/07	27,568	0.55	0.9417	0.9417		120	67.35	4,933,611	6,030,480	
2013/01		0.50	0.4901	0.4901		120	67.35	4,945,703	6,060,000	



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0 005372-00 - 2015/01

235.42

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	67.35	4,961,025	6,097,560	
2014/01		0.45	0.8564	0.8564		120	69.05	4,980,145	6,149,760	
2014/07		0.45	1.2383	1.2383		120	69.05	5,007,894	6,225,960	
2015/01		0.40	0.7571	0.7571		120	66.22	5,023,058	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005372063020140101201410122014133247



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005374-00 - 2015/01

235.51

Flagler Pines

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
300 DR CARTER BOULEVARD	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
BUNNELL, FL 32110	Days in CR 181	Maximum: 21,720	Standard: 243
County: Flagler [18]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 20,054	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,775	Inflation
Current Class North Large	Initial CR? False	Medicaid: 10,632	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	53.01685%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.32965%	Cost: 1.02853242
Open Date: 11/25/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/25/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 11/25/1985	Low Occupancy Adjustment Factor:	117.90080%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213519			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	482,817	926,820	634,362	269,734		2,313,733	
1a	Audit Adjustments							
2	Cost Per Diem	45.4117	87.1727	59.6653	25.3700		217.6197	
3	Cost Per Diem Inflated	46.7074	89.2352	61.3677				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.7074	89.2352	61.3677	25.3700		222.6803	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.8970		61.4404				
7	Provider Target Rate	45.5045		63.6904				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.7454		62.3017				
10b	Base for line 10a	47.9880		60.1008				
11	Lesser of 5,7,8,10, 10a	45.5045	89.2352	61.3677	13.6500		209.7574	
12/13	Medical Adjustment Rate		0.3029	0.2083				
14	Prospective Per Diem 11	45.5045	89.5381	61.5760	13.6500		210.2686	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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235.51

Rate Semester 01/01/2015 through 08/31/2015

Flagler Pines

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/2004	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,100,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,347,136	10.8660
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	836,784	0.4952
Indexed Asset Value	4,183,920	Interest Rate:	11.5000%	Insurance Cost(3):	16,656	0.8306
FRVS Base Asset:	2,444,854	Chase Rate:	8.5000%	Taxes Cost(3):	16,644	0.8300
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	19,909	0.9928
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	5,484	0.0000
		Yearly Payment:	428,338	Total FRVS PD:		14.0146

(1) 80% Capital (\$3,347,136) amortized at 11.5000 % for 20 years Principal & Interest of \$428,338 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.8660

(2) 20% ROE (\$836,784) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4952

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.5045	45.5045	0.7917	44.7128
Direct Care	89.5381	89.5381	1.5577	87.9804
Indirect Care	61.5760	61.5760	1.0713	60.5047
Property	13.6500	14.0146	0.2438	13.7708
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.6396
Supplemental Rate Add-on				9.9025
Totals	210.2686	210.6332	3.6645	235.5108

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 005374-00 - 2015/01

235.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	2,444,854	0.00	0.8522	0.8522		100	57.78	2,444,854	2,850,000	
1986/01		0.10	0.8299	0.8299		100	57.78	2,446,883	2,873,700	
1986/07		0.10	0.2974	0.2974		100	57.78	2,447,610	2,868,200	
1987/01		0.20	1.0091	1.0091		100	57.78	2,452,549	2,919,500	
1987/07		0.20	0.9007	0.9007		100	57.78	2,456,966	2,942,300	
1988/01		0.30	0.9007	0.9007		100	57.78	2,463,605	2,966,200	
1988/07		0.30	0.5899	0.5899		100	73.05	2,467,966	2,964,600	
1989/01		0.40	0.5899	0.5899		100	73.05	2,473,790	2,982,100	
1989/07	34,275	0.40	0.5899	0.5899		100	73.05	2,513,903	3,002,300	
1990/01		0.50	0.5899	0.5899		100	73.05	2,521,319	3,017,400	
1990/07		0.50	0.5899	0.5899		100	73.05	2,528,757	3,035,200	
1991/01		0.60	0.5899	0.5899		100	73.05	2,537,706	3,053,000	
1991/07		0.60	1.4932	1.4932		100	69.71	2,560,441	3,098,600	
1992/01		0.70	2.0117	2.0117		100	69.71	2,596,497	3,160,900	
1992/07	22,106	0.70	1.8152	1.8152		100	70.29	2,651,594	3,218,300	
1993/01		0.80	1.7710	1.7710		100	70.29	2,689,162	3,275,300	
1993/07	28,410	0.80	1.5329	1.5329		120	72.52	2,750,549	3,990,600	
1994/01		0.90	1.6983	1.6983		120	72.52	2,792,591	4,058,400	
1994/07		0.90	1.5991	1.5991		120	78.96	2,832,782	4,123,320	
1995/01		1.00	1.5812	1.5812		120	78.96	2,877,574	4,188,480	
1995/07		1.00	1.5250	1.5250		120	80.15	2,921,457	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.15	2,971,788	4,325,640	
1996/07		1.00	1.3294	1.3294		120	83.25	3,011,295	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.25	3,053,781	4,444,920	
1997/07		1.00	1.0917	1.0917		120	87.33	3,087,119	4,493,400	
1998/01	18,277	1.00	1.1663	1.1663		120	83.55	3,141,401	4,545,840	
1998/07	16,700	1.00	1.0794	1.0794		120	83.55	3,192,009	4,594,920	
1999/01		1.00	1.4499	1.4499		120	83.55	3,238,290	4,661,520	
1999/07		1.00	1.2299	1.2299		120	83.55	3,278,118	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.55	3,321,901	4,781,880	



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0 005374-00 - 2015/01

235.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	83.55	3,358,870	4,835,040	
2001/01		1.00	1.2976	1.2976		120	82.46	3,402,455	4,897,800	
2001/07		1.00	0.9615	0.9615		120	82.46	3,402,455	4,944,840	5
2002/01		1.00	1.0301	1.0301		120	81.45	3,470,556	4,995,720	
2002/07		1.00	0.8337	0.8337		120	81.45	3,499,490	5,037,360	
2003/01		1.00	1.3271	1.3271		120	78.76	3,545,932	5,104,200	
2003/07		1.00	1.1664	1.1664		120	78.76	3,587,292	5,163,720	
2004/01		1.00	1.1103	1.1103		120	80.27	3,627,122	5,221,080	
2004/07		1.00	0.8378	0.8378		120	80.27	3,657,510	5,264,880	
2005/01		1.00	0.8595	0.8595		120	78.35	3,688,946	5,310,120	
2005/07		1.00	0.7364	0.7364		120	78.35	3,716,111	5,349,240	
2006/01		0.95	0.9068	0.9068		120	70.47	3,748,125	5,397,720	
2006/07		0.95	0.8133	0.8133		120	70.47	3,777,083	5,441,640	
2007/01		0.90	1.0133	1.0133		120	73.00	3,811,530	5,496,720	
2007/07		0.90	1.1050	1.1050		120	73.00	3,849,436	5,557,440	
2008/01		0.85	0.8556	0.8556		120	73.00	3,877,433	5,604,960	
2008/07		0.85	0.6104	0.6104		120	63.64	3,897,549	5,639,160	
2009/01		0.80	1.3268	1.3268		120	63.64	3,938,918	5,714,040	
2009/07		0.80	0.6841	0.6841		120	63.64	3,960,476	5,753,160	
2010/01		0.75	0.8643	0.8643		120	63.64	3,986,148	5,802,840	
2010/07		0.75	0.7107	0.7107		120	63.64	4,007,394	5,844,120	
2011/01		0.70	0.9198	0.9198		120	63.64	4,033,198	5,897,880	
2011/07		0.70	0.9028	0.9028		120	63.64	4,058,688	5,951,160	
2012/01		0.65	0.3865	0.3865		120	60.57	4,068,883	5,974,200	
2012/07		0.65	0.9417	0.9417		120	60.10	4,093,789	6,030,480	
2013/01		0.60	0.4901	0.4901		120	60.10	4,105,829	6,060,000	
2013/07		0.60	0.6196	0.6196		120	60.10	4,121,094	6,097,560	
2014/01		0.55	0.8564	0.8564		120	59.11	4,140,504	6,149,760	
2014/07		0.55	1.2383	1.2383		120	56.22	4,168,705	6,225,960	
2015/01		0.50	0.7571	0.7571		120	53.02	4,183,920	6,273,120	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005379-00 - 2015/01

233.49

Longwood Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1520 S GRANT ST	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
LONGWOOD, FL 32750	Days in CR 181	Maximum: 21,720	Standard: 243
County: Seminole [59]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 20,747	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,712	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 14,668	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	70.69938%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.52026%	Cost: 1.02853242
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	121.97507%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214159			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	659,149	1,148,666	912,085	377,848		3,097,748	
1a	Audit Adjustments							
2	Cost Per Diem	44.9379	78.3110	62.1820	25.7600		211.1909	
3	Cost Per Diem Inflated	46.2201	80.1638	63.9562				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.2201	80.1638	63.9562	25.7600		216.1001	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.5787		61.7768				
7	Provider Target Rate	48.2845		64.0391				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	53.1946		64.2310				
10b	Base for line 10a	51.3154		61.9619				
11	Lesser of 5,7,8,10, 10a	46.2201	80.1638	63.5578	13.6500		203.5917	
12/13	Medical Adjustment Rate		1.8668	1.4801				
14	Prospective Per Diem 11	46.2201	82.0306	65.0379	13.6500		206.9386	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 005379-00 - 2015/01

233.49

Rate Semester 01/01/2015 through 08/31/2015

Longwood Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/29/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,285,679.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,360,224 8.3579
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	840,056 0.4972
Indexed Asset Value	4,200,280	Interest Rate:	7.6872%	Insurance Cost(3):	12,762 0.6151
FRVS Base Asset:	2,415,321	Chase Rate:	7.7500%	Taxes Cost(3):	26,694 1.2866
Occup Adj Factor	0.9000	Amortization Rate:	7.6872%	Home Office(3):	19,385 0.9344
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	18,987 0.0000
		Yearly Payment:	329,468	Total FRVS PD:	11.6912

- (1) 80% Capital (\$3,360,224) amortized at 7.6872 % for 20 years Principal & Interest of \$329,468 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.3579
- (2) 20% ROE (\$840,056) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4972
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2201	46.2201	0.8041	45.4160
Direct Care	82.0306	82.0306	1.4271	80.6035
Indirect Care	65.0379	65.0379	1.1315	63.9064
Property	13.6500	11.6912	0.2034	11.4878
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1779
Supplemental Rate Add-on				9.9025
Totals	206.9386	204.9798	3.5661	233.4941

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 005379-00 - 2015/01

233.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,350,505	0.00	2.6288	2.6288		120	71.61	2,350,505	3,123,840	
1983/07	12,034	0.10	3.9578	3.0000	0.9578	120	71.61	2,369,591	3,247,440	
1984/01	1,029	0.10	2.2530	2.2530		120	78.35	2,375,959	3,289,560	
1984/07	8,922	0.20	1.9179	1.9179		120	78.35	2,393,995	3,352,680	
1985/01	8,411	0.20	1.1471	1.1471		120	78.35	2,407,898	3,391,080	
1985/10	1,266	0.30	0.8522	0.8522		120	78.35	2,415,321	3,420,000	
1986/01		0.30	0.8299	0.8299		120	84.97	2,421,335	3,448,440	
1986/07		0.40	0.2974	0.2974		120	84.97	2,424,216	3,441,840	
1987/01		0.40	1.0091	1.0091		120	85.74	2,434,000	3,503,400	
1987/07		0.50	0.9007	0.9007		120	85.74	2,444,963	3,530,760	
1988/01		0.50	0.9007	0.9007		120	85.04	2,455,975	3,559,440	
1988/07		0.60	0.5899	0.5899		120	85.04	2,464,667	3,557,520	
1989/01		0.60	0.5899	0.5899		120	78.85	2,473,389	3,578,520	
1989/07		0.70	0.5899	0.5899		120	78.85	2,483,602	3,602,760	
1990/01		0.70	0.5899	0.5899		120	76.77	2,493,857	3,620,880	
1990/07		0.80	0.5899	0.5899		120	76.77	2,505,626	3,642,240	
1991/01		0.80	0.5899	0.5899		120	75.18	2,505,626	3,663,600	5
1991/07		0.90	1.4932	1.4932		120	75.18	2,551,282	3,718,320	
1992/01		0.90	2.0117	2.0117		120	78.60	2,597,473	3,793,080	
1992/07		1.00	1.8152	1.8152		120	78.60	2,644,622	3,861,960	
1993/01	33,868	1.00	1.7710	1.7710		120	76.39	2,725,326	3,930,360	
1993/07		1.00	1.5329	1.5329		120	76.39	2,767,103	3,990,600	
1994/01		1.00	1.6983	1.6983		120	72.19	2,814,097	4,058,400	
1994/07		1.00	1.5991	1.5991		120	72.19	2,859,097	4,123,320	
1995/01		1.00	1.5812	1.5812		120	72.72	2,904,305	4,188,480	
1995/07		1.00	1.5250	1.5250		120	72.72	2,948,596	4,252,320	
1996/01	27,486	1.00	1.7228	1.7228		120	70.62	2,976,082	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	70.62	3,026,880	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	75.42	3,067,119	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	75.42	3,144,349	4,493,400	



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233.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	75.97	3,181,022	4,545,840	
1998/07		1.00	1.0794	1.0794		120	75.97	3,215,358	4,594,920	
1999/01	66,165	1.00	1.4499	1.4499		120	80.16	3,281,523	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	80.16	3,369,075	4,718,880	
2000/01		1.00	1.3356	1.3356		120	80.16	3,414,072	4,781,880	
2000/07		1.00	1.1129	1.1129		120	80.16	3,452,067	4,835,040	
2001/01		1.00	1.2976	1.2976		120	80.16	3,496,861	4,897,800	
2001/07		1.00	0.9615	0.9615		120	76.48	3,530,483	4,944,840	
2002/01		1.00	1.0301	1.0301		120	76.48	3,566,851	4,995,720	
2002/07		1.00	0.8337	0.8337		120	70.69	3,596,588	5,037,360	
2003/01		1.00	1.3271	1.3271		120	70.69	3,644,318	5,104,200	
2003/07		0.95	1.1664	1.1664		120	60.52	3,644,318	5,163,720	5
2004/01		0.95	1.1103	1.1103		120	60.52	3,723,567	5,221,080	
2004/07		0.90	0.8378	0.8378		120	63.62	3,751,643	5,264,880	
2005/01		0.90	0.8595	0.8595		120	63.62	3,780,666	5,310,120	
2005/07		0.85	0.7364	0.7364		120	68.18	3,804,329	5,349,240	
2006/01		0.85	0.9068	0.9068		120	68.18	3,833,653	5,397,720	
2006/07		0.80	0.8133	0.8133		120	68.06	3,858,595	5,441,640	
2007/01		0.80	1.0133	1.0133		120	68.06	3,889,873	5,496,720	
2007/07		0.75	1.1050	1.1050		120	66.53	3,922,112	5,557,440	
2008/01		0.75	0.8556	0.8556		120	66.53	3,947,280	5,604,960	
2008/07		0.70	0.6104	0.6104		120	64.81	3,964,147	5,639,160	
2009/01		0.70	1.3268	1.3268		120	64.81	4,000,966	5,714,040	
2009/07		0.65	0.6841	0.6841		120	64.81	4,018,758	5,753,160	
2010/01		0.65	0.8643	0.8643		120	64.81	4,041,335	5,802,840	
2010/07		0.60	0.7107	0.7107		120	64.81	4,058,567	5,844,120	
2011/01		0.60	0.9198	0.9198		120	64.81	4,080,966	5,897,880	
2011/07		0.55	0.9028	0.9028		120	64.81	4,101,228	5,951,160	
2012/01		0.55	0.3865	0.3865		120	64.93	4,109,947	5,974,200	
2012/07		0.50	0.9417	0.9417		120	64.93	4,129,301	6,030,480	



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233.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	70.70	4,139,422	6,060,000	
2013/07		0.45	0.6196	0.6196		120	66.61	4,150,963	6,097,560	
2014/01		0.45	0.8564	0.8564		120	66.61	4,166,961	6,149,760	
2014/07		0.40	1.2383	1.2383		120	66.61	4,187,600	6,225,960	
2015/01		0.40	0.7571	0.7571		120	70.70	4,200,280	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005379063020140101201410132014132230



Florida Agency for Health Care Administration
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0 005380-00 - 2015/01

243.19

The Rehabilitation Center of Winter Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1700 MONROE AVE	1/1/2014-6/30/2014	Number of Beds: 180	Superior: 0
MAITLAND, FL 32751	Days in CR 181	Maximum: 32,580	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 25,434	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,208	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 17,177	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	67.53558%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	78.06630%	Cost: 1.02853242
Open Date: 03/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 03/01/1983	Low Occupancy Adjustment Factor:	99.68715%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214167			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	835,297	1,403,273	1,089,603	394,899		3,723,072
1a	Audit Adjustments						
2	Cost Per Diem	48.6288	81.6949	63.4338	22.9900		216.7475
3	Cost Per Diem Inflated	50.0163	83.6278	65.2437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0163	83.6278	65.2437	22.9900		221.8778
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4823		63.8168			
7	Provider Target Rate	57.5141		66.1538			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	58.0755		65.9031			
10b	Base for line 10a	56.0239		63.5749			
11	Lesser of 5,7,8,10, 10a	50.0163	83.6278	63.5578	13.6500		210.8519
12/13	Medical Adjustment Rate		1.6498	1.2538			
14	Prospective Per Diem 11	50.0163	85.2776	64.8116	13.6500		213.7555
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

The Rehabilitation Center of Winter Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,800,000.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	4,934,895 12.9780
Indexed Asset Value	6,168,619	<60% of Base:	False	20% ROE(2):	1,233,724 0.4868
FRVS Base Asset:	3,384,742	Interest Rate:	14.7160%	Insurance Cost(3):	18,901 0.7431
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	31,858 1.2526
ROE Factor	0.023330	Amortization Rate:	14.7160%	Home Office(3):	21,531 0.8465
		Interest Only:	False	Replacement(3&4):	9,398 0.0000
		Yearly Payment:	767,389	Total FRVS PD:	16.3070

- (1) 80% Capital (\$4,934,895) amortized at 14.7160 % for 20 years Principal & Interest of \$767,389 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.9780
- (2) 20% ROE (\$1,233,724) times the ROE factor (0.023330) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4868
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.0163	50.0163	0.8702	49.1461
Direct Care	85.2776	85.2776	1.4836	83.7940
Indirect Care	64.8116	64.8116	1.1276	63.6840
Property	13.6500	16.3070	0.2837	16.0233
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.6399
Supplemental Rate Add-on				9.9025
Totals	213.7555	216.4125	3.7651	243.1898

Medicaid Trend Adjustment



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243.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	3,276,345	0.00	2.6288	2.6288		170	79.78	3,276,345	4,425,440	
1983/07		0.10	3.9578	3.0000	0.9578	170	79.78	3,286,174	4,600,540	
1984/01	45,459	0.10	2.2530	2.2530		170	79.78	3,339,037	4,660,210	
1984/07		0.20	1.9179	1.9179		170	79.78	3,351,846	4,749,630	
1985/01	16,574	0.20	1.1471	1.1471		170	79.78	3,376,109	4,804,030	
1985/10		0.30	0.8522	0.8522		170	79.78	3,384,742	4,845,000	
1986/01		0.30	0.8299	0.8299		170	83.31	3,393,170	4,885,290	
1986/07		0.40	0.2974	0.2974		170	83.31	3,397,208	4,875,940	
1987/01		0.40	1.0091	1.0091		170	81.03	3,410,919	4,963,150	
1987/07		0.50	0.9007	0.9007		170	81.03	3,426,282	5,001,910	
1988/01		0.50	0.9007	0.9007		180	82.84	3,441,714	5,339,160	
1988/07		0.60	0.5899	0.5899		180	82.84	3,453,894	5,336,280	
1989/01		0.60	0.5899	0.5899		180	82.10	3,466,117	5,367,780	
1989/07		0.70	0.5899	0.5899		180	82.10	3,480,429	5,404,140	
1990/01		0.70	0.5899	0.5899		180	78.48	3,494,800	5,431,320	
1990/07		0.80	0.5899	0.5899		180	78.48	3,511,292	5,463,360	
1991/01		0.80	0.5899	0.5899		180	79.62	3,527,862	5,495,400	
1991/07		0.90	1.4932	1.4932		180	79.62	3,575,273	5,577,480	
1992/01	55,847	0.90	2.0117	2.0117		180	82.96	3,695,850	5,689,620	
1992/07		1.00	1.8152	1.8152		180	82.96	3,762,937	5,792,940	
1993/01	87,872	1.00	1.7710	1.7710		180	75.67	3,917,451	5,895,540	
1993/07		1.00	1.5329	1.5329		180	75.67	3,977,502	5,985,900	
1994/01	43,990	1.00	1.6983	1.6983		180	65.04	4,089,042	6,087,600	
1994/07		1.00	1.5991	1.5991		180	65.04	4,154,430	6,184,980	
1995/01	34,140	1.00	1.5812	1.5812		180	68.80	4,254,260	6,282,720	
1995/07		1.00	1.5250	1.5250		180	68.80	4,319,137	6,378,480	
1996/01	42,604	1.00	1.7228	1.7228		180	75.15	4,436,151	6,488,460	
1996/07		1.00	1.3294	1.3294		180	75.15	4,495,125	6,574,680	
1997/01	36,815	1.00	1.4109	1.4109		180	74.35	4,531,940	6,667,380	5
1997/07		1.00	1.0917	1.0917		180	74.35	4,595,362	6,740,100	5



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243.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		180	77.95	4,645,530	6,818,760	5
1998/07		1.00	1.0794	1.0794		180	77.95	4,750,440	6,892,380	
1999/01	36,178	1.00	1.4499	1.4499		180	87.34	4,786,618	6,992,280	5
1999/07		1.00	1.2299	1.2299		180	87.34	4,915,213	7,078,320	
2000/01		1.00	1.3356	1.3356		180	87.34	4,980,861	7,172,820	
2000/07		1.00	1.1129	1.1129		180	87.34	5,036,293	7,252,560	
2001/01		1.00	1.2976	1.2976		180	87.34	5,101,644	7,346,700	
2001/07		1.00	0.9615	0.9615		180	85.88	5,150,696	7,417,260	
2002/01		1.00	1.0301	1.0301		180	83.27	5,203,753	7,493,580	
2002/07		1.00	0.8337	0.8337		180	83.27	5,247,137	7,556,040	
2003/01		1.00	1.3271	1.3271		180	86.59	5,316,772	7,656,300	
2003/07		0.95	1.1664	1.1664		180	86.59	5,375,687	7,745,580	
2004/01		0.95	1.1103	1.1103		180	85.05	5,432,390	7,831,620	
2004/07		0.90	0.8378	0.8378		180	85.05	5,473,350	7,897,320	
2005/01		0.90	0.8595	0.8595		180	81.75	5,515,692	7,965,180	
2005/07		0.85	0.7364	0.7364		180	81.75	5,550,215	8,023,860	
2006/01		0.85	0.9068	0.9068		180	80.27	5,592,996	8,096,580	
2006/07		0.80	0.8133	0.8133		180	80.27	5,629,384	8,162,460	
2007/01		0.80	1.0133	1.0133		180	72.23	5,675,016	8,245,080	
2007/07		0.75	1.1050	1.1050		180	72.23	5,675,016	8,336,160	5
2008/01		0.75	0.8556	0.8556		180	72.23	5,758,769	8,407,440	
2008/07		0.70	0.6104	0.6104		180	67.55	5,783,376	8,458,740	
2009/01		0.70	1.3268	1.3268		180	67.55	5,837,092	8,571,060	
2009/07		0.65	0.6841	0.6841		180	67.55	5,863,050	8,629,740	
2010/01		0.65	0.8643	0.8643		180	67.55	5,895,989	8,704,260	
2010/07		0.60	0.7107	0.7107		180	67.55	5,921,129	8,766,180	
2011/01		0.60	0.9198	0.9198		180	67.55	5,953,808	8,846,820	
2011/07		0.55	0.9028	0.9028		180	67.55	5,983,369	8,926,740	
2012/01	39,865	0.55	0.3865	0.3865		180	66.73	6,035,955	8,961,300	
2012/07		0.50	0.9417	0.9417		180	66.73	6,064,378	9,045,720	



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243.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		180	68.56	6,079,242	9,090,000	
2013/07		0.45	0.6196	0.6196		180	68.56	6,096,191	9,146,340	
2014/01		0.45	0.8564	0.8564		180	69.82	6,119,686	9,224,640	
2014/07		0.40	1.2383	1.2383		180	69.82	6,149,997	9,338,940	
2015/01		0.40	0.7571	0.7571		180	67.54	6,168,619	9,409,680	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005380063020140101201410132014150000



Florida Agency for Health Care Administration
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0 005381-00 - 2015/01

245.59

Brynwood Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1656 SOUTH JEFFERSON STREET	1/1/2014-6/30/2014	Number of Beds: 97	Superior: 0
MONTICELLO, FL 32344	Days in CR 181	Maximum: 17,557	Standard: 243
County: Jefferson [33]	First Used : 2015/01	Max Annualized: 35,405	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 15,721	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,059	Inflation
Current Class North Small	Initial CR? False	Medicaid: 11,798	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization	75.04612%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.54263%	Cost: 1.02853242
Open Date: 04/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 04/01/1987	Low Occupancy Adjustment Factor:	114.34190%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 253855			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	581,598	1,033,960	671,436	290,231		2,577,225	
1a	Audit Adjustments							
2	Cost Per Diem	49.2963	87.6386	56.9110	24.6000		218.4459	
3	Cost Per Diem Inflated	50.7028	89.7121	58.5348				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7028	89.7121	58.5348	24.6000		223.5497	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.6548		57.5320				
7	Provider Target Rate	48.3633		59.6389				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	51.6414		64.7031				
10b	Base for line 10a	49.8171		62.4173				
11	Lesser of 5,7,8,10, 10a	48.3633	89.7121	58.5348	13.6500		210.2602	
12/13	Medical Adjustment Rate		2.5278	1.6493				
14	Prospective Per Diem 11	48.3633	92.2399	60.1841	13.6500		214.4373	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 005381-00 - 2015/01

245.59

Rate Semester 01/01/2015 through 08/31/2015

Brynwood Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2002	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,684,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,921,374	10.9470
RS to Start Calcs:	1987/01	<60% of Base:	False	20% ROE(2):	730,343	0.5347
Indexed Asset Value	3,651,717	Interest Rate:	10.4500%	Insurance Cost(3):	10,783	0.6859
FRVS Base Asset:	1,720,920	Chase Rate:	10.0000%	Taxes Cost(3):	18,202	1.1578
Occup Adj Factor	0.9000	Amortization Rate:	10.4500%	Home Office(3):	17,891	1.1380
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	4,850	0.0000
		Yearly Payment:	348,820	Total FRVS PD:		14.4634

(1) 80% Capital (\$2,921,374) amortized at 10.4500 % for 20 years Principal & Interest of \$348,820 divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$10.9470

(2) 20% ROE (\$730,343) times the ROE factor (0.023330) divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$0.5347

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.3633	48.3633	0.8414	47.5219
Direct Care	92.2399	92.2399	1.6048	90.6351
Indirect Care	60.1841	60.1841	1.0471	59.1370
Property	13.6500	14.4634	0.2516	14.2118
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1784
Supplemental Rate Add-on				9.9025
Totals	214.4373	215.2507	3.7449	245.5867

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 005381-00 - 2015/01

245.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	1,825,295	0.00	1.0091	1.0091		60	81.94	1,720,920	1,720,920	1
1987/07		0.10	0.9007	0.9007		60	81.94	1,722,471	1,765,380	
1988/01		0.10	0.9007	0.9007		60	81.94	1,724,023	1,779,720	
1988/07		0.20	0.5899	0.5899		97	91.11	1,726,057	2,875,662	
1989/01		0.20	0.5899	0.5899		97	91.11	1,728,094	2,892,637	
1989/07		0.30	0.5899	0.5899		97	91.11	1,731,153	2,912,231	
1990/01	528,216	0.30	0.5899	0.5899		97	91.11	2,262,433	2,926,878	
1990/07		0.40	0.5899	0.5899		97	91.11	2,267,772	2,944,144	
1991/01		0.40	0.5899	0.5899		97	91.11	2,273,124	2,961,410	
1991/07		0.50	1.4932	1.4932		97	91.11	2,290,095	3,005,642	
1992/01		0.50	2.0117	2.0117		97	91.11	2,313,131	3,066,073	
1992/07		0.60	1.8152	1.8152		97	85.27	2,338,323	3,121,751	
1993/01		0.60	1.7710	1.7710		97	85.27	2,363,170	3,177,041	
1993/07		0.70	1.5329	1.5329		97	86.12	2,388,527	3,225,735	
1994/01		0.70	1.6983	1.6983		97	86.12	2,416,922	3,280,540	
1994/07		0.80	1.5991	1.5991		97	86.14	2,447,842	3,333,017	
1995/01		0.80	1.5812	1.5812		97	88.82	2,478,807	3,385,688	
1995/07		0.90	1.5250	1.5250		97	88.82	2,512,829	3,437,292	
1996/01		0.90	1.7228	1.7228		97	89.89	2,551,790	3,496,559	
1996/07		1.00	1.3294	1.3294		97	89.89	2,585,713	3,543,022	
1997/01	26,942	1.00	1.4109	1.4109		97	86.82	2,649,137	3,592,977	
1997/07		1.00	1.0917	1.0917		97	86.82	2,678,058	3,632,165	
1998/01	14,632	1.00	1.1663	1.1663		97	88.14	2,723,924	3,674,554	
1998/07		1.00	1.0794	1.0794		97	88.14	2,753,326	3,714,227	
1999/01		1.00	1.4499	1.4499		97	83.32	2,793,246	3,768,062	
1999/07		1.00	1.2299	1.2299		97	83.32	2,827,600	3,814,428	
2000/01		1.00	1.3356	1.3356		97	83.32	2,865,365	3,865,353	
2000/07		1.00	1.1129	1.1129		97	86.64	2,897,254	3,908,324	
2001/01		1.00	1.2976	1.2976		97	86.64	2,934,849	3,959,055	
2001/07		1.00	0.9615	0.9615		97	86.64	2,963,068	3,997,079	



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245.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		97	90.70	2,993,591	4,038,207	
2002/07		1.00	0.8337	0.8337		97	90.70	3,018,549	4,071,866	
2003/01		1.00	1.3271	1.3271		97	90.70	3,058,608	4,125,895	
2003/07		1.00	1.1664	1.1664		97	90.70	3,094,284	4,174,007	
2004/01		1.00	1.1103	1.1103		97	84.98	3,128,640	4,220,373	
2004/07		1.00	0.8378	0.8378		97	84.98	3,154,852	4,255,778	
2005/01		1.00	0.8595	0.8595		97	76.64	3,181,968	4,292,347	
2005/07		1.00	0.7364	0.7364		97	76.64	3,205,400	4,323,969	
2006/01		1.00	0.9068	0.9068		97	78.06	3,234,467	4,363,157	
2006/07		1.00	0.8133	0.8133		97	78.06	3,260,773	4,398,659	
2007/01		1.00	1.0133	1.0133		97	77.16	3,293,814	4,443,182	
2007/07		0.95	1.1050	1.1050		97	77.16	3,328,392	4,492,264	
2008/01		0.95	0.8556	0.8556		97	77.16	3,355,445	4,530,676	
2008/07		0.90	0.6104	0.6104		97	77.17	3,373,880	4,558,321	
2009/01		0.90	1.3268	1.3268		97	77.17	3,414,168	4,618,849	
2009/07		0.85	0.6841	0.6841		97	77.17	3,434,021	4,650,471	
2010/01		0.85	0.8643	0.8643		97	77.17	3,459,251	4,690,629	
2010/07		0.80	0.7107	0.7107		97	77.17	3,478,920	4,723,997	
2011/01		0.80	0.9198	0.9198		97	77.17	3,504,518	4,767,453	
2011/07		0.75	0.9028	0.9028		97	77.17	3,528,247	4,810,521	
2012/01		0.75	0.3865	0.3865		97	73.61	3,538,475	4,829,145	
2012/07		0.70	0.9417	0.9417		97	73.52	3,561,801	4,874,638	
2013/01		0.70	0.4901	0.4901		97	73.52	3,574,022	4,898,500	
2013/07		0.65	0.6196	0.6196		97	73.52	3,588,415	4,928,861	
2014/01		0.65	0.8564	0.8564		97	71.04	3,608,392	4,971,056	
2014/07		0.60	1.2383	1.2383		97	71.04	3,635,202	5,032,651	
2015/01		0.60	0.7571	0.7571		97	75.05	3,651,717	5,070,772	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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0 005383-00 - 2015/01

228.54

Nursing Pavilion at Chipola Retirement Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4294 3RD AVENUE	1/1/2014-6/30/2014	Number of Beds: 60	Superior: 0
MARIANNA, FL 32446	Days in CR 181	Maximum: 10,860	Standard: 243
County: Jackson [32]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 9,969	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,063	Inflation
Current Class North Small	Initial CR? False	Medicaid: 6,285	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization	63.04544%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.79558%	Cost: 1.02853242
Open Date: 05/07/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/07/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 05/07/1991	Low Occupancy Adjustment Factor:	117.21882%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 212237			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	280,783	471,870	367,402	166,615		1,286,670
1a	Audit Adjustments						
2	Cost Per Diem	44.6751	75.0787	58.4570	26.5099		204.7207
3	Cost Per Diem Inflated	45.9498	76.8550	60.1249			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.9498	76.8550	60.1249	26.5099		209.4396
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4329		65.2573			
7	Provider Target Rate	49.1699		67.6471			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500		
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441			
10	Target Rate Class Ceiling	55.8134		67.8397			
10a	New Provider Target Limitation	53.8872		64.9473			
10b	Base for line 10a	51.9835		62.6529			
11	Lesser of 5,7,8,10, 10a	45.9498	76.8550	60.1249	13.6500		196.5797
12/13	Medical Adjustment Rate		1.1279	0.8824			
14	Prospective Per Diem 11	45.9498	77.9829	61.0073	13.6500		198.5900
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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228.54

Rate Semester 01/01/2015 through 08/31/2015

Nursing Pavilion at Chipola Retirement Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/07/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	2,102,401	12.9949
Indexed Asset Value	2,628,001	<60% of Base:	False	20% ROE(2):	525,600	0.6221
FRVS Base Asset:	1,711,770	Interest Rate:	10.7500%	Insurance Cost(3):	6,090	0.6109
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	4,597	0.4611
ROE Factor	0.023330	Amortization Rate:	10.7500%	Home Office(3):	13,844	1.3887
		Interest Only:	False	Replacement(3&4):	10,382	0.0000
		Yearly Payment:	256,130	Total FRVS PD:		16.0777

(1) 80% Capital (\$2,102,401) amortized at 10.7500 % for 20 years Principal & Interest of \$256,130 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$12.9949

(2) 20% ROE (\$525,600) times the ROE factor (0.023330) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6221

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9498	45.9498	0.7994	45.1504
Direct Care	77.9829	77.9829	1.3567	76.6262
Indirect Care	61.0073	61.0073	1.0614	59.9459
Property	13.6500	16.0777	0.2797	15.7980
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1134
Supplemental Rate Add-on				9.9025
Totals	198.5900	201.0177	3.4972	228.5364

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	1,711,770	0.00	0.5899	0.5899		60	85.84	1,711,770	1,831,800	
1991/07		0.10	1.4932	1.4932		60	85.84	1,714,326	1,859,160	
1992/01		0.10	2.0117	2.0117		60	85.84	1,717,775	1,896,540	
1992/07		0.20	1.8152	1.8152		60	85.84	1,724,011	1,930,980	
1993/01		0.20	1.7710	1.7710		60	85.84	1,730,117	1,965,180	
1993/07		0.30	1.5329	1.5329		60	85.84	1,738,074	1,995,300	
1994/01		0.30	1.6983	1.6983		60	90.00	1,746,929	2,029,200	
1994/07		0.40	1.5991	1.5991		60	90.00	1,758,102	2,061,660	
1995/01		0.40	1.5812	1.5812		60	87.23	1,769,222	2,094,240	
1995/07		0.50	1.5250	1.5250		60	87.23	1,782,712	2,126,160	
1996/01	35,493	0.50	1.7228	1.7228		60	79.22	1,833,561	2,162,820	
1996/07		0.60	1.3294	1.3294		60	79.22	1,848,185	2,191,560	
1997/01		0.60	1.4109	1.4109		60	79.22	1,863,830	2,222,460	
1997/07		0.70	1.0917	1.0917		60	79.22	1,878,073	2,246,700	
1998/01		0.70	1.1663	1.1663		60	79.22	1,893,406	2,272,920	
1998/07		0.80	1.0794	1.0794		60	79.22	1,909,756	2,297,460	
1999/01		0.80	1.4499	1.4499		60	67.27	1,931,907	2,330,760	
1999/07		0.90	1.2299	1.2299		60	67.27	1,953,291	2,359,440	
2000/01		0.90	1.3356	1.3356		60	64.05	1,976,770	2,390,940	
2000/07		1.00	1.1129	1.1129		60	71.06	1,998,769	2,417,520	
2001/01		1.00	1.2976	1.2976		60	71.06	2,024,705	2,448,900	
2001/07		1.00	0.9615	0.9615		60	72.97	2,044,173	2,472,420	
2002/01		1.00	1.0301	1.0301		60	66.93	2,065,230	2,497,860	
2002/07		1.00	0.8337	0.8337		60	66.93	2,082,448	2,518,680	
2003/01		1.00	1.3271	1.3271		60	65.12	2,110,084	2,552,100	
2003/07		1.00	1.1664	1.1664		60	65.12	2,134,696	2,581,860	
2004/01		1.00	1.1103	1.1103		60	69.94	2,158,398	2,610,540	
2004/07		1.00	0.8378	0.8378		60	69.94	2,176,481	2,632,440	
2005/01		1.00	0.8595	0.8595		60	66.68	2,195,188	2,655,060	
2005/07		1.00	0.7364	0.7364		60	66.68	2,211,353	2,674,620	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	48,554	1.00	0.9068	0.9068		60	68.21	2,279,960	2,698,860	
2006/07		1.00	0.8133	0.8133		60	68.21	2,298,503	2,720,820	
2007/01		1.00	1.0133	1.0133		60	71.57	2,321,794	2,748,360	
2007/07		1.00	1.1050	1.1050		60	71.57	2,347,450	2,778,720	
2008/01		1.00	0.8556	0.8556		60	71.57	2,367,535	2,802,480	
2008/07		1.00	0.6104	0.6104		60	67.44	2,381,986	2,819,580	
2009/01		1.00	1.3268	1.3268		60	67.44	2,413,590	2,857,020	
2009/07		1.00	0.6841	0.6841		60	67.44	2,430,101	2,876,580	
2010/01		1.00	0.8643	0.8643		60	67.44	2,451,104	2,901,420	
2010/07		1.00	0.7107	0.7107		60	67.44	2,468,524	2,922,060	
2011/01		1.00	0.9198	0.9198		60	67.44	2,491,229	2,948,940	
2011/07		0.95	0.9028	0.9028		60	67.44	2,512,596	2,975,580	
2012/01		0.95	0.3865	0.3865		60	72.28	2,521,822	2,987,100	
2012/07		0.90	0.9417	0.9417		60	72.28	2,543,194	3,015,240	
2013/01		0.90	0.4901	0.4901		60	74.84	2,554,412	3,030,000	
2013/07		0.85	0.6196	0.6196		60	74.84	2,567,866	3,048,780	
2014/01		0.85	0.8564	0.8564		60	59.85	2,586,557	3,074,880	
2014/07		0.80	1.2383	1.2383		60	59.78	2,612,179	3,112,980	
2015/01		0.80	0.7571	0.7571		60	63.05	2,628,001	3,136,560	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005383063020140101201410122014130233



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005384-00 - 2015/01

241.52

Glencove Nursing Pavilion

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1027 E HWY 98	1/1/2014-6/30/2014	Number of Beds: 115	Superior: 0
PANAMA CITY, FL 32401	Days in CR 181	Maximum: 20,815	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 41,975	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 19,871	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,250	Inflation
Current Class North Large	Initial CR? False	Medicaid: 11,804	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	59.40315%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.46481%	Cost: 1.02853242
Open Date: 09/01/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 09/01/1992	Low Occupancy Adjustment Factor:	121.90426%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 212181			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	536,327	1,013,704	758,170	237,733		2,545,934	
1a	Audit Adjustments							
2	Cost Per Diem	45.4360	85.8780	64.2299	20.1400		215.6839	
3	Cost Per Diem Inflated	46.7324	87.9099	66.0625				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.7324	87.9099	66.0625	20.1400		220.8448	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.6410		62.9822				
7	Provider Target Rate	48.3490		65.2887				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	51.7767		64.8171				
10b	Base for line 10a	49.9476		62.5273				
11	Lesser of 5,7,8,10, 10a	46.7324	87.9099	61.6580	13.6500		209.9503	
12/13	Medical Adjustment Rate		0.9300	0.6523				
14	Prospective Per Diem 11	46.7324	88.8399	62.3103	13.6500		211.5326	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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241.52

Rate Semester 01/01/2015 through 08/31/2015

Glencove Nursing Pavilion

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1992/07	Type:	Fixed	80% Capital(1):	4,156,851	13.4053
Indexed Asset Value	5,196,064	<60% of Base:	False	20% ROE(2):	1,039,213	0.6418
FRVS Base Asset:	3,635,035	Interest Rate:	10.7500%	Insurance Cost(3):	19,503	0.9815
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	34,937	1.7582
ROE Factor	0.023330	Amortization Rate:	10.7500%	Home Office(3):	20,003	1.0066
		Interest Only:	False	Replacement(3&4):	10,264	0.0000
		Yearly Payment:	506,419	Total FRVS PD:		17.7934

- (1) 80% Capital (\$4,156,851) amortized at 10.7500 % for 20 years Principal & Interest of \$506,419 divided by annual available days (41975) divided by Occup. Adj. (0.90) = \$13.4053
- (2) 20% ROE (\$1,039,213) times the ROE factor (0.023330) divided by annual available days (41975) divided by Occup. Adj. (0.90) = \$0.6418
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	01/01/1992	Current RS PBS:	52,276
Comparison Bed	115	Effective PBS Limitation	3,635,035

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.7324	46.7324	0.8130	45.9194
Direct Care	88.8399	88.8399	1.5456	87.2943
Indirect Care	62.3103	62.3103	1.0840	61.2263
Property	13.6500	17.7934	0.3096	17.4838
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.6917
Supplemental Rate Add-on				9.9025
Totals	211.5326	215.6760	3.7522	241.5180

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	4,789,600	0.00	1.8152	1.8152		115	71.49	3,635,035	3,635,035	1
1993/01		0.10	1.7710	1.7710		115	71.49	3,641,473	3,766,595	
1993/07		0.10	1.5329	1.5329		115	71.49	3,647,055	3,824,325	
1994/01		0.20	1.6983	1.6983		115	71.49	3,659,444	3,889,300	
1994/07		0.20	1.5991	1.5991		115	71.49	3,671,147	3,951,515	
1995/01		0.30	1.5812	1.5812		115	71.49	3,688,563	4,013,960	
1995/07		0.30	1.5250	1.5250		115	71.49	3,705,438	4,075,140	
1996/01		0.40	1.7228	1.7228		115	66.10	3,730,972	4,145,405	
1996/07		0.40	1.3294	1.3294		115	66.10	3,750,813	4,200,490	
1997/01		0.50	1.4109	1.4109		115	66.10	3,777,275	4,259,715	
1997/07		0.50	1.0917	1.0917		115	66.10	3,797,895	4,306,175	
1998/01		0.60	1.1663	1.1663		115	66.10	3,824,473	4,356,430	
1998/07		0.60	1.0794	1.0794		115	66.10	3,849,240	4,403,465	
1999/01		0.70	1.4499	1.4499		115	63.32	3,888,306	4,467,290	
1999/07		0.70	1.2299	1.2299		115	63.32	3,921,780	4,522,260	
2000/01		0.80	1.3356	1.3356		115	58.87	3,963,684	4,582,635	
2000/07		0.80	1.1129	1.1129		115	61.55	3,998,973	4,633,580	
2001/01		0.90	1.2976	1.2976		115	61.55	4,045,673	4,693,725	
2001/07		0.90	0.9615	0.9615		115	60.00	4,080,684	4,738,805	
2002/01		1.00	1.0301	1.0301		115	61.38	4,122,719	4,787,565	
2002/07		1.00	0.8337	0.8337		115	61.38	4,157,090	4,827,470	
2003/01		1.00	1.3271	1.3271		115	59.76	4,212,259	4,891,525	
2003/07		1.00	1.1664	1.1664		115	59.76	4,261,391	4,948,565	
2004/01		1.00	1.1103	1.1103		115	59.05	4,308,705	5,003,535	
2004/07		1.00	0.8378	0.8378		115	59.05	4,344,803	5,045,510	
2005/01		1.00	0.8595	0.8595		115	58.83	4,382,147	5,088,865	
2005/07		1.00	0.7364	0.7364		115	58.83	4,414,417	5,126,355	
2006/01	33,406	1.00	0.9068	0.9068		115	56.95	4,487,853	5,172,815	
2006/07		1.00	0.8133	0.8133		115	56.95	4,524,353	5,214,905	
2007/01		1.00	1.0133	1.0133		115	59.86	4,570,198	5,267,690	



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241.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		1.00	1.1050	1.1050		115	59.86	4,620,699	5,325,880	
2008/01		1.00	0.8556	0.8556		115	59.86	4,660,234	5,371,420	
2008/07		1.00	0.6104	0.6104		115	62.26	4,688,680	5,404,195	
2009/01		1.00	1.3268	1.3268		115	62.26	4,750,889	5,475,955	
2009/07		1.00	0.6841	0.6841		115	62.26	4,783,390	5,513,445	
2010/01		1.00	0.8643	0.8643		115	62.26	4,824,733	5,561,055	
2010/07		1.00	0.7107	0.7107		115	62.26	4,859,022	5,600,615	
2011/01		1.00	0.9198	0.9198		115	62.26	4,903,715	5,652,135	
2011/07		1.00	0.9028	0.9028		115	62.26	4,947,986	5,703,195	
2012/01		1.00	0.3865	0.3865		115	58.08	4,967,110	5,725,275	
2012/07		1.00	0.9417	0.9417		115	57.01	5,013,885	5,779,210	
2013/01		0.95	0.4901	0.4901		115	57.01	5,037,230	5,807,500	
2013/07		0.95	0.6196	0.6196		115	57.01	5,066,879	5,843,495	
2014/01		0.90	0.8564	0.8564		115	66.25	5,105,935	5,893,520	
2014/07		0.90	1.2383	1.2383		115	66.25	5,162,841	5,966,545	
2015/01		0.85	0.7571	0.7571		115	59.40	5,196,064	6,011,740	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

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234.07

Panama City Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
924 W 13TH ST	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
PANAMA CITY, FL 32401	Days in CR 181	Maximum: 21,720	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 21,152	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,043	Inflation
Current Class North Large	Initial CR? False	Medicaid: 15,922	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	75.27421%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.38490%	Cost: 1.02853242
Open Date: 08/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1984	Low Occupancy Adjustment Factor:	124.35613%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 211851			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	632,865	1,374,923	946,288	323,853		3,277,929	
1a	Audit Adjustments							
2	Cost Per Diem	39.7478	86.3537	59.4327	20.3400		205.8742	
3	Cost Per Diem Inflated	40.8819	88.3968	61.1285				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.8819	88.3968	61.1285	20.3400		210.7472	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0040		61.9176				
7	Provider Target Rate	46.6521		64.1851				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.8646		62.7717				
10b	Base for line 10a	48.1030		60.5542				
11	Lesser of 5,7,8,10, 10a	40.8819	88.3968	61.1285	13.6500		204.0572	
12/13	Medical Adjustment Rate		2.5134	1.7381				
14	Prospective Per Diem 11	40.8819	90.9102	62.8666	13.6500		208.3087	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Panama City Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,012,245 6.3464
RS to Start Calcs:	1984/07	<60% of Base:	True	20% ROE(2):	503,061 0.2977
Indexed Asset Value	2,515,306	Interest Rate:	12.5000%	Insurance Cost(3):	11,514 0.5443
FRVS Base Asset:	1,395,468	Chase Rate:	12.5000%	Taxes Cost(3):	11,374 0.5377
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	19,334 0.9141
ROE Factor	0.023330	Interest Only:	True	Replacement(3&4):	10,806 0.0000
		Yearly Payment:	250,177	Total FRVS PD:	8.6402

(1) 80% Capital (\$2,012,245) amortized at 12.5000 % for 20 years Interest of \$250,177 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.3464

(2) 20% ROE (\$503,061) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2977

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.8819	40.8819	0.7112	40.1707
Direct Care	90.9102	90.9102	1.5816	89.3286
Indirect Care	62.8666	62.8666	1.0937	61.7729
Property	13.6500	8.6402	0.1503	8.4899
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4091
Supplemental Rate Add-on				9.9025
Totals	208.3087	203.2989	3.5368	234.0737

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,392,683	0.00	1.9179	1.9179		120	64.28	1,392,683	3,352,680	
1985/01		0.10	1.1471	1.1471		120	64.28	1,394,280	3,391,080	
1985/10		0.10	0.8522	0.8522		120	64.28	1,395,468	3,420,000	
1986/01		0.20	0.8299	0.8299		120	64.28	1,397,784	3,448,440	
1986/07		0.20	0.2974	0.2974		120	64.28	1,398,616	3,441,840	
1987/01		0.30	1.0091	1.0091		120	64.28	1,402,850	3,503,400	
1987/07		0.30	0.9007	0.9007		120	76.98	1,406,641	3,530,760	
1988/01		0.40	0.9007	0.9007		120	76.98	1,411,709	3,559,440	
1988/07		0.40	0.5899	0.5899		120	78.87	1,415,041	3,557,520	
1989/01		0.50	0.5899	0.5899		120	78.87	1,419,215	3,578,520	
1989/07		0.50	0.5899	0.5899		120	73.76	1,423,402	3,602,760	
1990/01		0.60	0.5899	0.5899		120	73.76	1,428,439	3,620,880	
1990/07		0.60	0.5899	0.5899		120	73.12	1,433,494	3,642,240	
1991/01		0.70	0.5899	0.5899		120	73.12	1,439,413	3,663,600	
1991/07		0.70	1.4932	1.4932		120	84.34	1,454,458	3,718,320	
1992/01		0.80	2.0117	2.0117		120	84.34	1,477,866	3,793,080	
1992/07	17,984	0.80	1.8152	1.8152		120	85.12	1,517,312	3,861,960	
1993/01		0.90	1.7710	1.7710		120	85.12	1,541,496	3,930,360	
1993/07		0.90	1.5329	1.5329		120	86.89	1,562,762	3,990,600	
1994/01		1.00	1.6983	1.6983		120	86.89	1,589,302	4,058,400	
1994/07		1.00	1.5991	1.5991		120	82.26	1,614,717	4,123,320	
1995/01	34,122	1.00	1.5812	1.5812		120	77.02	1,674,371	4,188,480	
1995/07	46,957	1.00	1.5250	1.5250		120	77.02	1,746,862	4,252,320	
1996/01		1.00	1.7228	1.7228		120	77.02	1,776,957	4,325,640	
1996/07		1.00	1.3294	1.3294		120	77.02	1,800,580	4,383,120	
1997/01		1.00	1.4109	1.4109		120	77.02	1,825,984	4,444,920	
1997/07		1.00	1.0917	1.0917		120	77.02	1,845,918	4,493,400	
1998/01		1.00	1.1663	1.1663		120	72.35	1,867,447	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.35	1,887,604	4,594,920	
1999/01		1.00	1.4499	1.4499		120	68.24	1,914,972	4,661,520	



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234.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	68.24	1,938,524	4,718,880	
2000/01		1.00	1.3356	1.3356		120	74.66	1,964,415	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.16	1,986,277	4,835,040	
2001/01		1.00	1.2976	1.2976		120	76.16	2,012,051	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.76	2,031,397	4,944,840	
2002/01		1.00	1.0301	1.0301		120	68.71	2,052,322	4,995,720	
2002/07		1.00	0.8337	0.8337		120	68.71	2,069,432	5,037,360	
2003/01		1.00	1.3271	1.3271		120	71.01	2,096,895	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.01	2,121,353	5,163,720	
2004/01		1.00	1.1103	1.1103		120	70.06	2,144,906	5,221,080	
2004/07		1.00	0.8378	0.8378		120	70.06	2,162,876	5,264,880	
2005/01		0.95	0.8595	0.8595		120	69.15	2,180,536	5,310,120	
2005/07		0.95	0.7364	0.7364		120	69.15	2,195,791	5,349,240	
2006/01	38,897	0.90	0.9068	0.9068		120	76.68	2,252,608	5,397,720	
2006/07		0.90	0.8133	0.8133		120	76.68	2,269,097	5,441,640	
2007/01		0.85	1.0133	1.0133		120	73.24	2,288,641	5,496,720	
2007/07		0.85	1.1050	1.1050		120	73.24	2,310,138	5,557,440	
2008/01		0.80	0.8556	0.8556		120	73.24	2,325,951	5,604,960	
2008/07		0.80	0.6104	0.6104		120	68.49	2,337,309	5,639,160	
2009/01		0.75	1.3268	1.3268		120	68.49	2,360,568	5,714,040	
2009/07		0.75	0.6841	0.6841		120	68.49	2,372,680	5,753,160	
2010/01		0.70	0.8643	0.8643		120	68.49	2,387,035	5,802,840	
2010/07		0.70	0.7107	0.7107		120	68.49	2,398,910	5,844,120	
2011/01		0.65	0.9198	0.9198		120	68.49	2,413,253	5,897,880	
2011/07		0.65	0.9028	0.9028		120	68.49	2,427,414	5,951,160	
2012/01		0.60	0.3865	0.3865		120	67.75	2,433,043	5,974,200	
2012/07		0.60	0.9417	0.9417		120	67.75	2,446,790	6,030,480	
2013/01	18,904	0.55	0.4901	0.4901		120	69.26	2,472,291	6,060,000	
2013/07		0.55	0.6196	0.6196		120	69.26	2,480,717	6,097,560	
2014/01		0.50	0.8564	0.8564		120	68.73	2,491,339	6,149,760	



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234.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	68.73	2,506,765	6,225,960	
2015/01		0.45	0.7571	0.7571		120	75.27	2,515,306	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005386-00 - 2015/01

234.53

Riverchase Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1017 STRONG RD	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
QUINCY, FL 32351	Days in CR 181	Maximum: 21,720	Standard: 243
County: Gadsden [20]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 20,394	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,235	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,888	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	82.80867%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.89503%	Cost: 1.02853242
Open Date: 11/19/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/19/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 11/19/1985	Low Occupancy Adjustment Factor:	119.89972%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 253413			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	831,575	1,276,343	932,689	387,580		3,428,187	
1a	Audit Adjustments							
2	Cost Per Diem	49.2406	75.5769	55.2279	22.9500		202.9954	
3	Cost Per Diem Inflated	50.6456	77.3650	56.8037				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.6456	77.3650	56.8037	22.9500		207.7643	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4770		57.6486				
7	Provider Target Rate	48.1790		59.7597				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.7552		58.9239				
10b	Base for line 10a	47.9975		56.8423				
11	Lesser of 5,7,8,10, 10a	48.1790	77.3650	56.8037	13.6500		195.9977	
12/13	Medical Adjustment Rate		2.8555	2.0966				
14	Prospective Per Diem 11	48.1790	80.2205	58.9003	13.6500		200.9498	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Riverchase Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/10	Type:	Fixed	80% Capital(1):	4,625,818	14.0116
Indexed Asset Value	5,782,272	<60% of Base:	False	20% ROE(2):	1,156,454	0.6844
FRVS Base Asset:	3,420,000	Interest Rate:	10.4500%	Insurance Cost(3):	13,942	0.6836
Occup Adj Factor	0.9000	Chase Rate:	11.5000%	Taxes Cost(3):	20,430	1.0018
ROE Factor	0.023330	Amortization Rate:	10.4500%	Home Office(3):	19,031	0.9332
		Interest Only:	False	Replacement(3&4):	8,657	0.0000
		Yearly Payment:	552,336	Total FRVS PD:		17.3146

- (1) 80% Capital (\$4,625,818) amortized at 10.4500 % for 20 years Principal & Interest of \$552,336 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.0116
- (2) 20% ROE (\$1,156,454) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6844
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1790	48.1790	0.8382	47.3408
Direct Care	80.2205	80.2205	1.3956	78.8249
Indirect Care	58.9003	58.9003	1.0247	57.8756
Property	13.6500	17.3146	0.3012	17.0134
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.5741
Supplemental Rate Add-on				9.9025
Totals	200.9498	204.6144	3.5597	234.5313

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,532,798	0.00	0.8522	0.8522		120	86.06	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	86.06	3,422,839	3,448,440	
1986/07		0.10	0.2974	0.2974		120	86.06	3,423,856	3,441,840	
1987/01		0.20	1.0091	1.0091		120	86.06	3,430,765	3,503,400	
1987/07		0.20	0.9007	0.9007		120	82.20	3,436,944	3,530,760	
1988/01		0.30	0.9007	0.9007		120	82.20	3,446,231	3,559,440	
1988/07		0.30	0.5899	0.5899		120	92.35	3,452,331	3,557,520	
1989/01		0.40	0.5899	0.5899		120	92.35	3,460,479	3,578,520	
1989/07		0.40	0.5899	0.5899		120	92.35	3,468,646	3,602,760	
1990/01		0.50	0.5899	0.5899		120	92.35	3,478,879	3,620,880	
1990/07		0.50	0.5899	0.5899		120	92.35	3,489,142	3,642,240	
1991/01		0.60	0.5899	0.5899		120	92.35	3,501,490	3,663,600	
1991/07		0.60	1.4932	1.4932		120	92.35	3,532,860	3,718,320	
1992/01		0.70	2.0117	2.0117		120	92.35	3,582,610	3,793,080	
1992/07		0.70	1.8152	1.8152		120	94.89	3,628,131	3,861,960	
1993/01		0.80	1.7710	1.7710		120	94.89	3,679,534	3,930,360	
1993/07		0.80	1.5329	1.5329		120	93.66	3,724,656	3,990,600	
1994/01		0.90	1.6983	1.6983		120	93.66	3,781,587	4,058,400	
1994/07		0.90	1.5991	1.5991		120	92.17	3,836,012	4,123,320	
1995/01		1.00	1.5812	1.5812		120	89.56	3,896,667	4,188,480	
1995/07		1.00	1.5250	1.5250		120	89.56	3,956,091	4,252,320	
1996/01		1.00	1.7228	1.7228		120	91.77	4,024,247	4,325,640	
1996/07		1.00	1.3294	1.3294		120	91.77	4,077,745	4,383,120	
1997/01	47,153	1.00	1.4109	1.4109		120	91.90	4,182,431	4,444,920	
1997/07		1.00	1.0917	1.0917		120	91.90	4,228,091	4,493,400	
1998/01	21,014	1.00	1.1663	1.1663		120	89.92	4,298,417	4,545,840	
1998/07		1.00	1.0794	1.0794		120	89.92	4,344,814	4,594,920	
1999/01		1.00	1.4499	1.4499		120	87.71	4,407,809	4,661,520	
1999/07		1.00	1.2299	1.2299		120	87.71	4,462,021	4,718,880	
2000/01		1.00	1.3356	1.3356		120	89.05	4,521,616	4,781,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	89.05	4,571,937	4,835,040	
2001/01		1.00	1.2976	1.2976		120	89.05	4,631,262	4,897,800	
2001/07		1.00	0.9615	0.9615		120	89.05	4,675,792	4,944,840	
2002/01		1.00	1.0301	1.0301		120	98.10	4,723,957	4,995,720	
2002/07		1.00	0.8337	0.8337		120	98.10	4,763,341	5,037,360	
2003/01		1.00	1.3271	1.3271		120	98.10	4,826,555	5,104,200	
2003/07		1.00	1.1664	1.1664		120	98.10	4,882,852	5,163,720	
2004/01		1.00	1.1103	1.1103		120	89.15	4,937,066	5,221,080	
2004/07		1.00	0.8378	0.8378		120	89.15	4,978,429	5,264,880	
2005/01		1.00	0.8595	0.8595		120	87.78	5,021,219	5,310,120	
2005/07		1.00	0.7364	0.7364		120	87.78	5,058,195	5,349,240	
2006/01		0.95	0.9068	0.9068		120	85.46	5,101,771	5,397,720	
2006/07		0.95	0.8133	0.8133		120	85.46	5,141,187	5,441,640	
2007/01		0.90	1.0133	1.0133		120	85.45	5,188,075	5,496,720	
2007/07		0.90	1.1050	1.1050		120	85.45	5,239,670	5,557,440	
2008/01		0.85	0.8556	0.8556		120	85.45	5,277,778	5,604,960	
2008/07		0.85	0.6104	0.6104		120	85.59	5,305,159	5,639,160	
2009/01		0.80	1.3268	1.3268		120	85.59	5,361,468	5,714,040	
2009/07		0.80	0.6841	0.6841		120	85.59	5,390,811	5,753,160	
2010/01		0.75	0.8643	0.8643		120	85.59	5,425,754	5,802,840	
2010/07		0.75	0.7107	0.7107		120	85.59	5,454,673	5,844,120	
2011/01		0.70	0.9198	0.9198		120	85.59	5,489,796	5,897,880	
2011/07		0.70	0.9028	0.9028		120	85.59	5,524,492	5,951,160	
2012/01	35,430	0.65	0.3865	0.3865		120	84.81	5,573,800	5,974,200	
2012/07		0.65	0.9417	0.9417		120	84.81	5,607,917	6,030,480	
2013/01	49,168	0.60	0.4901	0.4901		120	84.13	5,673,578	6,060,000	
2013/07		0.60	0.6196	0.6196		120	84.13	5,694,672	6,097,560	
2014/01		0.55	0.8564	0.8564		120	81.75	5,721,494	6,149,760	
2014/07		0.55	1.2383	1.2383		120	82.71	5,760,463	6,225,960	
2015/01		0.50	0.7571	0.7571		120	82.81	5,782,272	6,273,120	

Message Code:



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 Rate Semester 01/01/2015 through 08/31/2015

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Suwannee Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1620 HELVENSTON ST SE	1/1/2014-6/30/2014	Number of Beds: 180	Superior: 0
LIVE OAK, FL 32064-3474	Days in CR 181	Maximum: 32,580	Standard: 243
County: Suwannee [61]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 30,253	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,304	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,287	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	76.97418%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.85758%	Cost: 1.02853242
Open Date: 04/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 09/01/1983	Low Occupancy Adjustment Factor:	118.57494%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 223719			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,072,045	1,971,396	1,384,115	705,363		5,132,919	
1a	Audit Adjustments							
2	Cost Per Diem	46.0362	84.6565	59.4372	30.2900		220.4199	
3	Cost Per Diem Inflated	47.3497	86.6595	61.1331				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.3497	86.6595	61.1331	30.2900		225.4323	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.1953		61.1942				
7	Provider Target Rate	48.9236		63.4352				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	53.9325		64.1914				
10b	Base for line 10a	52.0272		61.9237				
11	Lesser of 5,7,8,10, 10a	47.3497	86.6595	61.1331	13.6500		208.7923	
12/13	Medical Adjustment Rate		2.6298	1.8551				
14	Prospective Per Diem 11	47.3497	89.2893	62.9882	13.6500		213.2772	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Suwannee Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,800,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	6,946,176 15.3256
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	1,736,544 0.6852
Indexed Asset Value	8,682,720	Interest Rate:	11.8000%	Insurance Cost(3):	23,326 0.7710
FRVS Base Asset:	3,332,561	Chase Rate:	13.0000%	Taxes Cost(3):	41,084 1.3580
Occup Adj Factor	0.9000	Amortization Rate:	11.8000%	Home Office(3):	21,737 0.7185
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	4,290 0.0000
		Yearly Payment:	906,205	Total FRVS PD:	18.8583

- (1) 80% Capital (\$6,946,176) amortized at 11.8000 % for 20 years Principal & Interest of \$906,205 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$15.3256
- (2) 20% ROE (\$1,736,544) times the ROE factor (0.023330) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6852
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.3497	47.3497	0.8238	46.5259
Direct Care	89.2893	89.2893	1.5534	87.7359
Indirect Care	62.9882	62.9882	1.0958	61.8924
Property	13.6500	18.8583	0.3281	18.5302
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5715
Supplemental Rate Add-on				9.9025
Totals	213.2772	218.4855	3.8011	247.1584

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	109,896	0.00	2.6760	2.6760		120		109,896	2,975,520	
1982/07		0.10	2.2977	2.2977		120		109,896	3,043,800	
1983/04		0.10	2.6288	2.6288		120		109,896	3,123,840	
1983/07	3,084,908	0.20	3.9578	3.0000	0.9578	120	55.00	3,195,463	3,247,440	
1984/01	79,132	0.20	2.2530	2.2530		120	87.13	3,288,994	3,289,560	
1984/07	1,931	0.30	1.9179	1.9179		120	87.13	3,309,850	3,352,680	
1985/01		0.30	1.1471	1.1471		120	87.13	3,321,239	3,391,080	
1985/10		0.40	0.8522	0.8522		120	87.13	3,332,561	3,420,000	
1986/01		0.40	0.8299	0.8299		120	93.23	3,343,625	3,448,440	
1986/07		0.50	0.2974	0.2974		120	93.23	3,348,597	3,441,840	
1987/01		0.50	1.0091	1.0091		120	93.95	3,365,494	3,503,400	
1987/07		0.60	0.9007	0.9007		120	93.95	3,383,681	3,530,760	
1988/01		0.60	0.9007	0.9007		120	92.37	3,401,966	3,559,440	
1988/07		0.70	0.5899	0.5899		120	92.37	3,416,013	3,557,520	
1989/01		0.70	0.5899	0.5899		120	89.99	3,430,118	3,578,520	
1989/07		0.80	0.5899	0.5899		120	89.99	3,446,305	3,602,760	
1990/01		0.80	0.5899	0.5899		120	89.99	3,462,568	3,620,880	
1990/07		0.90	0.5899	0.5899		120	83.25	3,480,951	3,642,240	
1991/01		0.90	0.5899	0.5899		120	79.76	3,499,431	3,663,600	
1991/07		1.00	1.4932	1.4932		120	79.76	3,551,685	3,718,320	
1992/01		1.00	2.0117	2.0117		120	87.53	3,623,134	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.53	3,688,901	3,861,960	
1993/01		1.00	1.7710	1.7710		120	75.96	3,754,231	3,930,360	
1993/07		1.00	1.5329	1.5329		120	75.96	3,811,780	3,990,600	
1994/01	1,896,540	1.00	1.6983	1.6983		180	77.25	5,773,055	6,087,600	
1994/07		1.00	1.5991	1.5991		180	77.25	5,865,372	6,184,980	
1995/01	45,394	1.00	1.5812	1.5812		180	80.37	6,003,509	6,282,720	
1995/07		1.00	1.5250	1.5250		180	80.37	6,095,063	6,378,480	
1996/01	38,837	1.00	1.7228	1.7228		180	80.76	6,238,906	6,488,460	
1996/07		1.00	1.3294	1.3294		180	80.76	6,321,846	6,574,680	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	29,407	1.00	1.4109	1.4109		180	82.43	6,440,448	6,667,380	
1997/07		1.00	1.0917	1.0917		180	82.43	6,510,758	6,740,100	
1998/01	27,990	1.00	1.1663	1.1663		180	81.51	6,614,683	6,818,760	
1998/07		1.00	1.0794	1.0794		180	81.51	6,686,082	6,892,380	
1999/01		1.00	1.4499	1.4499		180	80.53	6,783,024	6,992,280	
1999/07		1.00	1.2299	1.2299		180	80.53	6,866,448	7,078,320	
2000/01	74,728	1.00	1.3356	1.3356		180	84.15	7,032,884	7,172,820	
2000/07	21,589	1.00	1.1129	1.1129		180	82.76	7,132,742	7,252,560	
2001/01		1.00	1.2976	1.2976		180	82.76	7,225,296	7,346,700	
2001/07		1.00	0.9615	0.9615		180	82.76	7,294,767	7,417,260	
2002/01		1.00	1.0301	1.0301		180	82.76	7,369,910	7,493,580	
2002/07		0.95	0.8337	0.8337		180	81.99	7,428,280	7,556,040	
2003/01		0.95	1.3271	1.3271		180	81.99	7,521,928	7,656,300	
2003/07		0.90	1.1664	1.1664		180	80.33	7,600,893	7,745,580	
2004/01		0.90	1.1103	1.1103		180	80.33	7,676,849	7,831,620	
2004/07		0.85	0.8378	0.8378		180	75.92	7,731,516	7,897,320	
2005/01		0.85	0.8595	0.8595		180	75.92	7,788,002	7,965,180	
2005/07		0.80	0.7364	0.7364		180	77.21	7,833,881	8,023,860	
2006/01		0.80	0.9068	0.9068		180	77.21	7,890,708	8,096,580	
2006/07		0.75	0.8133	0.8133		180	77.85	7,938,841	8,162,460	
2007/01		0.75	1.0133	1.0133		180	77.85	7,999,176	8,245,080	
2007/07		0.70	1.1050	1.1050		180	72.67	8,061,050	8,336,160	
2008/01		0.70	0.8556	0.8556		180	72.67	8,109,328	8,407,440	
2008/07		0.65	0.6104	0.6104		180	78.07	8,141,506	8,458,740	
2009/01		0.65	1.3268	1.3268		180	78.07	8,211,718	8,571,060	
2009/07		0.60	0.6841	0.6841		180	78.07	8,245,427	8,629,740	
2010/01		0.60	0.8643	0.8643		180	78.07	8,288,188	8,704,260	
2010/07		0.55	0.7107	0.7107		180	78.07	8,320,587	8,766,180	
2011/01		0.55	0.9198	0.9198		180	78.07	8,362,681	8,846,820	
2011/07		0.50	0.9028	0.9028		180	78.07	8,400,430	8,926,740	



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 005387-00 - 2015/01

247.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	100,102	0.50	0.3865	0.3865		180	77.64	8,516,770	8,961,300	
2012/07		0.45	0.9417	0.9417		180	77.64	8,552,864	9,045,720	
2013/01		0.45	0.4901	0.4901		180	77.14	8,571,723	9,090,000	
2013/07		0.40	0.6196	0.6196		180	77.14	8,592,964	9,146,340	
2014/01		0.40	0.8564	0.8564		180	78.22	8,622,403	9,224,640	
2014/07		0.35	1.2383	1.2383		180	78.22	8,659,772	9,338,940	
2015/01		0.35	0.7571	0.7571		180	76.97	8,682,720	9,409,680	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005387063020140101201410132014155217



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005388-00 - 2015/01

241.01

Berkshire Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1255 NE 135TH STREET	1/1/2013-12/31/2013	Number of Beds: 245	Superior: 0
NORTH MIAMI, FL 33161	Days in CR 365	Maximum: 89,425	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 89,425	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 38,960	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,221	Inflation
Current Class South Large	Initial CR? False	Medicaid: 34,091	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	87.50257%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	43.56724%	Cost: 1.04340134
Open Date: 12/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 12/01/1983	Low Occupancy Adjustment Factor:	55.63340%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 228915			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,594,054	2,869,955	1,691,371	636,138		6,791,518	
1a	Audit Adjustments							
2	Cost Per Diem	46.7588	84.1851	49.6134	18.6600		199.2173	
3	Cost Per Diem Inflated	48.7882	86.9216	51.7667				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.7882	86.9216	51.7667	18.6600		206.1365	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.3424		66.6514				
7	Provider Target Rate	57.3691		69.0922				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	60.2253		69.7662				
10b	Base for line 10a	58.0977		67.3016				
11	Lesser of 5,7,8,10, 10a	48.7882	86.9216	51.7667	13.6500		201.1265	
12/13	Medical Adjustment Rate		3.6673	2.1841				
14	Prospective Per Diem 11	48.7882	90.5889	53.9508	13.6500		206.9779	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 005388-00 - 2015/01

241.01

Rate Semester 01/01/2015 through 08/31/2015

Berkshire Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	10,100,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,797,030	12.3977
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	1,949,257	0.4541
Indexed Asset Value	9,746,287	Interest Rate:	11.5000%	Insurance Cost(3):	39,547	1.0151
FRVS Base Asset:	5,509,033	Chase Rate:	8.5000%	Taxes Cost(3):	51,891	1.3319
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	55,761	1.4312
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	105,351	0.0000
		Yearly Payment:	997,798	Total FRVS PD:		16.6300

- (1) 80% Capital (\$7,797,030) amortized at 11.5000 % for 20 years Principal & Interest of \$997,798 divided by annual available days (89425) divided by Occup. Adj. (0.90) = \$12.3977
- (2) 20% ROE (\$1,949,257) times the ROE factor (0.018750) divided by annual available days (89425) divided by Occup. Adj. (0.90) = \$0.4541
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	245	Effective PBS Limitation	6,982,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.7882	48.7882	0.8488	47.9394
Direct Care	90.5889	90.5889	1.5760	89.0129
Indirect Care	53.9508	53.9508	0.9386	53.0122
Property	13.6500	16.6300	0.2893	16.3407
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.8005
Supplemental Rate Add-on				9.9025
Totals	206.9779	209.9579	3.6527	241.0082

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 005388-00 - 2015/01

241.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	5,464,260	0.00	3.9578	3.0000	0.9578	245	90.36	5,464,260	6,630,190	
1984/01		0.10	2.2530	2.2530		245	90.36	5,476,571	6,716,185	
1984/07		0.10	1.9179	1.9179		245	90.36	5,487,075	6,845,055	
1985/01		0.20	1.1471	1.1471		245	90.36	5,499,662	6,923,455	
1985/10		0.20	0.8522	0.8522		245	90.36	5,509,033	6,982,500	
1986/01		0.30	0.8299	0.8299		245	91.18	5,522,750	7,040,565	
1986/07		0.30	0.2974	0.2974		245	91.18	5,527,676	7,027,090	
1987/01		0.40	1.0091	1.0091		245	91.18	5,549,986	7,152,775	
1987/07		0.40	0.9007	0.9007		245	90.16	5,569,983	7,208,635	
1988/01		0.50	0.9007	0.9007		245	90.16	5,595,070	7,267,190	
1988/07		0.50	0.5899	0.5899		245	85.93	5,611,575	7,263,270	
1989/01		0.60	0.5899	0.5899		245	85.93	5,631,434	7,306,145	
1989/07		0.60	0.5899	0.5899		245	85.93	5,651,364	7,355,635	
1990/01		0.70	0.5899	0.5899		245	85.93	5,674,698	7,392,630	
1990/07		0.70	0.5899	0.5899		245	85.93	5,698,129	7,436,240	
1991/01		0.80	0.5899	0.5899		245	85.93	5,725,018	7,479,850	
1991/07	243,570	0.80	1.4932	1.4932		245	82.53	5,968,588	7,591,570	5
1992/01		0.90	2.0117	2.0117		245	82.53	6,146,279	7,744,205	
1992/07	68,648	0.90	1.8152	1.8152		245	87.00	6,315,339	7,884,835	
1993/01		1.00	1.7710	1.7710		245	87.00	6,427,184	8,024,485	
1993/07		1.00	1.5329	1.5329		245	88.78	6,525,706	8,147,475	
1994/01		1.00	1.6983	1.6983		245	88.78	6,525,706	8,285,900	5
1994/07		1.00	1.5991	1.5991		245	89.39	6,742,657	8,418,445	
1995/01		1.00	1.5812	1.5812		245	89.39	6,849,272	8,551,480	
1995/07		1.00	1.5250	1.5250		245	89.66	6,953,723	8,681,820	
1996/01		1.00	1.7228	1.7228		245	89.66	7,073,522	8,831,515	
1996/07		1.00	1.3294	1.3294		245	88.91	7,167,557	8,948,870	
1997/01		1.00	1.4109	1.4109		245	88.91	7,268,684	9,075,045	
1997/07		1.00	1.0917	1.0917		245	90.48	7,348,036	9,174,025	
1998/01		1.00	1.1663	1.1663		245	89.43	7,348,036	9,281,090	5



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 005388-00 - 2015/01

241.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		245	89.43	7,433,736	9,381,295	5
1999/01		1.00	1.4499	1.4499		245	89.43	7,622,921	9,517,270	
1999/07		1.00	1.2299	1.2299		245	89.43	7,716,675	9,634,380	
2000/01		1.00	1.3356	1.3356		245	89.43	7,819,739	9,763,005	
2000/07		1.00	1.1129	1.1129		245	89.43	7,906,765	9,871,540	
2001/01		1.00	1.2976	1.2976		245	89.13	8,009,363	9,999,675	
2001/07	31,941	1.00	0.9615	0.9615		245	89.13	8,118,314	10,095,715	
2002/01		1.00	1.0301	1.0301		245	89.13	8,201,941	10,199,595	
2002/07		1.00	0.8337	0.8337		245	89.13	8,270,321	10,284,610	
2003/01		1.00	1.3271	1.3271		245	89.13	8,380,076	10,421,075	
2003/07		1.00	1.1664	1.1664		245	86.37	8,477,821	10,542,595	
2004/01		0.95	1.1103	1.1103		245	86.37	8,567,245	10,659,705	
2004/07		0.95	0.8378	0.8378		245	84.13	8,635,432	10,749,130	
2005/01		0.90	0.8595	0.8595		245	84.13	8,702,236	10,841,495	
2005/07		0.90	0.7364	0.7364		245	85.77	8,759,914	10,921,365	
2006/01		0.85	0.9068	0.9068		245	85.77	8,827,435	11,020,345	
2006/07		0.85	0.8133	0.8133		245	83.50	8,888,459	11,110,015	
2007/01		0.80	1.0133	1.0133		245	83.50	8,960,509	11,222,470	
2007/07		0.80	1.1050	1.1050		245	86.55	9,039,720	11,346,440	
2008/01		0.75	0.8556	0.8556		245	86.55	9,097,728	11,443,460	
2008/07		0.75	0.6104	0.6104		245	83.42	9,097,728	11,513,285	5
2009/01		0.70	1.3268	1.3268		245	83.42	9,224,264	11,666,165	
2009/07		0.70	0.6841	0.6841		245	83.42	9,268,439	11,746,035	
2010/01		0.65	0.8643	0.8643		245	83.42	9,320,509	11,847,465	
2010/07		0.65	0.7107	0.7107		245	83.42	9,363,570	11,931,745	
2011/01		0.60	0.9198	0.9198		245	83.42	9,415,248	12,041,505	
2011/07		0.60	0.9028	0.9028		245	83.42	9,466,250	12,150,285	
2012/01		0.55	0.3865	0.3865		245	85.99	9,486,375	12,197,325	
2012/07		0.55	0.9417	0.9417		245	85.99	9,535,505	12,312,230	
2013/01	37,318	0.50	0.4901	0.4901		245	86.45	9,596,195	12,372,500	



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0 005388-00 - 2015/01

241.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		245	86.45	9,625,924	12,449,185	
2014/01		0.45	0.8564	0.8564		245	89.36	9,663,022	12,555,760	
2014/07		0.45	1.2383	1.2383		245	89.36	9,716,864	12,711,335	
2015/01		0.40	0.7571	0.7571		245	87.50	9,746,287	12,807,620	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005388123120130101201304192014181630



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005519-00 - 2015/01

246.50

Carnegie Gardens Nursing Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1415 S HICKORY ST	1/1/2014-6/30/2014	Number of Beds: 138	Superior: 0
MELBOURNE, FL 32901	Days in CR 181	Maximum: 24,978	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 50,370	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 20,946	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,341	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,522	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	74.10484%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.85779%	Cost: 1.02853242
Open Date: 08/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1983	Low Occupancy Adjustment Factor:	107.08262%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 212008			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	740,061	1,351,720	913,297	422,354		3,427,432	
1a	Audit Adjustments							
2	Cost Per Diem	47.6782	87.0841	58.8389	27.2100		220.8112	
3	Cost Per Diem Inflated	49.0386	89.1445	60.5177				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.0386	89.1445	60.5177	27.2100		225.9108	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.5990		59.7285				
7	Provider Target Rate	52.4520		61.9158				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.5508		61.3368				
10b	Base for line 10a	50.6943		59.1699				
11	Lesser of 5,7,8,10, 10a	49.0386	89.1445	60.5177	13.6500		212.3508	
12/13	Medical Adjustment Rate		2.4174	1.6411				
14	Prospective Per Diem 11	49.0386	91.5619	62.1588	13.6500		216.4093	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 005519-00 - 2015/01

246.50

Rate Semester 01/01/2015 through 08/31/2015

Carnegie Gardens Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,595,040.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	5,450,151	10.7292
Indexed Asset Value	6,812,689	<60% of Base:	False	20% ROE(2):	1,362,538	0.7012
FRVS Base Asset:	3,933,000	Interest Rate:	6.4680%	Insurance Cost(3):	15,450	0.7376
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	22,894	1.0930
ROE Factor	0.023330	Amortization Rate:	6.4680%	Home Office(3):	19,593	0.9354
		Interest Only:	False	Replacement(3&4):	39,450	0.0000
		Yearly Payment:	486,387	Total FRVS PD:		14.1964

- (1) 80% Capital (\$5,450,151) amortized at 6.4680 % for 20 years Principal & Interest of \$486,387 divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$10.7292
 (2) 20% ROE (\$1,362,538) times the ROE factor (0.023330) divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$0.7012
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.0386	49.0386	0.8532	48.1854
Direct Care	91.5619	91.5619	1.5930	89.9689
Indirect Care	62.1588	62.1588	1.0814	61.0774
Property	13.6500	14.1964	0.2470	13.9494
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4169
Supplemental Rate Add-on				9.9025
Totals	216.4093	216.9557	3.7746	246.5005

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	4,273,223	0.00	3.9578	3.0000	0.9578	138	55.00	4,273,223	3,734,556	
1984/01	20,555	0.10	2.2530	2.2530		138	64.09	4,303,406	3,782,994	
1984/07		0.10	1.9179	1.9179		138	64.09	4,311,660	3,855,582	
1985/01		0.20	1.1471	1.1471		138	55.14	4,321,551	3,899,742	
1985/10		0.20	0.8522	0.8522		138	71.36	3,933,000	3,933,000	1
1986/01		0.30	0.8299	0.8299		138	71.36	3,942,793	3,965,706	
1986/07		0.30	0.2974	0.2974		138	71.36	3,946,310	3,958,116	
1987/01		0.40	1.0091	1.0091		138	71.36	3,962,237	4,028,910	
1987/07		0.40	0.9007	0.9007		138	66.95	3,976,513	4,060,374	
1988/01		0.50	0.9007	0.9007		138	66.95	3,994,423	4,093,356	
1988/07		0.50	0.5899	0.5899		138	70.48	4,006,207	4,091,148	
1989/01		0.60	0.5899	0.5899		138	70.48	4,020,385	4,115,298	
1989/07		0.60	0.5899	0.5899		138	71.22	4,034,613	4,143,174	
1990/01		0.70	0.5899	0.5899		138	71.22	4,051,272	4,164,012	
1990/07		0.70	0.5899	0.5899		138	72.34	4,068,000	4,188,576	
1991/01		0.80	0.5899	0.5899		138	72.34	4,087,197	4,213,140	
1991/07		0.80	1.4932	1.4932		138	74.14	4,136,023	4,276,068	
1992/01		0.90	2.0117	2.0117		138	74.14	4,210,906	4,362,042	
1992/07		0.90	1.8152	1.8152		138	81.15	4,279,700	4,441,254	
1993/01		1.00	1.7710	1.7710		138	81.15	4,355,493	4,519,914	
1993/07		1.00	1.5329	1.5329		138	84.19	4,422,258	4,589,190	
1994/01		1.00	1.6983	1.6983		138	84.19	4,497,361	4,667,160	
1994/07		1.00	1.5991	1.5991		138	86.69	4,569,278	4,741,818	
1995/01	26,418	1.00	1.5812	1.5812		138	84.20	4,667,945	4,816,752	
1995/07	8,852	1.00	1.5250	1.5250		138	84.20	4,747,983	4,890,168	
1996/01		1.00	1.7228	1.7228		138	84.20	4,829,781	4,974,486	
1996/07		1.00	1.3294	1.3294		138	84.20	4,893,988	5,040,588	
1997/01		1.00	1.4109	1.4109		138	84.20	4,963,037	5,111,658	
1997/07		1.00	1.0917	1.0917		138	84.20	5,017,218	5,167,410	
1998/01		1.00	1.1663	1.1663		138	81.61	5,075,734	5,227,716	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		138	81.61	5,130,521	5,284,158	
1999/01		1.00	1.4499	1.4499		138	74.74	5,204,908	5,360,748	
1999/07		1.00	1.2299	1.2299		138	74.74	5,268,923	5,426,712	
2000/01		1.00	1.3356	1.3356		138	77.65	5,339,295	5,499,162	
2000/07		1.00	1.1129	1.1129		138	74.08	5,398,716	5,560,296	
2001/01		1.00	1.2976	1.2976		138	74.08	5,468,770	5,632,470	
2001/07	25,084	1.00	0.9615	0.9615		138	72.89	5,546,436	5,686,566	
2002/01	258,373	1.00	1.0301	1.0301		138	71.80	5,745,078	5,745,078	8
2002/07		1.00	0.8337	0.8337		138	71.80	5,792,964	5,792,964	8
2003/01		1.00	1.3271	1.3271		138	68.39	5,869,830	5,869,830	8
2003/07		1.00	1.1664	1.1664		138	68.39	5,938,278	5,938,278	8
2004/01	113,299	0.95	1.1103	1.1103		138	70.32	6,004,242	6,004,242	8
2004/07		0.95	0.8378	0.8378		138	70.32	6,052,030	6,054,612	
2005/01	72,296	0.90	0.8595	0.8595		138	68.44	6,106,638	6,106,638	8
2005/07		0.90	0.7364	0.7364		138	68.44	6,147,113	6,151,626	
2006/01		0.85	0.9068	0.9068		138	65.75	6,194,495	6,207,378	
2006/07		0.85	0.8133	0.8133		138	65.75	6,237,318	6,257,886	
2007/01		0.80	1.0133	1.0133		138	71.06	6,287,878	6,321,228	
2007/07		0.80	1.1050	1.1050		138	71.06	6,343,463	6,391,056	
2008/01		0.75	0.8556	0.8556		138	71.06	6,384,169	6,445,704	
2008/07		0.75	0.6104	0.6104		138	66.35	6,413,396	6,485,034	
2009/01		0.70	1.3268	1.3268		138	66.35	6,472,964	6,571,146	
2009/07		0.70	0.6841	0.6841		138	66.35	6,503,963	6,616,134	
2010/01		0.65	0.8643	0.8643		138	66.35	6,540,502	6,673,266	
2010/07		0.65	0.7107	0.7107		138	66.35	6,570,719	6,720,738	
2011/01		0.60	0.9198	0.9198		138	66.35	6,606,983	6,782,562	
2011/07		0.60	0.9028	0.9028		138	66.35	6,642,773	6,843,834	
2012/01		0.55	0.3865	0.3865		138	65.96	6,656,896	6,870,330	
2012/07		0.55	0.9417	0.9417		138	66.46	6,691,372	6,935,052	
2013/01		0.50	0.4901	0.4901		138	66.46	6,707,773	6,969,000	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		138	74.26	6,728,554	7,012,194	
2014/01		0.45	0.8564	0.8564		138	74.26	6,754,486	7,072,224	
2014/07		0.45	1.2383	1.2383		138	74.26	6,792,122	7,159,854	
2015/01		0.40	0.7571	0.7571		138	74.10	6,812,689	7,214,088	

Message Code:

- 1 Per Bed Standard Limitation
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005519063020140101201410112014160654



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234.61

Fountainhead Care Center

Type of Cost Report: Prospective with Interim Component Type of Cost: Actual with Interim Component Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
390 NE 135TH ST	1/1/2013-12/31/2013	Number of Beds: 146	Superior: 0
NORTH MIAMI, FL 33161-3967	Days in CR 365	Maximum: 53,290	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 53,290	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 40,983	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,798	Inflation
Current Class South Large	Initial CR? False	Medicaid: 36,981	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	90.23498%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.90561%	Cost: 1.04340134
Open Date: 07/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1984	Low Occupancy Adjustment Factor:	98.20500%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 228907	Interim Component Effective Date:	01/01/2014	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,742,977	2,869,203	1,650,568	491,477		6,754,225	
1a	Audit Adjustments							
2	Cost Per Diem	47.1317	77.5859	44.6329	13.2900		182.6405	
3	Cost Per Diem Inflated	49.1773	80.1079	46.5700				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.1773	80.1079	46.5700	13.2900		189.1452	
5a	Interim Adjustment	2.4400						
5b	Interim Adjusted Per Diem	51.6173						
6	Prior Semester: Provider Target Base	46.8885		60.2578				
7	Provider Target Rate	48.6056		62.4645				
7a	Interim Adjustment	2.4400						
7b	Interim Adjustment Provider Target Rate	51.0456						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	57.2527		66.7163				
10b	Base for line 10a	52.8763		64.3594				
11	Lesser of 5,7,8,10, 10a	51.0456	80.1079	46.5700	13.2900		191.0135	
12/13	Medical Adjustment Rate		3.6049	2.0957				
14	Prospective Per Diem 11	51.0456	83.7128	48.6657	13.2900		196.7141	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Fountainhead Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 02/01/1998		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,100,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	5,647,404	15.0686
Indexed Asset Value	7,059,255	<60% of Base:	False	20% ROE(2):	1,411,851	0.5520
FRVS Base Asset:	4,161,000	Interest Rate:	11.5000%	Insurance Cost(3):	28,198	0.6880
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	34,022	0.8301
ROE Factor	0.018750	Amortization Rate:	11.5000%	Home Office(3):	55,499	1.3542
		Interest Only:	False	Replacement(3&4):	60,630	0.0000
		Yearly Payment:	722,707	Total FRVS PD:		18.4929

- (1) 80% Capital (\$5,647,404) amortized at 11.5000 % for 20 years Principal & Interest of \$722,707 divided by annual available days (53290) divided by Occup. Adj. (0.90) = \$15.0686
- (2) 20% ROE (\$1,411,851) times the ROE factor (0.018750) divided by annual available days (53290) divided by Occup. Adj. (0.90) = \$0.5520
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	146	Effective PBS Limitation	52,276
			4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.0456	51.0456	0.8881	50.1575
Direct Care	83.7128	83.7128	1.4564	82.2564
Indirect Care	48.6657	48.6657	0.8467	47.8190
Property	13.2900	18.4929	0.3217	18.1712
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.3050
Supplemental Rate Add-on				9.9025
Totals	196.7141	201.9170	3.5129	234.6116

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	5,668,582	0.00	3.9578	3.0000	0.9578	146		5,668,582	3,951,052	
1984/01		0.10	2.2530	2.2530		146		5,668,582	4,002,298	
1984/07	227,126	0.10	1.9179	1.9179		146	29.00	5,901,441	4,079,094	
1985/01		0.20	1.1471	1.1471		146	29.00	5,908,579	4,125,814	
1985/10		0.20	0.8522	0.8522		146	29.00	4,161,000	4,161,000	1
1986/01		0.30	0.8299	0.8299		146	29.00	4,166,463	4,195,602	
1986/07		0.30	0.2974	0.2974		146	29.00	4,168,423	4,187,572	
1987/01		0.40	1.0091	1.0091		146	29.00	4,177,294	4,262,470	
1987/07		0.40	0.9007	0.9007		146	50.35	4,191,072	4,295,758	
1988/01		0.50	0.9007	0.9007		146	50.35	4,208,353	4,330,652	
1988/07		0.50	0.5899	0.5899		146	77.13	4,220,768	4,328,316	
1989/01		0.60	0.5899	0.5899		146	77.13	4,235,705	4,353,866	
1989/07		0.60	0.5899	0.5899		146	77.13	4,250,695	4,383,358	
1990/01		0.70	0.5899	0.5899		146	77.13	4,268,246	4,405,404	
1990/07		0.70	0.5899	0.5899		146	77.13	4,285,870	4,431,392	
1991/01		0.80	0.5899	0.5899		146	77.13	4,306,095	4,457,380	
1991/07		0.80	1.4932	1.4932		146	87.28	4,357,536	4,523,956	
1992/01		0.90	2.0117	2.0117		146	87.28	4,436,429	4,614,914	
1992/07		0.90	1.8152	1.8152		146	89.72	4,508,907	4,698,718	
1993/01		1.00	1.7710	1.7710		146	89.72	4,588,760	4,781,938	
1993/07		1.00	1.5329	1.5329		146	89.74	4,659,101	4,855,230	
1994/01		1.00	1.6983	1.6983		146	89.74	4,738,227	4,937,720	
1994/07		1.00	1.5991	1.5991		146	89.80	4,813,996	5,016,706	
1995/01		1.00	1.5812	1.5812		146	89.80	4,890,115	5,095,984	
1995/07		1.00	1.5250	1.5250		146	88.86	4,964,689	5,173,656	
1996/01		1.00	1.7228	1.7228		146	88.86	5,050,221	5,262,862	
1996/07		1.00	1.3294	1.3294		146	88.95	5,117,359	5,332,796	
1997/01		1.00	1.4109	1.4109		146	88.95	5,189,560	5,407,986	
1997/07	87,850	1.00	1.0917	1.0917		146	92.42	5,334,064	5,466,970	
1998/01		1.00	1.1663	1.1663		146	88.14	5,334,064	5,530,772	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		146	88.14	5,396,275	5,590,486	5
1999/01		1.00	1.4499	1.4499		146	88.14	5,454,522	5,671,516	5
1999/07		1.00	1.2299	1.2299		146	88.14	5,533,607	5,741,304	5
2000/01		1.00	1.3356	1.3356		146	88.14	5,601,665	5,817,954	5
2000/07		1.00	1.1129	1.1129		146	88.14	5,676,481	5,882,632	5
2001/01		1.00	1.2976	1.2976		146	88.62	5,739,655	5,958,990	5
2001/07		1.00	0.9615	0.9615		146	88.62	5,870,036	6,016,222	
2002/01		1.00	1.0301	1.0301		146	88.62	5,930,503	6,078,126	
2002/07		1.00	0.8337	0.8337		146	88.62	5,979,946	6,128,788	
2003/01		1.00	1.3271	1.3271		146	88.62	6,059,306	6,210,110	
2003/07		1.00	1.1664	1.1664		146	88.75	6,129,982	6,282,526	
2004/01		0.95	1.1103	1.1103		146	88.75	6,194,641	6,352,314	
2004/07		0.95	0.8378	0.8378		146	88.28	6,243,944	6,405,604	
2005/01		0.90	0.8595	0.8595		146	88.28	6,292,247	6,460,646	
2005/07		0.90	0.7364	0.7364		146	92.70	6,333,952	6,508,242	
2006/01		0.85	0.9068	0.9068		146	92.70	6,382,774	6,567,226	
2006/07		0.85	0.8133	0.8133		146	91.84	6,426,898	6,620,662	
2007/01		0.80	1.0133	1.0133		146	91.84	6,478,994	6,687,676	
2007/07		0.80	1.1050	1.1050		146	89.54	6,536,268	6,761,552	
2008/01		0.75	0.8556	0.8556		146	89.54	6,578,211	6,819,368	
2008/07		0.75	0.6104	0.6104		146	94.57	6,608,326	6,860,978	
2009/01		0.70	1.3268	1.3268		146	94.57	6,608,326	6,952,082	5
2009/07		0.70	0.6841	0.6841		146	94.57	6,701,645	6,999,678	
2010/01		0.65	0.8643	0.8643		146	94.57	6,739,295	7,060,122	
2010/07		0.65	0.7107	0.7107		146	94.57	6,770,431	7,110,346	
2011/01		0.60	0.9198	0.9198		146	94.57	6,807,797	7,175,754	
2011/07		0.60	0.9028	0.9028		146	94.57	6,844,675	7,240,578	
2012/01		0.55	0.3865	0.3865		146	90.80	6,859,227	7,268,610	
2012/07	38,798	0.55	0.9417	0.9417		146	90.77	6,933,549	7,337,084	
2013/01		0.50	0.4901	0.4901		146	90.77	6,950,543	7,373,000	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		146	90.77	6,972,076	7,418,698	
2014/01		0.45	0.8564	0.8564		146	89.80	6,998,946	7,482,208	
2014/07		0.45	1.2383	1.2383		146	90.23	7,037,944	7,574,918	
2015/01		0.40	0.7571	0.7571		146	90.23	7,059,255	7,632,296	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

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238.66

Manor on the Green

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
324 WILDER BLVD	1/1/2014-6/30/2014	Number of Beds: 192	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 181	Maximum: 34,752	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 70,080	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 24,281	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,561	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,846	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	85.85314%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	69.86936%	Cost: 1.02853242
Open Date: 08/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1981	Low Occupancy Adjustment Factor:	89.22002%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213527			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	967,041	1,647,688	1,249,115	344,376		4,208,220	
1a	Audit Adjustments							
2	Cost Per Diem	46.3898	79.0410	59.9211	16.5200		201.8719	
3	Cost Per Diem Inflated	47.7134	80.9111	61.6308				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.7134	80.9111	61.6308	16.5200		206.7753	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3806		66.8870				
7	Provider Target Rate	53.2622		69.3365				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	51.9505		64.1622				
10b	Base for line 10a	50.1152		61.8955				
11	Lesser of 5,7,8,10, 10a	47.7134	80.9111	61.6308	13.6500		203.9053	
12/13	Medical Adjustment Rate		3.2635	2.4859				
14	Prospective Per Diem 11	47.7134	84.1746	64.1167	13.6500		209.6547	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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238.66

Rate Semester 01/01/2015 through 08/31/2015

Manor on the Green

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/19/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,495,865.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,066,966 8.2900
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	1,266,741 0.4686
Indexed Asset Value	6,333,707	Interest Rate:	8.3750%	Insurance Cost(3):	13,848 0.5703
FRVS Base Asset:	3,805,956	Chase Rate:	8.5000%	Taxes Cost(3):	22,450 0.9246
Occup Adj Factor	0.9000	Amortization Rate:	8.3750%	Home Office(3):	19,906 0.8198
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	19,150 0.0000
		Yearly Payment:	522,867	Total FRVS PD:	11.0733

- (1) 80% Capital (\$5,066,966) amortized at 8.3750 % for 20 years Principal & Interest of \$522,867 divided by annual available days (70080) divided by Occup. Adj. (0.90) = \$8.2900
- (2) 20% ROE (\$1,266,741) times the ROE factor (0.023330) divided by annual available days (70080) divided by Occup. Adj. (0.90) = \$0.4686
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	192	Effective PBS Limitation	5,472,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.7134	47.7134	0.8301	46.8833
Direct Care	84.1746	84.1746	1.4644	82.7102
Indirect Care	64.1167	64.1167	1.1155	63.0012
Property	13.6500	11.0733	0.1926	10.8807
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.2819
Supplemental Rate Add-on				9.9025
Totals	209.6547	207.0780	3.6026	238.6598

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,977,213	0.00	2.5888	2.5888		192	60.95	2,977,213	4,636,608	
1982/01	693,636	0.10	2.6760	2.6760		192	60.95	3,678,816	4,760,832	
1982/07		0.10	2.2977	2.2977		192	60.95	3,687,270	4,870,080	
1983/04		0.20	2.6288	2.6288		192	67.03	3,706,658	4,998,144	
1983/07		0.20	3.9578	3.0000	0.9578	192	67.03	3,728,898	5,195,904	
1984/01		0.30	2.2530	2.2530		192	75.68	3,754,102	5,263,296	
1984/07		0.30	1.9179	1.9179		192	75.68	3,775,703	5,364,288	
1985/01		0.40	1.1471	1.1471		192	55.00	3,793,026	5,425,728	
1985/10		0.40	0.8522	0.8522		192	55.00	3,805,956	5,472,000	
1986/01		0.50	0.8299	0.8299		192	55.00	3,821,751	5,517,504	
1986/07		0.50	0.2974	0.2974		192	75.68	3,827,434	5,506,944	
1987/01		0.60	1.0091	1.0091		192	82.00	3,850,609	5,605,440	
1987/07		0.60	0.9007	0.9007		192	83.99	3,871,418	5,649,216	
1988/01		0.70	0.9007	0.9007		192	83.08	3,895,827	5,695,104	
1988/07		0.70	0.5899	0.5899		192	89.02	3,911,913	5,692,032	
1989/01		0.80	0.5899	0.5899		192	89.02	3,930,373	5,725,632	
1989/07		0.80	0.5899	0.5899		192	83.90	3,948,920	5,764,416	
1990/01		0.90	0.5899	0.5899		192	83.90	3,969,885	5,793,408	
1990/07		0.90	0.5899	0.5899		192	83.90	3,990,961	5,827,584	
1991/01		1.00	0.5899	0.5899		192	83.90	4,014,504	5,861,760	
1991/07		1.00	1.4932	1.4932		192	83.90	4,074,449	5,949,312	
1992/01		1.00	2.0117	2.0117		192	83.90	4,156,415	6,068,928	
1992/07		1.00	1.8152	1.8152		192	83.77	4,231,862	6,179,136	
1993/01		1.00	1.7710	1.7710		192	83.77	4,306,808	6,288,576	
1993/07		1.00	1.5329	1.5329		192	86.06	4,372,827	6,384,960	
1994/01		1.00	1.6983	1.6983		192	86.06	4,447,091	6,493,440	
1994/07		1.00	1.5991	1.5991		192	87.64	4,518,204	6,597,312	
1995/01		1.00	1.5812	1.5812		192	89.48	4,589,646	6,701,568	
1995/07		1.00	1.5250	1.5250		192	89.48	4,659,638	6,803,712	
1996/01		1.00	1.7228	1.7228		192	89.02	4,739,914	6,921,024	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		192	89.02	4,802,926	7,012,992	
1997/01		1.00	1.4109	1.4109		192	91.63	4,870,690	7,111,872	
1997/07		1.00	1.0917	1.0917		192	91.63	4,923,863	7,189,440	
1998/01		1.00	1.1663	1.1663		192	93.57	4,923,863	7,273,344	5
1998/07		1.00	1.0794	1.0794		192	93.57	5,035,058	7,351,872	
1999/01		1.00	1.4499	1.4499		192	93.57	5,108,061	7,458,432	
1999/07		1.00	1.2299	1.2299		192	93.57	5,170,885	7,550,208	
2000/01		1.00	1.3356	1.3356		192	93.57	5,239,947	7,651,008	
2000/07		1.00	1.1129	1.1129		192	93.57	5,298,262	7,736,064	
2001/01		1.00	1.2976	1.2976		192	88.86	5,367,012	7,836,480	
2001/07		1.00	0.9615	0.9615		192	88.86	5,418,616	7,911,744	
2002/01		0.95	1.0301	1.0301		192	84.75	5,471,643	7,993,152	
2002/07		0.95	0.8337	0.8337		192	84.75	5,514,978	8,059,776	
2003/01		0.90	1.3271	1.3271		192	83.32	5,580,849	8,166,720	
2003/07		0.90	1.1664	1.1664		192	83.32	5,639,437	8,261,952	
2004/01		0.85	1.1103	1.1103		192	77.42	5,692,662	8,353,728	
2004/07		0.85	0.8378	0.8378		192	77.42	5,733,199	8,423,808	
2005/01		0.80	0.8595	0.8595		192	72.54	5,772,620	8,496,192	
2005/07		0.80	0.7364	0.7364		192	72.54	5,806,627	8,558,784	
2006/01		0.75	0.9068	0.9068		192	69.60	5,846,118	8,636,352	
2006/07		0.75	0.8133	0.8133		192	69.60	5,881,779	8,706,624	
2007/01		0.70	1.0133	1.0133		192	69.97	5,923,498	8,794,752	
2007/07		0.70	1.1050	1.1050		192	69.97	5,969,316	8,891,904	
2008/01		0.65	0.8556	0.8556		192	69.97	6,002,511	8,967,936	
2008/07		0.65	0.6104	0.6104		192	73.77	6,026,329	9,022,656	
2009/01		0.60	1.3268	1.3268		192	73.77	6,074,305	9,142,464	
2009/07		0.60	0.6841	0.6841		192	73.77	6,099,240	9,205,056	
2010/01		0.55	0.8643	0.8643		192	73.77	6,128,236	9,284,544	
2010/07		0.55	0.7107	0.7107		192	73.77	6,152,191	9,350,592	
2011/01		0.50	0.9198	0.9198		192	73.77	6,180,485	9,436,608	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		192	73.77	6,208,384	9,521,856	
2012/01		0.45	0.3865	0.3865		192	82.28	6,219,180	9,558,720	
2012/07		0.45	0.9417	0.9417		192	82.28	6,245,537	9,648,768	
2013/01		0.40	0.4901	0.4901		192	84.23	6,257,778	9,696,000	
2013/07		0.40	0.6196	0.6196		192	84.23	6,273,285	9,756,096	
2014/01		0.35	0.8564	0.8564		192	82.92	6,292,086	9,839,616	
2014/07		0.35	1.2383	1.2383		192	82.92	6,319,356	9,961,536	
2015/01		0.30	0.7571	0.7571		192	85.85	6,333,707	10,036,992	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005543063020140101201410122014135403



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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231.51

Oakwood Garden of Deland

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
451 S AMELIA AVE	1/1/2014-6/30/2014	Number of Beds: 122	Superior: 0
DELAND, FL 32724	Days in CR 181	Maximum: 22,082	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 44,530	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 19,952	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,905	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,426	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	82.32759%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.35413%	Cost: 1.02853242
Open Date: 01/01/1978	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1978	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1978	Low Occupancy Adjustment Factor:	115.37815%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213543			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	847,065	1,156,017	1,010,287	330,491		3,343,860	
1a	Audit Adjustments							
2	Cost Per Diem	51.5685	70.3773	61.5054	20.1200		203.5712	
3	Cost Per Diem Inflated	53.0399	72.0424	63.2603				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.0399	72.0424	63.2603	20.1200		208.4626	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.6132		61.9022				
7	Provider Target Rate	53.5033		64.1691				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	56.6469		66.0083				
10b	Base for line 10a	54.6457		63.6764				
11	Lesser of 5,7,8,10, 10a	51.5678	72.0424	61.6580	13.6500		198.9182	
12/13	Medical Adjustment Rate		2.6201	2.2424				
14	Prospective Per Diem 11	51.5678	74.6625	63.9004	13.6500		203.7807	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Oakwood Garden of Deland

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,586,938.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,855,377	7.3521
RS to Start Calcs:	1978/01	<60% of Base:	False	20% ROE(2):	713,844	0.4155
Indexed Asset Value	3,569,221	Interest Rate:	8.3750%	Insurance Cost(3):	14,775	0.7405
FRVS Base Asset:	2,076,193	Chase Rate:	8.5000%	Taxes Cost(3):	18,494	0.9269
Occup Adj Factor	0.9000	Amortization Rate:	8.3750%	Home Office(3):	19,006	0.9526
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	5,214	0.0000
		Yearly Payment:	294,650	Total FRVS PD:		10.3876

- (1) 80% Capital (\$2,855,377) amortized at 8.3750 % for 20 years Principal & Interest of \$294,650 divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$7.3521
- (2) 20% ROE (\$713,844) times the ROE factor (0.023330) divided by annual available days (44530) divided by Occup. Adj. (0.90) = \$0.4155
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	122	Effective PBS Limitation	3,477,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	74.6625	74.6625	1.2989	73.3636
Indirect Care	63.9004	63.9004	1.1117	62.7887
Property	13.6500	10.3876	0.1807	10.2069
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5772
Supplemental Rate Add-on				9.9025
Totals	203.7807	200.5183	3.4885	231.5095

Medicaid Trend Adjustment



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231.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/01	228,624	0.00	4.7397	3.0000	1.7397	122	100.00	228,624	2,170,990	
1978/07		0.10	7.2791	3.0000	4.2791	122	100.00	229,310	2,291,160	
1979/01		0.10	9.4064	3.0000	6.4064	122	100.00	229,998	2,408,646	
1979/07		0.20	10.6046	3.0000	7.6046	122	100.00	231,378	2,509,784	
1980/01		0.20	13.7703	3.0000	10.7703	122	29.12	232,113	2,664,602	
1980/07		0.30	14.5810	3.0000	11.5810	122	29.12	233,219	2,766,106	
1981/01		0.30	15.4050	3.0000	12.4050	122	31.91	234,437	2,871,880	
1981/07		0.40	14.9938	3.0000	11.9938	122	31.91	236,069	2,946,178	
1982/01		0.40	14.6698	3.0000	11.6698	122	29.09	237,567	3,025,112	
1982/07		0.50	13.9675	3.0000	10.9675	122	29.09	239,452	3,094,530	
1983/04	101,750	0.50	13.5963	3.0000	10.5963	122	26.42	342,927	3,175,904	
1983/07		0.60	14.5541	3.0000	11.5541	122	26.42	345,892	3,301,564	
1984/01		0.60	12.8493	3.0000	9.8493	122	31.79	349,491	3,344,386	
1984/07	1,552,741	0.70	11.7672	3.0000	8.7672	122	31.79	1,906,474	3,408,558	
1985/01	113,459	0.70	9.9143	3.0000	6.9143	122	34.72	2,045,207	3,447,598	
1985/10		0.80	7.7665	3.0000	4.7665	122	34.72	2,076,193	3,477,000	
1986/01		0.80	5.5964	3.0000	2.5964	122	34.43	2,107,386	3,505,914	
1986/07		0.90	2.8938	2.8938		122	34.43	2,141,744	3,499,204	
1987/01		0.90	1.0091	1.0091		122	43.23	2,157,033	3,561,790	
1987/07		1.00	0.9007	0.9007		122	43.23	2,172,304	3,589,606	
1988/01		1.00	0.9007	0.9007		122	47.51	2,189,205	3,618,764	
1988/07		1.00	0.5899	0.5899		122	47.51	2,200,360	3,616,812	
1989/01		1.00	0.5899	0.5899		122	56.40	2,213,340	3,638,162	
1989/07		1.00	0.5899	0.5899		122	56.40	2,226,396	3,662,806	
1990/01		1.00	0.5899	0.5899		122	56.40	2,239,530	3,681,228	
1990/07		1.00	0.5899	0.5899		122	67.42	2,252,741	3,702,944	
1991/01	20,860	1.00	0.5899	0.5899		122	70.83	2,286,890	3,724,660	
1991/07		1.00	1.4932	1.4932		122	70.83	2,321,038	3,780,292	
1992/01		1.00	2.0117	2.0117		122	72.51	2,367,730	3,856,298	
1992/07		1.00	1.8152	1.8152		122	72.51	2,410,709	3,926,326	



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231.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01		1.00	1.7710	1.7710		122	72.11	2,453,403	3,995,866	
1993/07		1.00	1.5329	1.5329		122	72.11	2,491,011	4,057,110	
1994/01		1.00	1.6983	1.6983		122	78.61	2,533,316	4,126,040	
1994/07		1.00	1.5991	1.5991		122	78.61	2,573,826	4,192,042	
1995/01		1.00	1.5812	1.5812		122	79.26	2,614,523	4,258,288	
1995/07		1.00	1.5250	1.5250		122	79.26	2,654,394	4,323,192	
1996/01	49,730	1.00	1.7228	1.7228		122	81.43	2,749,854	4,397,734	
1996/07		1.00	1.3294	1.3294		122	81.43	2,786,411	4,456,172	
1997/01	30,236	1.00	1.4109	1.4109		122	82.13	2,855,960	4,519,002	
1997/07		1.00	1.0917	1.0917		122	82.13	2,887,139	4,568,290	
1998/01	31,679	1.00	1.1663	1.1663		122	86.42	2,952,491	4,621,604	
1998/07		0.95	1.0794	1.0794		122	86.42	2,982,766	4,671,502	
1999/01		0.95	1.4499	1.4499		122	86.42	3,023,851	4,739,212	
1999/07		0.90	1.2299	1.2299		122	86.42	3,057,322	4,797,528	
2000/01		0.90	1.3356	1.3356		122	86.42	3,094,071	4,861,578	
2000/07		0.85	1.1129	1.1129		122	90.04	3,123,341	4,915,624	
2001/01		0.85	1.2976	1.2976		122	90.04	3,157,791	4,979,430	
2001/07		0.80	0.9615	0.9615		122	80.94	3,182,081	5,027,254	
2002/01		0.80	1.0301	1.0301		122	76.19	3,208,305	5,078,982	
2002/07		0.75	0.8337	0.8337		122	76.19	3,228,367	5,121,316	
2003/01		0.75	1.3271	1.3271		122	73.90	3,260,499	5,189,270	
2003/07		0.70	1.1664	1.1664		122	73.90	3,287,121	5,249,782	
2004/01		0.70	1.1103	1.1103		122	67.92	3,312,669	5,308,098	
2004/07		0.65	0.8378	0.8378		122	67.92	3,330,710	5,352,628	
2005/01		0.65	0.8595	0.8595		122	69.72	3,349,319	5,398,622	
2005/07		0.60	0.7364	0.7364		122	69.72	3,364,116	5,438,394	
2006/01		0.60	0.9068	0.9068		122	74.91	3,382,420	5,487,682	
2006/07		0.55	0.8133	0.8133		122	74.91	3,397,550	5,532,334	
2007/01		0.55	1.0133	1.0133		122	70.98	3,416,485	5,588,332	
2007/07		0.50	1.1050	1.1050		122	70.98	3,435,361	5,650,064	



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231.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		0.50	0.8556	0.8556		122	70.98	3,450,057	5,698,376	
2008/07		0.45	0.6104	0.6104		122	74.40	3,459,534	5,733,146	
2009/01		0.45	1.3268	1.3268		122	74.40	3,480,191	5,809,274	
2009/07		0.40	0.6841	0.6841		122	74.40	3,489,713	5,849,046	
2010/01		0.40	0.8643	0.8643		122	74.40	3,501,777	5,899,554	
2010/07		0.35	0.7107	0.7107		122	74.40	3,510,486	5,941,522	
2011/01		0.35	0.9198	0.9198		122	74.40	3,521,786	5,996,178	
2011/07		0.30	0.9028	0.9028		122	74.40	3,531,323	6,050,346	
2012/01		0.30	0.3865	0.3865		122	72.60	3,535,419	6,073,770	
2012/07		0.25	0.9417	0.9417		122	72.60	3,543,741	6,130,988	
2013/01		0.25	0.4901	0.4901		122	73.94	3,548,082	6,161,000	
2013/07		0.20	0.6196	0.6196		122	73.94	3,552,478	6,199,186	
2014/01		0.20	0.8564	0.8564		122	78.94	3,558,563	6,252,256	
2014/07		0.15	1.2383	1.2383		122	78.94	3,565,171	6,329,726	
2015/01		0.15	0.7571	0.7571		122	82.33	3,569,221	6,377,672	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005547063020140101201410122014135946



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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243.07

Oaks of Kissimmee

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
320 N MITCHELL ST	1/1/2014-6/30/2014	Number of Beds: 59	Superior: 0
KISSIMMEE, FL 34741	Days in CR 181	Maximum: 10,679	Standard: 243
County: Osceola [49]	First Used : 2015/01	Max Annualized: 21,535	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 9,869	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,294	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 5,682	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization	57.57422%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.41502%	Cost: 1.02853242
Open Date: 11/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 11/01/1985	Low Occupancy Adjustment Factor:	118.00981%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213501			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	334,086	423,101	394,365	103,697		1,255,249	
1a	Audit Adjustments							
2	Cost Per Diem	58.7973	74.4634	69.4060	18.2501		220.9168	
3	Cost Per Diem Inflated	60.4749	76.2252	71.3863				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.4749	76.2252	71.3863	18.2501		226.3365	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.3176		67.8437				
7	Provider Target Rate	59.4166		70.3282				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	62.0941		68.7691				
10b	Base for line 10a	59.9005		66.3397				
11	Lesser of 5,7,8,10, 10a	59.4166	76.2252	68.7691	13.6500		218.0609	
12/13	Medical Adjustment Rate		0.6495	0.5860				
14	Prospective Per Diem 11	59.4166	76.8747	69.3551	13.6500		219.2964	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Oaks of Kissimmee

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/2004	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,500,000.00	Total Amount	Per Diem
RS to Start Calcs:	1985/10	Type:	Variable	80% Capital(1):	1,427,540 7.4619
Indexed Asset Value	1,784,425	<60% of Base:	False	20% ROE(2):	356,885 0.4296
FRVS Base Asset:	923,314	Interest Rate:	8.1250%	Insurance Cost(3):	5,737 0.5813
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	12,400 1.2565
ROE Factor	0.023330	Amortization Rate:	8.1250%	Home Office(3):	17,011 1.7237
		Interest Only:	False	Replacement(3&4):	20,175 0.0000
		Yearly Payment:	144,622	Total FRVS PD:	11.4530

- (1) 80% Capital (\$1,427,540) amortized at 8.1250 % for 20 years Principal & Interest of \$144,622 divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$7.4619
 (2) 20% ROE (\$356,885) times the ROE factor (0.023330) divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$0.4296
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.4166	59.4166	1.0337	58.3829
Direct Care	76.8747	76.8747	1.3374	75.5373
Indirect Care	69.3551	69.3551	1.2066	68.1485
Property	13.6500	11.4530	0.1993	11.2537
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8425
Supplemental Rate Add-on				9.9025
Totals	219.2964	217.0994	3.7770	243.0674

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	923,314	0.00	0.8522	0.8522		59	55.63	923,314	1,681,500	
1986/01		0.10	0.8299	0.8299		59	55.63	924,080	1,695,483	
1986/07		0.10	0.2974	0.2974		59	55.63	924,354	1,692,238	
1987/01		0.20	1.0091	1.0091		59	55.63	926,219	1,722,505	
1987/07		0.20	0.9007	0.9007		59	55.63	927,887	1,735,957	
1988/01		0.30	0.9007	0.9007		59	67.00	930,394	1,750,058	
1988/07		0.30	0.5899	0.5899		59	67.00	932,041	1,749,114	
1989/01		0.40	0.5899	0.5899		59	70.05	934,241	1,759,439	
1989/07		0.40	0.5899	0.5899		59	70.05	936,446	1,771,357	
1990/01		0.50	0.5899	0.5899		59	70.05	939,209	1,780,266	
1990/07		0.50	0.5899	0.5899		59	70.05	941,980	1,790,768	
1991/01		0.60	0.5899	0.5899		59	84.78	945,314	1,801,270	
1991/07	88,826	0.60	1.4932	1.4932		59	84.78	1,042,609	1,828,174	
1992/01		0.70	2.0117	2.0117		59	84.78	1,057,291	1,864,931	
1992/07		0.70	1.8152	1.8152		59	84.78	1,070,725	1,898,797	
1993/01		0.80	1.7710	1.7710		59	84.78	1,085,895	1,932,427	
1993/07	17,172	0.80	1.5329	1.5329		59	88.37	1,116,383	1,962,045	
1994/01		0.90	1.6983	1.6983		59	88.37	1,133,447	1,995,380	
1994/07	8,672	0.90	1.5991	1.5991		59	90.16	1,158,432	2,027,299	
1995/01		1.00	1.5812	1.5812		59	90.16	1,176,749	2,059,336	
1995/07	18,921	1.00	1.5250	1.5250		59	92.43	1,213,615	2,090,724	
1996/01		1.00	1.7228	1.7228		59	92.43	1,234,523	2,126,773	
1996/07	13,950	1.00	1.3294	1.3294		59	90.84	1,264,885	2,155,034	
1997/01		1.00	1.4109	1.4109		59	90.84	1,282,731	2,185,419	
1997/07	8,741	1.00	1.0917	1.0917		59	96.68	1,305,476	2,209,255	
1998/01	1,860	1.00	1.1663	1.1663		59	94.09	1,322,562	2,235,038	
1998/07	15,174	1.00	1.0794	1.0794		59	94.09	1,352,012	2,259,169	
1999/01		1.00	1.4499	1.4499		59	94.09	1,371,615	2,291,914	
1999/07		1.00	1.2299	1.2299		59	94.09	1,388,484	2,320,116	
2000/01		1.00	1.3356	1.3356		59	94.09	1,388,484	2,351,091	5



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243.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		59	92.36	1,422,688	2,377,228	
2001/01		1.00	1.2976	1.2976		59	92.36	1,441,149	2,408,085	
2001/07		1.00	0.9615	0.9615		59	89.34	1,455,006	2,431,213	
2002/01		1.00	1.0301	1.0301		59	89.34	1,469,994	2,456,229	
2002/07		1.00	0.8337	0.8337		59	86.21	1,482,249	2,476,702	
2003/01		1.00	1.3271	1.3271		59	86.21	1,501,920	2,509,565	
2003/07	10,320	1.00	1.1664	1.1664		59	86.99	1,529,758	2,538,829	
2004/01		1.00	1.1103	1.1103		59	86.99	1,546,743	2,567,031	
2004/07		1.00	0.8378	0.8378		59	84.99	1,559,702	2,588,566	
2005/01		1.00	0.8595	0.8595		59	84.99	1,573,108	2,610,809	
2005/07		1.00	0.7364	0.7364		59	84.40	1,584,692	2,630,043	
2006/01		0.95	0.9068	0.9068		59	84.40	1,598,344	2,653,879	
2006/07		0.95	0.8133	0.8133		59	80.76	1,610,693	2,675,473	
2007/01		0.90	1.0133	1.0133		59	80.76	1,625,383	2,702,554	
2007/07		0.90	1.1050	1.1050		59	81.75	1,641,547	2,732,408	
2008/01		0.85	0.8556	0.8556		59	81.75	1,653,486	2,755,772	
2008/07		0.85	0.6104	0.6104		59	77.85	1,662,064	2,772,587	
2009/01		0.80	1.3268	1.3268		59	77.85	1,679,705	2,809,403	
2009/07		0.80	0.6841	0.6841		59	77.85	1,688,898	2,828,637	
2010/01		0.75	0.8643	0.8643		59	77.85	1,699,845	2,853,063	
2010/07		0.75	0.7107	0.7107		59	77.85	1,708,905	2,873,359	
2011/01		0.70	0.9198	0.9198		59	77.85	1,719,909	2,899,791	
2011/07		0.70	0.9028	0.9028		59	77.85	1,730,779	2,925,987	
2012/01		0.65	0.3865	0.3865		59	75.88	1,735,127	2,937,315	
2012/07		0.65	0.9417	0.9417		59	70.68	1,745,748	2,964,986	
2013/01		0.60	0.4901	0.4901		59	70.68	1,750,882	2,979,500	
2013/07		0.60	0.6196	0.6196		59	70.68	1,757,392	2,997,967	
2014/01		0.55	0.8564	0.8564		59	66.02	1,765,669	3,023,632	
2014/07		0.55	1.2383	1.2383		59	66.02	1,777,695	3,061,097	
2015/01		0.50	0.7571	0.7571		59	57.57	1,784,425	3,084,284	

Message Code:



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 Rate Semester 01/01/2015 through 08/31/2015

0 005701-00 - 2015/01

234.26

Avante at Ocala

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2021 SW 1ST AVE	6/1/2013-5/31/2014	Number of Beds: 133	Superior: 0
OCALA, FL 34471	Days in CR 365	Maximum: 48,545	Standard: 243
County: Marion [42]	First Used : 2015/01	Max Annualized: 48,545	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 39,328	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,955	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,171	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	61.46003%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	81.01349%	Cost: 1.03938564
Open Date: 09/01/1968	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1968	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 11/01/1980	Low Occupancy Adjustment Factor:	103.45057%	DC Sem Index: 1.25449501
Med # Active Date: 11/15/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 228699			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,000,352	2,226,668	1,475,121	344,195		5,046,336	
1a	Audit Adjustments							
2	Cost Per Diem	41.3865	92.1215	61.0285	14.2400		208.7765	
3	Cost Per Diem Inflated	43.0165	94.5971	63.4321				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0165	94.5971	63.4321	14.2400		215.2857	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	76.6145		94.9880				
7	Provider Target Rate	79.4202		98.4665				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	46.8854		54.1865				
10b	Base for line 10a	45.2291		52.2722				
11	Lesser of 5,7,8,10, 10a	43.0165	94.5971	54.1865	13.6500		205.4501	
12/13	Medical Adjustment Rate		1.2196	0.6986				
14	Prospective Per Diem 11	43.0165	95.8167	54.8851	13.6500		207.3683	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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234.26

Rate Semester 01/01/2015 through 08/31/2015

Avante at Ocala

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,134,349 11.7649
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,033,587 0.5273
Indexed Asset Value	5,167,936	Interest Rate:	12.5000%	Insurance Cost(3):	53,507 1.3605
FRVS Base Asset:	1,786,469	Chase Rate:	12.5000%	Taxes Cost(3):	53,080 1.3497
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	30,114 0.7657
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	19,059 0.0000
		Yearly Payment:	514,013	Total FRVS PD:	15.7681

- (1) 80% Capital (\$4,134,349) amortized at 12.5000 % for 20 years Interest of \$514,013 divided by annual available days (48545) divided by Occup. Adj. (0.90) = \$11.7649
- (2) 20% ROE (\$1,033,587) times the ROE factor (0.022290) divided by annual available days (48545) divided by Occup. Adj. (0.90) = \$0.5273
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	133	Effective PBS Limitation	3,790,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.0165	43.0165	0.7484	42.2681
Direct Care	95.8167	95.8167	1.6670	94.1497
Indirect Care	54.8851	54.8851	0.9549	53.9302
Property	13.6500	15.7681	0.2743	15.4938
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.5123
Supplemental Rate Add-on				9.9025
Totals	207.3683	209.4864	3.6446	234.2566

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	931,365	0.00				133	100.00	931,365	1,364,713	
1972/01		0.10	3.9787	3.0000	0.9787	133	100.00	934,159	1,418,977	
1972/07		0.10	5.9113	3.0000	2.9113	133	100.00	936,961	1,488,935	
1973/01		0.20	8.0622	3.0000	5.0622	133	100.00	942,583	1,565,676	
1973/07		0.20	10.7186	3.0000	7.7186	133	100.00	948,238	1,654,254	
1974/01		0.30	12.9457	3.0000	9.9457	133	100.00	956,772	1,740,704	
1974/07		0.30	13.0494	3.0000	10.0494	133	100.00	965,383	1,794,702	
1975/01		0.40	13.1399	3.0000	10.1399	133	100.00	976,968	1,850,163	
1975/07		0.40	14.2033	3.0000	11.2033	133	100.00	988,692	1,925,441	
1976/01		0.50	15.2478	3.0000	12.2478	133	100.00	1,003,522	2,003,246	
1976/07		0.50	15.7330	3.0000	12.7330	133	100.00	1,018,575	2,073,071	
1977/01		0.60	16.4836	3.0000	13.4836	133	100.00	1,036,909	2,150,876	
1977/07		0.60	18.5412	3.0000	15.5412	133	100.00	1,055,573	2,259,537	
1978/01		0.70	20.2809	3.0000	17.2809	133	100.00	1,077,740	2,366,735	
1978/07		0.70	22.8203	3.0000	19.8203	133	100.00	1,100,373	2,497,740	
1979/01		0.80	24.9476	3.0000	21.9476	133	100.00	1,126,782	2,625,819	
1979/07		0.80	26.1458	3.0000	23.1458	133	100.00	1,153,825	2,736,076	
1980/01	39,611	0.90	29.3115	3.0000	26.3115	133	80.27	1,224,589	2,904,853	
1980/07		0.90	30.1222	3.0000	27.1222	133	80.27	1,257,653	3,015,509	
1981/01	26,608	1.00	30.9462	3.0000	27.9462	133	80.98	1,321,991	3,130,820	
1981/07		1.00	30.5350	3.0000	27.5350	133	80.98	1,361,651	3,211,817	
1982/01	1,499	1.00	30.2110	3.0000	27.2110	133	78.80	1,404,000	3,297,868	
1982/07		1.00	29.5087	3.0000	26.5087	133	78.80	1,446,120	3,373,545	
1983/04		1.00	29.1375	3.0000	26.1375	133	81.52	1,489,504	3,462,256	
1983/07	9,849	1.00	30.0953	3.0000	27.0953	133	81.52	1,544,038	3,599,246	
1984/01		1.00	28.3905	3.0000	25.3905	133	80.62	1,590,359	3,645,929	
1984/07	23,346	1.00	27.3084	3.0000	24.3084	133	80.62	1,661,416	3,715,887	
1985/01		1.00	25.4555	3.0000	22.4555	133	80.62	1,711,258	3,758,447	
1985/10	23,873	1.00	23.3077	3.0000	20.3077	133	80.62	1,786,469	3,790,500	
1986/01		1.00	21.1376	3.0000	18.1376	133	79.45	1,840,063	3,822,021	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	133	79.45	1,895,265	3,814,706	
1987/01	16,913	1.00	16.4441	3.0000	13.4441	133	78.95	1,969,036	3,882,935	
1987/07		1.00	14.3448	3.0000	11.3448	133	78.95	2,028,107	3,913,259	
1988/01		1.00	12.2455	3.0000	9.2455	133	75.47	2,088,950	3,945,046	
1988/07		1.00	9.8354	3.0000	6.8354	133	75.47	2,151,619	3,942,918	
1989/01		1.00	7.4253	3.0000	4.4253	133	78.73	2,216,168	3,966,193	
1989/07		1.00	5.0152	3.0000	2.0152	133	78.73	2,282,653	3,993,059	
1990/01		1.00	2.6051	2.6051		133	73.21	2,342,118	4,013,142	
1990/07		1.00	0.5899	0.5899		133	73.21	2,355,934	4,036,816	
1991/01		1.00	0.5899	0.5899		133	75.33	2,369,832	4,060,490	
1991/07		1.00	1.4932	1.4932		133	75.33	2,405,218	4,121,138	
1992/01	28,817	0.95	2.0117	2.0117		133	79.83	2,480,001	4,203,997	
1992/07		0.95	1.8152	1.8152		133	79.83	2,522,766	4,280,339	
1993/01	28,771	0.90	1.7710	1.7710		133	80.57	2,591,747	4,356,149	
1993/07		0.90	1.5329	1.5329		133	80.57	2,627,503	4,422,915	
1994/01		0.85	1.6983	1.6983		133	75.10	2,665,434	4,498,060	
1994/07		0.85	1.5991	1.5991		133	75.10	2,701,663	4,570,013	
1995/01		0.80	1.5812	1.5812		133	75.14	2,735,839	4,642,232	
1995/07		0.80	1.5250	1.5250		133	75.14	2,735,839	4,712,988	5
1996/01		0.75	1.7228	1.7228		133	75.90	2,769,216	4,794,251	5
1996/07		0.75	1.3294	1.3294		133	75.90	2,804,997	4,857,958	5
1997/01		0.70	1.4109	1.4109		133	78.41	2,832,966	4,926,453	5
1997/07		0.70	1.0917	1.0917		133	78.41	2,882,807	4,980,185	
1998/01		0.65	1.1663	1.1663		133	78.41	2,904,662	5,038,306	
1998/07		0.65	1.0794	1.0794		133	78.41	2,925,041	5,092,703	
1999/01		0.60	1.4499	1.4499		133	78.41	2,950,486	5,166,518	
1999/07		0.60	1.2299	1.2299		133	78.41	2,972,258	5,230,092	
2000/01	84,823	0.55	1.3356	1.3356		133	82.66	3,078,915	5,299,917	
2000/07		0.55	1.1129	1.1129		133	82.66	3,097,761	5,358,836	
2001/01		0.50	1.2976	1.2976		133	84.72	3,117,859	5,428,395	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		133	84.72	3,132,850	5,480,531	
2002/01		0.45	1.0301	1.0301		133	84.72	3,147,371	5,536,923	
2002/07		0.45	0.8337	0.8337		133	84.72	3,159,180	5,583,074	
2003/01		0.40	1.3271	1.3271		133	84.72	3,159,180	5,657,155	5
2003/07		0.40	1.1664	1.1664		133	84.72	3,190,768	5,723,123	
2004/01		0.35	1.1103	1.1103		133	84.72	3,203,167	5,786,697	
2004/07		0.35	0.8378	0.8378		133	84.26	3,212,559	5,835,242	
2005/01		0.30	0.8595	0.8595		133	84.26	3,220,844	5,885,383	
2005/07		0.30	0.7364	0.7364		133	84.26	3,227,959	5,928,741	
2006/01		0.25	0.9068	0.9068		133	84.26	3,235,277	5,982,473	
2006/07		0.25	0.8133	0.8133		133	84.26	3,241,854	6,031,151	
2007/01		0.20	1.0133	1.0133		133	84.41	3,248,425	6,092,198	
2007/07		0.20	1.1050	1.1050		133	84.41	3,248,425	6,159,496	5
2008/01		0.15	0.8556	0.8556		133	84.41	3,259,781	6,212,164	
2008/07		0.15	0.6104	0.6104		133	43.63	3,262,150	6,250,069	
2009/01		0.10	1.3268	1.3268		133	43.63	3,265,584	6,333,061	
2009/07	199,478	0.10	0.6841	0.6841		133	43.63	3,466,834	6,376,419	
2010/01		0.05	0.8643	0.8643		133	43.63	3,468,022	6,431,481	
2010/07		0.05	0.7107	0.7107		133	43.63	3,468,999	6,477,233	
2011/01		0.00	0.9198	0.9198		133	43.63	3,468,999	6,536,817	
2011/07		0.00	0.9028	0.9028		133	43.63	3,468,999	6,595,869	
2012/01		0.00	0.3865	0.3865		133	43.63	3,468,999	6,621,405	
2012/07		0.00	0.9417	0.9417		133	43.63	3,468,999	6,683,782	
2013/01	20,712	0.00	0.4901	0.4901		133	54.41	3,489,711	6,716,500	
2013/07		0.00	0.6196	0.6196		133	54.41	3,489,711	6,758,129	
2014/01	1,678,225	0.00	0.8564	0.8564		133	55.88	5,167,936	6,815,984	
2014/07		0.00	1.2383	1.2383		133	55.88	5,167,936	6,900,439	
2015/01		0.00	0.7571	0.7571		133	61.46	5,167,936	6,952,708	

Message Code:

5 Uncorrected Licensure Deficiency



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Palatka Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
110 KAY LARKIN DR	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
PALATKA, FL 32177	Days in CR 365	Maximum: 65,700	Standard: 243
County: Putnam [54]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 62,782	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,202	Inflation
Current Class North Large	Initial CR? False	Medicaid: 41,164	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	65.56656%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.55860%	Cost: 1.05607860
Open Date: 05/26/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/26/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 05/26/1989	Low Occupancy Adjustment Factor:	122.02402%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226025			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,742,989	3,417,990	2,203,792	660,271		8,025,042	
1a	Audit Adjustments							
2	Cost Per Diem	42.3426	83.0335	53.5369	16.0400		194.9530	
3	Cost Per Diem Inflated	44.7171	86.1937	56.5392				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.7171	86.1937	56.5392	16.0400		203.4900	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.1330		65.3679				
7	Provider Target Rate	58.1886		67.7617				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	50.2739		60.3678				
10b	Base for line 10a	48.4979		58.2352				
11	Lesser of 5,7,8,10, 10a	44.7171	86.1937	56.5392	13.6500		201.1000	
12/13	Medical Adjustment Rate		1.5095	0.9901				
14	Prospective Per Diem 11	44.7171	87.7032	57.5293	13.6500		203.5996	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Palatka Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/26/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	8,164,874.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable	80% Capital(1):	6,617,145	12.6692
Indexed Asset Value	8,271,431	<60% of Base:	False	20% ROE(2):	1,654,286	0.4023
FRVS Base Asset:	1,778,760	Interest Rate:	9.6724%	Insurance Cost(3):	81,909	1.3047
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	138,928	2.2129
ROE Factor	0.014380	Amortization Rate:	9.6724%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	1,678	0.0000
		Yearly Payment:	749,128	Total FRVS PD:		16.5891

- (1) 80% Capital (\$6,617,145) amortized at 9.6724 % for 20 years Principal & Interest of \$749,128 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.6692
 (2) 20% ROE (\$1,654,286) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4023
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.7171	44.7171	0.7780	43.9391
Direct Care	87.7032	87.7032	1.5258	86.1774
Indirect Care	57.5293	57.5293	1.0009	56.5284
Property	13.6500	16.5891	0.2886	16.3005
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.4944
Supplemental Rate Add-on				9.9025
Totals	203.5996	206.5387	3.5933	233.3423

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	2,500,000	0.00	0.5899	0.5899		60	72.37	1,778,760	1,778,760	1
1989/07		0.10	0.5899	0.5899		60	72.37	1,779,809	1,801,380	
1990/01		0.10	0.5899	0.5899		60	72.37	1,780,859	1,810,440	
1990/07	1,079,702	0.20	0.5899	0.5899		120	72.37	2,862,662	3,642,240	
1991/01		0.20	0.5899	0.5899		120	72.37	2,866,040	3,663,600	
1991/07		0.30	1.4932	1.4932		120	72.37	2,878,880	3,718,320	
1992/01		0.30	2.0117	2.0117		120	72.37	2,896,254	3,793,080	
1992/07		0.40	1.8152	1.8152		120	72.37	2,917,284	3,861,960	
1993/01	51,007	0.40	1.7710	1.7710		120	77.24	2,988,957	3,930,360	
1993/07	40,615	0.50	1.5329	1.5329		120	75.82	3,052,482	3,990,600	
1994/01		0.50	1.6983	1.6983		120	75.82	3,078,404	4,058,400	
1994/07		0.60	1.5991	1.5991		120	75.82	3,107,941	4,123,320	
1995/01	33,696	0.60	1.5812	1.5812		120	82.19	3,171,122	4,188,480	
1995/07		0.70	1.5250	1.5250		120	82.19	3,204,974	4,252,320	
1996/01		0.70	1.7228	1.7228		120	81.25	3,243,626	4,325,640	
1996/07		0.80	1.3294	1.3294		120	81.25	3,278,122	4,383,120	
1997/01	34,975	0.80	1.4109	1.4109		120	81.16	3,350,097	4,444,920	
1997/07		0.90	1.0917	1.0917		120	81.16	3,383,012	4,493,400	
1998/01	49,530	0.90	1.1663	1.1663		120	81.56	3,468,053	4,545,840	
1998/07	2,588,704	1.00	1.0794	1.0794		180	81.54	6,094,191	6,892,380	
1999/01		1.00	1.4499	1.4499		180	81.54	6,182,551	6,992,280	
1999/07		1.00	1.2299	1.2299		180	81.54	6,258,590	7,078,320	
2000/01		1.00	1.3356	1.3356		180	80.04	6,342,180	7,172,820	
2000/07		1.00	1.1129	1.1129		180	80.04	6,412,762	7,252,560	
2001/01		1.00	1.2976	1.2976		180	75.32	6,495,974	7,346,700	
2001/07		1.00	0.9615	0.9615		180	75.32	6,558,433	7,417,260	
2002/01		1.00	1.0301	1.0301		180	75.32	6,625,991	7,493,580	
2002/07		1.00	0.8337	0.8337		180	75.32	6,681,232	7,556,040	
2003/01		1.00	1.3271	1.3271		180	77.00	6,769,899	7,656,300	
2003/07		1.00	1.1664	1.1664		180	77.00	6,848,863	7,745,580	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		180	78.42	6,924,906	7,831,620	
2004/07		1.00	0.8378	0.8378		180	78.42	6,982,923	7,897,320	
2005/01		1.00	0.8595	0.8595		180	76.95	7,042,941	7,965,180	
2005/07		1.00	0.7364	0.7364		180	76.95	7,094,805	8,023,860	
2006/01		1.00	0.9068	0.9068		180	76.09	7,159,141	8,096,580	
2006/07		1.00	0.8133	0.8133		180	76.09	7,217,366	8,162,460	
2007/01		1.00	1.0133	1.0133		180	76.09	7,290,500	8,245,080	
2007/07		1.00	1.1050	1.1050		180	78.19	7,371,060	8,336,160	
2008/01		1.00	0.8556	0.8556		180	72.43	7,434,127	8,407,440	
2008/07		1.00	0.6104	0.6104		180	72.43	7,479,505	8,458,740	
2009/01		1.00	1.3268	1.3268		180	65.32	7,578,743	8,571,060	
2009/07		0.95	0.6841	0.6841		180	65.32	7,627,997	8,629,740	
2010/01		0.95	0.8643	0.8643		180	65.32	7,690,630	8,704,260	
2010/07		0.90	0.7107	0.7107		180	65.32	7,739,819	8,766,180	
2011/01		0.90	0.9198	0.9198		180	65.32	7,803,889	8,846,820	
2011/07		0.85	0.9028	0.9028		180	65.81	7,863,776	8,926,740	
2012/01		0.85	0.3865	0.3865		180	63.80	7,889,609	8,961,300	
2012/07		0.80	0.9417	0.9417		180	63.80	7,949,049	9,045,720	
2013/01		0.80	0.4901	0.4901		180	63.80	7,980,217	9,090,000	
2013/07	87,758	0.75	0.6196	0.6196		180	61.87	8,105,059	9,146,340	
2014/01		0.75	0.8564	0.8564		180	61.87	8,157,118	9,224,640	
2014/07		0.70	1.2383	1.2383		180	65.57	8,227,824	9,338,940	
2015/01		0.70	0.7571	0.7571		180	65.57	8,271,431	9,409,680	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005814-00 - 2015/01
262.62

Boynton Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7900 VENTURE CENTER WAY	1/1/2014-6/30/2014	Number of Beds: 81	Superior: 0
BOYNTON BEACH, FL 33437-7402	Days in CR 181	Maximum: 14,661	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 29,565	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 12,717	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,961	Inflation
Current Class South Small	Initial CR? False	Medicaid: 5,202	FY Index: 1.33356899
Class at 1/94: South Small	Medical Utilization	40.90587%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.74033%	Cost: 1.02853242
Open Date: 09/14/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 09/14/1999	Low Occupancy Adjustment Factor:	110.76349%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 218952			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	282,207	469,622	381,766	216,819		1,350,414	
1a	Audit Adjustments							
2	Cost Per Diem	54.2497	90.2772	73.3883	41.6799		259.5951	
3	Cost Per Diem Inflated	55.7976	92.4131	75.4822				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.7976	92.4131	75.4822	41.6799		265.3728	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8495		73.9598				
7	Provider Target Rate	56.8581		76.6683				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	65.7063		75.8906				
10b	Base for line 10a	63.3851		73.2096				
11	Lesser of 5,7,8,10, 10a	55.7976	92.4131	75.4822	13.6500		237.3429	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.7976	92.4131	75.4822	13.6500		237.3429	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Boynton Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/14/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,280,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,602,622	10.6283
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	650,656	0.5705
Indexed Asset Value	3,253,278	Interest Rate:	9.0898%	Insurance Cost(3):	12,580	0.9892
FRVS Base Asset:	0	Chase Rate:	8.5000%	Taxes Cost(3):	37,361	2.9379
Occup Adj Factor	0.9000	Amortization Rate:	9.0898%	Home Office(3):	18,547	1.4584
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	26,317	0.0000
		Yearly Payment:	282,804	Total FRVS PD:		16.5843

- (1) 80% Capital (\$2,602,622) amortized at 9.0898 % for 20 years Principal & Interest of \$282,804 divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$10.6283
- (2) 20% ROE (\$650,656) times the ROE factor (0.023330) divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$0.5705
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	52,276
Comparison Bed	71	Effective PBS Limitation	2,758,066

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.7976	55.7976	0.9707	54.8269
Direct Care	92.4131	92.4131	1.6078	90.8053
Indirect Care	75.4822	75.4822	1.3132	74.1690
Property	13.6500	16.5843	0.2885	16.2958
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.6177
Supplemental Rate Add-on				9.9025
Totals	237.3429	240.2772	4.1802	262.6172

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

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262.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	3,957,679	0.00	1.2299	1.2299		71	82.21	2,758,066	2,758,066	1
2000/01	9,912	0.10	1.3356	1.3356		71	82.21	2,771,663	2,829,279	
2000/07	1,689	0.10	1.1129	1.1129		71	82.21	2,776,437	2,860,732	
2001/01		0.20	1.2976	1.2976		71	82.21	2,783,642	2,897,865	
2001/07		0.20	0.9615	0.9615		71	82.21	2,788,995	2,925,697	
2002/01		0.30	1.0301	1.0301		71	68.18	2,797,613	2,955,801	
2002/07		0.30	0.8337	0.8337		71	68.18	2,804,610	2,980,438	
2003/01	14,770	0.40	1.3271	1.3271		81	60.60	2,834,267	3,445,335	
2003/07		0.40	1.1664	1.1664		81	60.60	2,847,492	3,485,511	
2004/01		0.50	1.1103	1.1103		81	58.12	2,863,301	3,524,229	
2004/07		0.50	0.8378	0.8378		81	58.12	2,875,295	3,553,794	
2005/01		0.60	0.8595	0.8595		81	56.64	2,890,123	3,584,331	
2005/07		0.60	0.7364	0.7364		81	56.64	2,902,892	3,610,737	
2006/01		0.70	0.9068	0.9068		81	57.26	2,921,320	3,643,461	
2006/07		0.70	0.8133	0.8133		81	57.26	2,937,951	3,673,107	
2007/01		0.80	1.0133	1.0133		81	51.51	2,960,255	3,710,286	
2007/07		0.80	1.1050	1.1050		81	51.51	2,984,763	3,751,272	
2008/01		0.90	0.8556	0.8556		81	51.51	3,006,287	3,783,348	
2008/07		0.90	0.6104	0.6104		81	38.40	3,017,819	3,806,433	
2009/01		1.00	1.3268	1.3268		81	38.40	3,045,774	3,856,977	
2009/07		1.00	0.6841	0.6841		81	38.40	3,060,321	3,883,383	
2010/01		1.00	0.8643	0.8643		81	38.40	3,078,788	3,916,917	
2010/07		1.00	0.7107	0.7107		81	38.40	3,094,065	3,944,781	
2011/01		1.00	0.9198	0.9198		81	38.40	3,113,935	3,981,069	
2011/07		1.00	0.9028	0.9028		81	38.40	3,133,563	4,017,033	
2012/01		1.00	0.3865	0.3865		81	34.26	3,141,107	4,032,585	
2012/07		1.00	0.9417	0.9417		81	34.26	3,159,533	4,070,574	
2013/01		1.00	0.4901	0.4901		81	34.24	3,169,173	4,090,500	
2013/07		1.00	0.6196	0.6196		81	41.85	3,184,114	4,115,853	
2014/01		1.00	0.8564	0.8564		81	41.85	3,204,863	4,151,088	



Florida Agency for Health Care Administration
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Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

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262.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		81	41.85	3,235,060	4,202,523	
2015/01		1.00	0.7571	0.7571		81	40.91	3,253,278	4,234,356	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005814063020140101201410122014121820



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005826-00 - 2015/01

229.08

Accentia Health & Rehab. Center of Tampa

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1818 E FLETCHER AVE	1/1/2014-6/30/2014	Number of Beds: 266	Superior: 0
TAMPA, FL 33612-3770	Days in CR 181	Maximum: 48,146	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 97,090	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 40,465	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,050	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,809	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	76.13740%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.04644%	Cost: 1.02853242
Open Date: 01/01/1975	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1975	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1981	Low Occupancy Adjustment Factor:	107.32352%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213039			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,492,287	2,791,779	1,868,998	729,865		6,882,929	
1a	Audit Adjustments							
2	Cost Per Diem	48.4367	90.6157	60.6640	23.6900		223.4064	
3	Cost Per Diem Inflated	49.8187	92.7596	62.3949				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.8187	92.7596	62.3949	23.6900		228.6632	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.3572		59.9273				
7	Provider Target Rate	51.1647		62.1219				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.5508		61.9764				
10b	Base for line 10a	50.6943		59.7869				
11	Lesser of 5,7,8,10, 10a	49.8187	92.7596	61.9764	13.6500		218.2047	
12/13	Medical Adjustment Rate		2.7276	1.8224				
14	Prospective Per Diem 11	49.8187	95.4872	63.7988	13.6500		222.7547	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 005826-00 - 2015/01

229.08

Rate Semester 01/01/2015 through 08/31/2015

Accentia Health & Rehab. Center of Tampa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,371,412.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed	80% Capital(1):	5,661,374	8.0551
Indexed Asset Value	7,076,717	<60% of Base:	True	20% ROE(2):	1,415,343	0.3779
FRVS Base Asset:	3,288,408	Interest Rate:	9.5000%	Insurance Cost(3):	28,011	0.6922
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	49,364	1.2199
ROE Factor	0.023330	Amortization Rate:	12.5000%	Home Office(3):	38,908	0.9615
		Interest Only:	True	Replacement(3&4):	18,343	0.0000
		Yearly Payment:	703,864	Total FRVS PD:		11.3066

- (1) 80% Capital (\$5,661,374) amortized at 12.5000 % for 20 years Interest of \$703,864 divided by annual available days (97090) divided by Occup. Adj. (0.90) = \$8.0551
- (2) 20% ROE (\$1,415,343) times the ROE factor (0.023330) divided by annual available days (97090) divided by Occup. Adj. (0.90) = \$0.3779
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	266	Effective PBS Limitation	7,581,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.8187	49.8187	0.8667	48.9520
Direct Care	95.4872	95.4872	1.6612	93.8260
Indirect Care	63.7988	63.7988	1.1099	62.6889
Property	13.6500	11.3066	0.1967	11.1099
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.5963
Supplemental Rate Add-on				9.9025
Totals	222.7547	220.4113	3.8345	229.0756

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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229.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/01	2,196,060	0.00	3.0905	3.0000	0.0905	266	100.00	2,196,060	3,700,326	
1975/07		0.10	4.1539	3.0000	1.1539	266	100.00	2,202,648	3,850,882	
1976/01	10,259	0.10	5.1984	3.0000	2.1984	266	100.00	2,219,515	4,006,492	
1976/07	3,234	0.20	5.6836	3.0000	2.6836	266	100.00	2,236,066	4,146,142	
1977/01	1,996	0.20	6.4342	3.0000	3.4342	266	100.00	2,251,478	4,301,752	
1977/07	53,153	0.30	8.4918	3.0000	5.4918	266	100.00	2,324,894	4,519,074	
1978/01		0.30	10.2315	3.0000	7.2315	266	100.00	2,345,818	4,733,470	
1978/07		0.40	12.7709	3.0000	9.7709	266	100.00	2,373,968	4,995,480	
1979/01		0.40	14.8982	3.0000	11.8982	266	100.00	2,402,456	5,251,638	
1979/07		0.50	16.0964	3.0000	13.0964	266	100.00	2,438,493	5,472,152	
1980/01		0.50	19.2621	3.0000	16.2621	266	63.51	2,475,070	5,809,706	
1980/07		0.60	20.0727	3.0000	17.0727	266	63.51	2,519,621	6,031,018	
1981/01		0.60	20.8968	3.0000	17.8968	266	64.51	2,564,974	6,261,640	
1981/07		0.70	20.4856	3.0000	17.4856	266	64.51	2,618,838	6,423,634	
1982/01	20,456	0.70	20.1616	3.0000	17.1616	266	62.87	2,694,290	6,595,736	
1982/07	756	0.80	19.4593	3.0000	16.4593	266	62.87	2,759,709	6,747,090	
1983/04	2,750	0.80	19.0881	3.0000	16.0881	266	90.86	2,828,692	6,924,512	
1983/07	17,765	0.90	20.0459	3.0000	17.0459	266	90.86	2,922,832	7,198,492	
1984/01		0.90	18.3411	3.0000	15.3411	266	63.69	3,001,748	7,291,858	
1984/07		1.00	17.2590	3.0000	14.2590	266	63.69	3,091,800	7,431,774	
1985/01	3,011	1.00	15.4061	3.0000	12.4061	266	63.69	3,187,565	7,516,894	
1985/10	5,216	1.00	13.2583	3.0000	10.2583	266	63.69	3,288,408	7,581,000	
1986/01		1.00	11.0882	3.0000	8.0882	266	62.73	3,387,060	7,644,042	
1986/07		1.00	8.3856	3.0000	5.3856	266	62.73	3,488,672	7,629,412	
1987/01		1.00	6.3947	3.0000	3.3947	266	65.03	3,593,332	7,765,870	
1987/07		1.00	4.2954	3.0000	1.2954	266	65.03	3,701,132	7,826,518	
1988/01		1.00	2.1961	2.1961		266	69.23	3,782,413	7,890,092	
1988/07		1.00	0.5899	0.5899		266	69.23	3,804,725	7,885,836	
1989/01		1.00	0.5899	0.5899		266	73.72	3,827,169	7,932,386	
1989/07		1.00	0.5899	0.5899		266	73.72	3,849,745	7,986,118	



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01		1.00	0.5899	0.5899		266	75.91	3,872,455	8,026,284	
1990/07		1.00	0.5899	0.5899		266	75.91	3,895,299	8,073,632	
1991/01	165,452	1.00	0.5899	0.5899		266	73.83	4,083,729	8,120,980	
1991/07		1.00	1.4932	1.4932		266	73.83	4,144,707	8,242,276	
1992/01	60,328	1.00	2.0117	2.0117		266	76.69	4,288,414	8,407,994	
1992/07		1.00	1.8152	1.8152		266	76.69	4,366,257	8,560,678	
1993/01		1.00	1.7710	1.7710		266	81.42	4,443,583	8,712,298	
1993/07		1.00	1.5329	1.5329		266	81.42	4,511,699	8,845,830	
1994/01	49,264	1.00	1.6983	1.6983		266	84.71	4,637,585	8,996,120	
1994/07		1.00	1.5991	1.5991		266	84.71	4,637,585	9,140,026	5
1995/01	67,851	1.00	1.5812	1.5812		266	86.19	4,854,098	9,284,464	
1995/07		0.95	1.5250	1.5250		266	90.47	4,854,098	9,425,976	5
1996/01		0.95	1.7228	1.7228		266	90.47	5,005,022	9,588,502	
1996/07		0.90	1.3294	1.3294		266	90.47	5,064,907	9,715,916	
1997/01	84,858	0.90	1.4109	1.4109		266	88.52	5,214,079	9,852,906	
1997/07	207,576	0.85	1.0917	1.0917		266	88.52	5,470,036	9,960,370	
1998/01	716	0.85	1.1663	1.1663		266	88.52	5,524,982	10,076,612	
1998/07	3,399	0.80	1.0794	1.0794		266	88.52	5,576,089	10,185,406	
1999/01		0.80	1.4499	1.4499		266	88.52	5,640,766	10,333,036	
1999/07		0.75	1.2299	1.2299		266	88.52	5,692,796	10,460,184	
2000/01		0.75	1.3356	1.3356		266	88.52	5,749,821	10,599,834	
2000/07	45,285	0.70	1.1129	1.1129		266	90.42	5,839,897	10,717,672	
2001/01		0.70	1.2976	1.2976		266	89.53	5,892,941	10,856,790	
2001/07		0.65	0.9615	0.9615		266	89.53	5,929,772	10,961,062	
2002/01		0.65	1.0301	1.0301		266	86.05	5,969,478	11,073,846	
2002/07		0.60	0.8337	0.8337		266	86.05	5,999,337	11,166,148	
2003/01	203,101	0.60	1.3271	1.3271		266	82.46	6,250,211	11,314,310	
2003/07		0.55	1.1664	1.1664		266	82.46	6,290,306	11,446,246	
2004/01	353,994	0.55	1.1103	1.1103		266	80.67	6,682,715	11,573,394	
2004/07		0.50	0.8378	0.8378		266	80.67	6,710,709	11,670,484	



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0 005826-00 - 2015/01

229.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		0.50	0.8595	0.8595		266	82.20	6,739,552	11,770,766	
2005/07		0.45	0.7364	0.7364		266	82.20	6,761,887	11,857,482	
2006/01		0.45	0.9068	0.9068		266	80.25	6,789,482	11,964,946	
2006/07		0.40	0.8133	0.8133		266	80.25	6,811,568	12,062,302	
2007/01		0.40	1.0133	1.0133		266	81.35	6,839,175	12,184,396	
2007/07		0.35	1.1050	1.1050		266	81.35	6,865,629	12,318,992	
2008/01		0.35	0.8556	0.8556		266	81.35	6,886,192	12,424,328	
2008/07		0.30	0.6104	0.6104		266	84.36	6,898,801	12,500,138	
2009/01		0.30	1.3268	1.3268		266	84.36	6,926,258	12,666,122	
2009/07		0.25	0.6841	0.6841		266	84.36	6,938,102	12,752,838	
2010/01		0.25	0.8643	0.8643		266	84.36	6,953,095	12,862,962	
2010/07		0.20	0.7107	0.7107		266	84.36	6,962,975	12,954,466	
2011/01		0.20	0.9198	0.9198		266	84.36	6,975,787	13,073,634	
2011/07		0.15	0.9028	0.9028		266	84.36	6,985,232	13,191,738	
2012/01	72,099	0.15	0.3865	0.3865		266	81.67	7,061,382	13,242,810	
2012/07		0.10	0.9417	0.9417		266	81.67	7,068,034	13,367,564	
2013/01		0.10	0.4901	0.4901		266	78.04	7,071,497	13,433,000	
2013/07		0.05	0.6196	0.6196		266	78.04	7,073,689	13,516,258	
2014/01		0.05	0.8564	0.8564		266	79.08	7,076,717	13,631,968	
2014/07		0.00	1.2383	1.2383		266	79.08	7,076,717	13,800,878	
2015/01		0.00	0.7571	0.7571		266	76.14	7,076,717	13,905,416	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 005849-00 - 2015/01

274.53

Glen Oaks Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1100 N PINE ST	1/1/2014-6/30/2014	Number of Beds: 76	Superior: 0
CLEARWATER, FL 33756-4104	Days in CR 181	Maximum: 13,756	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 27,740	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 12,572	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,185	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 11,094	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization	88.24372%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.39285%	Cost: 1.02853242
Open Date: 02/06/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/06/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 02/06/1989	Low Occupancy Adjustment Factor:	116.70455%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 255840			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	626,137	979,040	760,378	251,834		2,617,389
1a	Audit Adjustments						
2	Cost Per Diem	56.4392	88.2495	68.5396	22.7000		235.9283
3	Cost Per Diem Inflated	58.0495	90.3375	70.4952			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.0495	90.3375	70.4952	22.7000		241.5822
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1779		70.6612			
7	Provider Target Rate	59.2718		73.2489			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	62.9364		74.3444			
10a	New Provider Target Limitation	62.9881		74.7588			
10b	Base for line 10a	60.7629		72.1178			
11	Lesser of 5,7,8,10, 10a	58.0495	90.3375	70.4952	13.6500		232.5322
12/13	Medical Adjustment Rate		3.8867	3.0330			
14	Prospective Per Diem 11	58.0495	94.2242	73.5282	13.6500		239.4519
15	Inflated Usual & Customary Charge						0.00



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274.53

Rate Semester 01/01/2015 through 08/31/2015

Glen Oaks Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/06/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,715,349.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,913,557	13.9344
RS to Start Calcs:	1989/01	<60% of Base:	False	20% ROE(2):	728,389	0.6807
Indexed Asset Value	3,641,946	Interest Rate:	10.4500%	Insurance Cost(3):	10,338	0.8223
FRVS Base Asset:	2,253,096	Chase Rate:	11.0000%	Taxes Cost(3):	12,433	0.9889
Occup Adj Factor	0.9000	Amortization Rate:	10.4500%	Home Office(3):	17,460	1.3888
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	3,777	0.0000
		Yearly Payment:	347,887	Total FRVS PD:		17.8151

(1) 80% Capital (\$2,913,557) amortized at 10.4500 % for 20 years Principal & Interest of \$347,887 divided by annual available days (27740) divided by Occup. Adj. (0.90) = \$13.9344

(2) 20% ROE (\$728,389) times the ROE factor (0.023330) divided by annual available days (27740) divided by Occup. Adj. (0.90) = \$0.6807

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 07/01/1988	Current RS PBS:	52,276
Comparison Bed 76	Effective PBS Limitation	2,253,096

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.0495	58.0495	1.0099	57.0396
Direct Care	94.2242	94.2242	1.6393	92.5849
Indirect Care	73.5282	73.5282	1.2792	72.2490
Property	13.6500	17.8151	0.3099	17.5052
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.2458
Supplemental Rate Add-on				9.9025
Totals	239.4519	243.6170	4.2383	274.5270

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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274.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	2,729,494	0.00	0.5899	0.5899		76	33.92	2,253,096	2,253,096	1
1989/07		0.10	0.5899	0.5899		76	33.92	2,253,916	2,281,748	
1990/01		0.10	0.5899	0.5899		76	33.92	2,254,736	2,293,224	
1990/07		0.20	0.5899	0.5899		76	33.92	2,256,377	2,306,752	
1991/01		0.20	0.5899	0.5899		76	33.92	2,258,019	2,320,280	
1991/07		0.30	1.4932	1.4932		76	33.92	2,264,258	2,354,936	
1992/01		0.30	2.0117	2.0117		76	33.92	2,272,685	2,402,284	
1992/07		0.40	1.8152	1.8152		76	33.92	2,272,685	2,445,908	5
1993/01		0.40	1.7710	1.7710		76	52.56	2,298,316	2,489,228	
1993/07		0.50	1.5329	1.5329		76	52.56	2,315,151	2,527,380	
1994/01		0.50	1.6983	1.6983		76	65.55	2,334,811	2,570,320	
1994/07		0.60	1.5991	1.5991		76	65.70	2,357,214	2,611,436	
1995/01		0.60	1.5812	1.5812		76	65.70	2,379,577	2,652,704	
1995/07		0.70	1.5250	1.5250		76	65.70	2,404,979	2,693,136	
1996/01		0.70	1.7228	1.7228		76	76.58	2,433,983	2,739,572	
1996/07		0.80	1.3294	1.3294		76	76.58	2,459,868	2,775,976	
1997/01	33,170	0.80	1.4109	1.4109		76	76.60	2,520,803	2,815,116	
1997/07		0.90	1.0917	1.0917		76	76.60	2,545,570	2,845,820	
1998/01		0.90	1.1663	1.1663		76	70.59	2,572,291	2,879,032	
1998/07		1.00	1.0794	1.0794		76	70.59	2,600,056	2,910,116	
1999/01		1.00	1.4499	1.4499		76	68.76	2,637,754	2,952,296	
1999/07		1.00	1.2299	1.2299		76	68.76	2,670,196	2,988,624	
2000/01	17,096	1.00	1.3356	1.3356		76	73.15	2,722,955	3,028,524	
2000/07		1.00	1.1129	1.1129		76	73.15	2,753,259	3,062,192	
2001/01		1.00	1.2976	1.2976		76	73.15	2,788,985	3,101,940	
2001/07		1.00	0.9615	0.9615		76	73.15	2,815,801	3,131,732	
2002/01		1.00	1.0301	1.0301		76	85.99	2,844,807	3,163,956	
2002/07		1.00	0.8337	0.8337		76	85.99	2,868,524	3,190,328	
2003/01		1.00	1.3271	1.3271		76	85.99	2,906,592	3,232,660	
2003/07		1.00	1.1664	1.1664		76	85.99	2,940,494	3,270,356	



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274.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		76	76.84	2,973,142	3,306,684	
2004/07		1.00	0.8378	0.8378		76	76.84	2,998,051	3,334,424	
2005/01	12,998	1.00	0.8595	0.8595		76	78.24	3,036,817	3,363,076	
2005/07		1.00	0.7364	0.7364		76	78.24	3,059,180	3,387,852	
2006/01		1.00	0.9068	0.9068		76	81.96	3,086,921	3,418,556	
2006/07		1.00	0.8133	0.8133		76	81.96	3,112,027	3,446,372	
2007/01		1.00	1.0133	1.0133		76	74.89	3,143,561	3,481,256	
2007/07		1.00	1.1050	1.1050		76	74.89	3,178,297	3,519,712	
2008/01		1.00	0.8556	0.8556		76	74.89	3,205,491	3,549,808	
2008/07		1.00	0.6104	0.6104		76	82.78	3,225,057	3,571,468	
2009/01		1.00	1.3268	1.3268		76	82.78	3,267,847	3,618,892	
2009/07		0.95	0.6841	0.6841		76	82.78	3,289,085	3,643,668	
2010/01		0.95	0.8643	0.8643		76	82.78	3,316,092	3,675,132	
2010/07		0.90	0.7107	0.7107		76	82.78	3,337,302	3,701,276	
2011/01		0.90	0.9198	0.9198		76	82.78	3,364,928	3,735,324	
2011/07		0.85	0.9028	0.9028		76	82.78	3,390,750	3,769,068	
2012/01	93,141	0.85	0.3865	0.3865		76	78.05	3,495,030	3,783,660	
2012/07		0.80	0.9417	0.9417		76	78.05	3,521,362	3,819,304	
2013/01	17,015	0.80	0.4901	0.4901		76	85.32	3,552,184	3,838,000	
2013/07		0.75	0.6196	0.6196		76	85.32	3,568,691	3,861,788	
2014/01		0.75	0.8564	0.8564		76	85.46	3,591,613	3,894,848	
2014/07		0.70	1.2383	1.2383		76	85.46	3,622,745	3,943,108	
2015/01		0.70	0.7571	0.7571		76	88.24	3,641,946	3,972,976	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 005850-00 - 2015/01

233.83

Heritage Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
37135 COLEMAN AVE	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
DADE CITY, FL 33525-4526	Days in CR 181	Maximum: 21,720	Standard: 243
County: Pasco [51]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 21,021	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,071	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,318	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	72.86999%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.78177%	Cost: 1.02853242
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	123.58596%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214132			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	673,933	1,271,522	900,692	405,467		3,251,614	
1a	Audit Adjustments							
2	Cost Per Diem	43.9961	83.0083	58.7996	26.4700		212.2740	
3	Cost Per Diem Inflated	45.2514	84.9723	60.4773				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.2514	84.9723	60.4773	26.4700		217.1710	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.6933		59.0091				
7	Provider Target Rate	49.4399		61.1701				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.9460		61.7668				
10b	Base for line 10a	51.0756		59.5848				
11	Lesser of 5,7,8,10, 10a	45.2514	84.9723	60.4773	13.6500		204.3510	
12/13	Medical Adjustment Rate		2.1862	1.5560				
14	Prospective Per Diem 11	45.2514	87.1585	62.0333	13.6500		208.0932	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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233.83

Rate Semester 01/01/2015 through 08/31/2015

Heritage Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,455,094.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	3,103,200 7.7186
Indexed Asset Value	3,879,000	<60% of Base:	False	20% ROE(2):	775,800 0.4591
FRVS Base Asset:	2,122,271	Interest Rate:	7.6872%	Insurance Cost(3):	13,495 0.6420
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	29,195 1.3888
ROE Factor	0.023330	Amortization Rate:	7.6872%	Home Office(3):	19,512 0.9282
		Interest Only:	False	Replacement(3&4):	24,855 0.0000
		Yearly Payment:	304,267	Total FRVS PD:	11.1367

- (1) 80% Capital (\$3,103,200) amortized at 7.6872 % for 20 years Principal & Interest of \$304,267 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.7186
- (2) 20% ROE (\$775,800) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4591
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.2514	45.2514	0.7873	44.4641
Direct Care	87.1585	87.1585	1.5163	85.6422
Indirect Care	62.0333	62.0333	1.0792	60.9541
Property	13.6500	11.1367	0.1938	10.9429
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9205
Supplemental Rate Add-on				9.9025
Totals	208.0932	205.5799	3.5766	233.8263

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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233.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,084,878	0.00	2.6288	2.6288		120	85.06	2,084,878	3,123,840	
1983/07	4,903	0.10	3.9578	3.0000	0.9578	120	85.06	2,096,036	3,247,440	
1984/01	3,184	0.10	2.2530	2.2530		120	78.68	2,103,942	3,289,560	
1984/07		0.20	1.9179	1.9179		120	78.68	2,112,013	3,352,680	
1985/01		0.20	1.1471	1.1471		120	78.68	2,116,858	3,391,080	
1985/10		0.30	0.8522	0.8522		120	78.68	2,122,271	3,420,000	
1986/01	22,154	0.30	0.8299	0.8299		120	81.08	2,149,709	3,448,440	
1986/07		0.40	0.2974	0.2974		120	81.08	2,152,267	3,441,840	
1987/01		0.40	1.0091	1.0091		120	81.91	2,160,954	3,503,400	
1987/07		0.50	0.9007	0.9007		120	81.91	2,170,687	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.68	2,180,464	3,559,440	
1988/07		0.60	0.5899	0.5899		120	79.68	2,188,181	3,557,520	
1989/01		0.60	0.5899	0.5899		120	79.76	2,195,925	3,578,520	
1989/07		0.70	0.5899	0.5899		120	79.76	2,204,992	3,602,760	
1990/01		0.70	0.5899	0.5899		120	72.79	2,214,096	3,620,880	
1990/07		0.80	0.5899	0.5899		120	72.79	2,224,544	3,642,240	
1991/01		0.80	0.5899	0.5899		120	69.66	2,235,042	3,663,600	
1991/07		0.90	1.4932	1.4932		120	69.66	2,265,079	3,718,320	
1992/01		0.90	2.0117	2.0117		120	77.86	2,306,088	3,793,080	
1992/07		1.00	1.8152	1.8152		120	77.86	2,347,948	3,861,960	
1993/01		1.00	1.7710	1.7710		120	69.67	2,389,530	3,930,360	
1993/07		1.00	1.5329	1.5329		120	69.67	2,426,159	3,990,600	
1994/01		1.00	1.6983	1.6983		120	65.95	2,467,362	4,058,400	
1994/07		1.00	1.5991	1.5991		120	65.95	2,506,818	4,123,320	
1995/01		1.00	1.5812	1.5812		120	68.91	2,546,456	4,188,480	
1995/07		1.00	1.5250	1.5250		120	68.91	2,585,289	4,252,320	
1996/01	41,084	1.00	1.7228	1.7228		120	67.62	2,670,912	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.62	2,706,419	4,383,120	
1997/01	23,395	1.00	1.4109	1.4109		120	70.96	2,767,999	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.96	2,798,217	4,493,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	70.93	2,830,853	4,545,840	
1998/07		1.00	1.0794	1.0794		120	70.93	2,861,409	4,594,920	
1999/01	57,823	1.00	1.4499	1.4499		120	72.20	2,960,720	4,661,520	
1999/07		1.00	1.2299	1.2299		120	72.20	2,997,134	4,718,880	
2000/01		1.00	1.3356	1.3356		120	72.20	3,037,164	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.20	3,070,965	4,835,040	
2001/01		1.00	1.2976	1.2976		120	72.20	3,110,814	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.20	3,140,724	4,944,840	
2002/01		1.00	1.0301	1.0301		120	74.24	3,173,077	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.44	3,199,531	5,037,360	
2003/01		1.00	1.3271	1.3271		120	77.44	3,241,992	5,104,200	
2003/07		0.95	1.1664	1.1664		120	71.15	3,277,917	5,163,720	
2004/01		0.95	1.1103	1.1103		120	71.15	3,312,492	5,221,080	
2004/07		0.90	0.8378	0.8378		120	66.55	3,337,468	5,264,880	
2005/01		0.90	0.8595	0.8595		120	66.55	3,363,287	5,310,120	
2005/07		0.85	0.7364	0.7364		120	71.81	3,384,338	5,349,240	
2006/01		0.85	0.9068	0.9068		120	71.81	3,410,424	5,397,720	
2006/07		0.80	0.8133	0.8133		120	65.68	3,432,612	5,441,640	
2007/01		0.80	1.0133	1.0133		120	65.68	3,460,437	5,496,720	
2007/07	121,822	0.75	1.1050	1.1050		120	67.11	3,610,939	5,557,440	
2008/01		0.75	0.8556	0.8556		120	67.11	3,634,110	5,604,960	
2008/07		0.70	0.6104	0.6104		120	66.28	3,649,639	5,639,160	
2009/01	11,396	0.70	1.3268	1.3268		120	66.28	3,694,933	5,714,040	
2009/07		0.65	0.6841	0.6841		120	66.28	3,711,364	5,753,160	
2010/01		0.65	0.8643	0.8643		120	66.28	3,732,214	5,802,840	
2010/07		0.60	0.7107	0.7107		120	66.28	3,748,128	5,844,120	
2011/01		0.60	0.9198	0.9198		120	66.28	3,768,814	5,897,880	
2011/07		0.55	0.9028	0.9028		120	66.28	3,787,526	5,951,160	
2012/01		0.55	0.3865	0.3865		120	63.42	3,795,578	5,974,200	
2012/07		0.50	0.9417	0.9417		120	63.42	3,813,451	6,030,480	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	66.68	3,822,798	6,060,000	
2013/07		0.45	0.6196	0.6196		120	66.68	3,833,456	6,097,560	
2014/01		0.45	0.8564	0.8564		120	65.81	3,848,230	6,149,760	
2014/07		0.40	1.2383	1.2383		120	69.11	3,867,290	6,225,960	
2015/01		0.40	0.7571	0.7571		120	72.87	3,879,000	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005850063020140101201410132014132816



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Lake Eustis Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
411 W WOODWARD AVE	1/1/2014-6/30/2014	Number of Beds: 90	Superior: 0
EUSTIS, FL 32726	Days in CR 181	Maximum: 16,290	Standard: 243
County: Lake [35]	First Used : 2015/01	Max Annualized: 32,850	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 15,380	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,239	Inflation
Current Class North Small	Initial CR? False	Medicaid: 8,459	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	55.00000%	Cost: 1.02853242
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	94.41375%	Target: 1.02563464
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22550000
Entered Medicaid 02/01/1982	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	120.56210%	DC Inflation: 1.02365974
Previous Med # 213870		100.00000%	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	399,737	653,566	575,640	231,438		1,860,381	
1a	Audit Adjustments							
2	Cost Per Diem	47.2558	77.2628	68.0506	27.3600		219.9292	
3	Cost Per Diem Inflated	48.6041	79.0908	69.9922				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.6041	79.0908	69.9922	27.3600		225.0471	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.8789		69.2171				
7	Provider Target Rate	48.5956		71.7519				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	54.1266		71.7782				
10b	Base for line 10a	52.2145		69.2425				
11	Lesser of 5,7,8,10, 10a	48.5956	79.0908	67.8397	13.6500		209.1761	
12/13	Medical Adjustment Rate		0.4449	0.3816				
14	Prospective Per Diem 11	48.5956	79.5357	68.2213	13.6500		210.0026	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Lake Eustis Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,624,895.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	2,557,956	9.5089
Indexed Asset Value	3,197,445	<60% of Base:	False	20% ROE(2):	639,489	0.5046
FRVS Base Asset:	1,010,008	Interest Rate:	9.5350%	Insurance Cost(3):	11,246	0.7312
Occup Adj Factor	0.9000	Chase Rate:	7.2500%	Taxes Cost(3):	16,804	1.0926
ROE Factor	0.023330	Amortization Rate:	9.2500%	Home Office(3):	18,622	1.2108
		Interest Only:	False	Replacement(3&4):	1,740	0.0000
		Yearly Payment:	281,130	Total FRVS PD:		13.0481

- (1) 80% Capital (\$2,557,956) amortized at 9.2500 % for 20 years Principal & Interest of \$281,130 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$9.5089
 (2) 20% ROE (\$639,489) times the ROE factor (0.023330) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.5046
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5956	48.5956	0.8454	47.7502
Direct Care	79.5357	79.5357	1.3837	78.1520
Indirect Care	68.2213	68.2213	1.1869	67.0344
Property	13.6500	13.0481	0.2270	12.8211
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.2705
Supplemental Rate Add-on				9.9025
Totals	210.0026	209.4007	3.6430	232.9307

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	420,671	0.00	2.6288	2.6288		60	69.36	420,671	1,561,920	
1983/07		0.10	3.9578	3.0000	0.9578	60	69.36	421,933	1,623,720	
1984/01		0.10	2.2530	2.2530		60	71.10	422,884	1,644,780	
1984/07	566,741	0.20	1.9179	1.9179		60	71.10	991,247	1,676,340	
1985/01	13,911	0.20	1.1471	1.1471		60	71.10	1,007,432	1,695,540	
1985/10		0.30	0.8522	0.8522		60	71.10	1,010,008	1,710,000	
1986/01		0.30	0.8299	0.8299		60	71.10	1,012,523	1,724,220	
1986/07		0.40	0.2974	0.2974		60	71.10	1,013,728	1,720,920	
1987/01		0.40	1.0091	1.0091		60	53.00	1,017,671	1,751,700	
1987/07		0.50	0.9007	0.9007		60	52.94	1,022,083	1,765,380	
1988/01		0.50	0.9007	0.9007		60	59.00	1,026,686	1,779,720	
1988/07		0.60	0.5899	0.5899		60	59.33	1,030,319	1,778,760	
1989/01		0.60	0.5899	0.5899		60	59.33	1,033,965	1,789,260	
1989/07		0.70	0.5899	0.5899		60	56.96	1,038,234	1,801,380	
1990/01		0.70	0.5899	0.5899		60	64.75	1,042,521	1,810,440	
1990/07		0.80	0.5899	0.5899		60	64.75	1,042,521	1,821,120	5
1991/01		0.80	0.5899	0.5899		90	70.64	1,047,441	2,747,700	5
1991/07		0.90	1.4932	1.4932		90	70.64	1,066,527	2,788,740	
1992/01	875,009	0.90	2.0117	2.0117		90	73.18	1,960,845	2,844,810	
1992/07		1.00	1.8152	1.8152		90	73.18	1,996,438	2,896,470	
1993/01		1.00	1.7710	1.7710		90	74.61	2,031,795	2,947,770	
1993/07		1.00	1.5329	1.5329		90	74.61	2,062,940	2,992,950	
1994/01	44,212	1.00	1.6983	1.6983		90	75.81	2,142,187	3,043,800	
1994/07		1.00	1.5991	1.5991		90	75.81	2,176,443	3,092,490	
1995/01		1.00	1.5812	1.5812		90	75.81	2,210,857	3,141,360	
1995/07		1.00	1.5250	1.5250		90	75.81	2,244,573	3,189,240	
1996/01		1.00	1.7228	1.7228		90	75.81	2,244,573	3,244,230	5
1996/07		1.00	1.3294	1.3294		90	75.81	2,283,243	3,287,340	5
1997/01		1.00	1.4109	1.4109		90	83.53	2,313,596	3,333,690	5
1997/07	15,946	1.00	1.0917	1.0917		90	83.53	2,362,185	3,370,050	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		90	83.53	2,415,648	3,409,380	
1998/07		1.00	1.0794	1.0794		90	79.57	2,441,723	3,446,190	
1999/01		1.00	1.4499	1.4499		90	79.57	2,477,126	3,496,140	
1999/07		1.00	1.2299	1.2299		90	79.57	2,507,592	3,539,160	
2000/01		1.00	1.3356	1.3356		90	79.57	2,541,083	3,586,410	
2000/07		1.00	1.1129	1.1129		90	79.57	2,569,363	3,626,280	
2001/01		1.00	1.2976	1.2976		90	79.57	2,602,703	3,673,350	
2001/07		1.00	0.9615	0.9615		90	67.02	2,627,728	3,708,630	
2002/01		1.00	1.0301	1.0301		90	67.02	2,654,796	3,746,790	
2002/07		1.00	0.8337	0.8337		90	62.29	2,654,796	3,778,020	5
2003/01		1.00	1.3271	1.3271		90	62.29	2,712,455	3,828,150	
2003/07		0.95	1.1664	1.1664		90	67.93	2,742,512	3,872,790	
2004/01		0.95	1.1103	1.1103		90	67.93	2,771,440	3,915,810	
2004/07		0.90	0.8378	0.8378		90	69.09	2,792,337	3,948,660	
2005/01		0.90	0.8595	0.8595		90	69.09	2,813,939	3,982,590	
2005/07		0.85	0.7364	0.7364		90	68.92	2,831,551	4,011,930	
2006/01		0.85	0.9068	0.9068		90	68.92	2,853,377	4,048,290	
2006/07		0.80	0.8133	0.8133		90	66.88	2,871,941	4,081,230	
2007/01		0.80	1.0133	1.0133		90	66.88	2,895,221	4,122,540	
2007/07	22,876	0.75	1.1050	1.1050		90	59.70	2,942,093	4,168,080	
2008/01		0.75	0.8556	0.8556		90	59.70	2,960,972	4,203,720	
2008/07		0.70	0.6104	0.6104		90	64.27	2,973,624	4,229,370	
2009/01		0.70	1.3268	1.3268		90	64.27	3,001,243	4,285,530	
2009/07		0.65	0.6841	0.6841		90	64.27	3,014,590	4,314,870	
2010/01		0.65	0.8643	0.8643		90	64.27	3,031,526	4,352,130	
2010/07		0.60	0.7107	0.7107		90	64.27	3,044,452	4,383,090	
2011/01		0.60	0.9198	0.9198		90	64.27	3,061,254	4,423,410	
2011/07		0.55	0.9028	0.9028		90	64.27	3,076,453	4,463,370	
2012/01	32,130	0.55	0.3865	0.3865		90	64.92	3,115,124	4,480,650	
2012/07		0.50	0.9417	0.9417		90	64.92	3,129,793	4,522,860	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	13,654	0.50	0.4901	0.4901		90	62.35	3,151,118	4,545,000	
2013/07		0.45	0.6196	0.6196		90	62.35	3,159,903	4,573,170	
2014/01		0.45	0.8564	0.8564		90	64.20	3,172,081	4,612,320	
2014/07		0.40	1.2383	1.2383		90	60.74	3,187,792	4,669,470	
2015/01		0.40	0.7571	0.7571		90	55.00	3,197,445	4,704,840	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 005851063020140101201410132014110207



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236.59

Lake Placid Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
125 TOMOKA BLVD S	1/1/2014-6/30/2014	Number of Beds: 180	Superior: 0
LAKE PLACID, FL 33852-8123	Days in CR 181	Maximum: 32,580	Standard: 243
County: Highlands [28]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 30,366	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,519	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,151	FY Index: 1.33356899
Class at 1/94: South Large	Medical Utilization	66.36040%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.20442%	Cost: 1.02853242
Open Date: 01/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	119.01784%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214124			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	925,817	1,688,900	1,224,877	604,328		4,443,922	
1a	Audit Adjustments							
2	Cost Per Diem	45.9440	83.8122	60.7849	29.9900		220.5311	
3	Cost Per Diem Inflated	47.2549	85.7952	62.5192				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2549	85.7952	62.5192	29.9900		225.5593	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.0749		61.9225				
7	Provider Target Rate	45.6890		64.1902				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.0342		61.3368				
10b	Base for line 10a	50.1960		59.1699				
11	Lesser of 5,7,8,10, 10a	45.6890	85.7952	61.3368	13.6500		206.4710	
12/13	Medical Adjustment Rate		1.5791	1.1289				
14	Prospective Per Diem 11	45.6890	87.3743	62.4657	13.6500		209.1790	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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0 006339-00 - 2015/01

236.59

Rate Semester 01/01/2015 through 08/31/2015

Lake Placid Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,129,560.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,522,843	10.8162
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,630,711	0.6434
Indexed Asset Value	8,153,554	Interest Rate:	7.6872%	Insurance Cost(3):	21,833	0.7190
FRVS Base Asset:	2,984,578	Chase Rate:	7.7500%	Taxes Cost(3):	47,407	1.5612
Occup Adj Factor	0.9000	Amortization Rate:	7.6872%	Home Office(3):	22,419	0.7383
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	1,110	0.0000
		Yearly Payment:	639,561	Total FRVS PD:		14.4781

- (1) 80% Capital (\$6,522,843) amortized at 7.6872 % for 20 years Principal & Interest of \$639,561 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.8162
- (2) 20% ROE (\$1,630,711) times the ROE factor (0.023330) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6434
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.6890	45.6890	0.7949	44.8941
Direct Care	87.3743	87.3743	1.5201	85.8542
Indirect Care	62.4657	62.4657	1.0868	61.3789
Property	13.6500	14.4781	0.2519	14.2262
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3382
Supplemental Rate Add-on				9.9025
Totals	209.1790	210.0071	3.6537	236.5941

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,967,031	0.00	1.2952	1.2952		120	84.30	2,967,031	3,289,560	
1984/07		0.10	1.9179	1.9179		120	84.30	2,972,722	3,352,680	
1985/01	3,369	0.10	1.1471	1.1471		120	84.30	2,979,501	3,391,080	
1985/10		0.20	0.8522	0.8522		120	84.30	2,984,578	3,420,000	
1986/01		0.20	0.8299	0.8299		120	84.30	2,989,532	3,448,440	
1986/07		0.30	0.2974	0.2974		120	84.30	2,992,199	3,441,840	
1987/01		0.30	1.0091	1.0091		120	79.41	3,001,256	3,503,400	
1987/07		0.40	0.9007	0.9007		120	79.41	3,012,070	3,530,760	
1988/01		0.40	0.9007	0.9007		120	82.71	3,022,922	3,559,440	
1988/07		0.50	0.5899	0.5899		120	82.71	3,031,840	3,557,520	
1989/01		0.50	0.5899	0.5899		120	85.10	3,040,784	3,578,520	
1989/07		0.60	0.5899	0.5899		120	85.10	3,040,784	3,602,760	5
1990/01		0.60	0.5899	0.5899		120	73.98	3,051,545	3,620,880	5
1990/07		0.70	0.5899	0.5899		120	73.98	3,062,344	3,642,240	5
1991/01		0.70	0.5899	0.5899		120	70.03	3,074,988	3,663,600	5
1991/07		0.80	1.4932	1.4932		120	70.03	3,124,570	3,718,320	
1992/01		0.80	2.0117	2.0117		120	72.15	3,174,857	3,793,080	
1992/07		0.90	1.8152	1.8152		120	72.15	3,226,725	3,861,960	
1993/01		0.90	1.7710	1.7710		120	68.77	3,278,156	3,930,360	
1993/07		1.00	1.5329	1.5329		120	68.77	3,328,407	3,990,600	
1994/01		1.00	1.6983	1.6983		120	67.13	3,384,933	4,058,400	
1994/07		1.00	1.5991	1.5991		120	67.13	3,439,061	4,123,320	
1995/01		1.00	1.5812	1.5812		120	67.76	3,493,439	4,188,480	
1995/07		1.00	1.5250	1.5250		120	67.76	3,546,714	4,252,320	
1996/01	31,581	1.00	1.7228	1.7228		120	69.15	3,639,398	4,325,640	
1996/07		1.00	1.3294	1.3294		120	69.15	3,687,780	4,383,120	
1997/01	19,982	1.00	1.4109	1.4109		120	65.84	3,759,793	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.84	3,800,839	4,493,400	
1998/01	2,208,526	1.00	1.1663	1.1663		180	62.14	6,053,694	6,818,760	
1998/07		1.00	1.0794	1.0794		180	62.14	6,119,038	6,892,380	



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236.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	39,706	1.00	1.4499	1.4499		180	62.42	6,247,464	6,992,280	
1999/07	1,442	1.00	1.2299	1.2299		180	62.42	6,325,744	7,078,320	
2000/01		1.00	1.3356	1.3356		180	62.42	6,410,231	7,172,820	
2000/07		1.00	1.1129	1.1129		180	62.42	6,481,570	7,252,560	
2001/01		1.00	1.2976	1.2976		180	62.42	6,565,675	7,346,700	
2001/07		1.00	0.9615	0.9615		180	62.42	6,628,804	7,417,260	
2002/01		1.00	1.0301	1.0301		180	64.45	6,697,087	7,493,580	
2002/07		1.00	0.8337	0.8337		180	64.33	6,752,921	7,556,040	
2003/01		1.00	1.3271	1.3271		180	64.33	6,842,539	7,656,300	
2003/07		1.00	1.1664	1.1664		180	62.47	6,922,350	7,745,580	
2004/01		1.00	1.1103	1.1103		180	62.47	6,999,209	7,831,620	
2004/07		0.95	0.8378	0.8378		180	63.40	7,054,916	7,897,320	
2005/01		0.95	0.8595	0.8595		180	63.40	7,112,519	7,965,180	
2005/07	45,245	0.90	0.7364	0.7364		180	64.96	7,204,906	8,023,860	
2006/01		0.90	0.9068	0.9068		180	64.96	7,263,705	8,096,580	
2006/07		0.85	0.8133	0.8133		180	68.94	7,313,919	8,162,460	
2007/01		0.85	1.0133	1.0133		180	68.94	7,376,914	8,245,080	
2007/07		0.80	1.1050	1.1050		180	69.37	7,442,126	8,336,160	
2008/01		0.80	0.8556	0.8556		180	69.37	7,493,067	8,407,440	
2008/07		0.75	0.6104	0.6104		180	66.61	7,527,370	8,458,740	
2009/01		0.75	1.3268	1.3268		180	66.61	7,602,275	8,571,060	
2009/07		0.70	0.6841	0.6841		180	66.61	7,638,682	8,629,740	
2010/01		0.70	0.8643	0.8643		180	66.61	7,684,896	8,704,260	
2010/07		0.65	0.7107	0.7107		180	66.61	7,720,400	8,766,180	
2011/01		0.65	0.9198	0.9198		180	66.61	7,766,560	8,846,820	
2011/07		0.60	0.9028	0.9028		180	66.61	7,808,631	8,926,740	
2012/01	132,012	0.60	0.3865	0.3865		180	69.09	7,958,751	8,961,300	
2012/07		0.55	0.9417	0.9417		180	69.09	7,999,969	9,045,720	
2013/01		0.55	0.4901	0.4901		180	63.22	8,021,537	9,090,000	
2013/07		0.50	0.6196	0.6196		180	63.22	8,046,388	9,146,340	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		180	66.82	8,080,843	9,224,640	
2014/07		0.45	1.2383	1.2383		180	66.82	8,125,869	9,338,940	
2015/01		0.45	0.7571	0.7571		180	66.36	8,153,554	9,409,680	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 006339063020140101201410132014112001



Florida Agency for Health Care Administration
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0 006340-00 - 2015/01

231.44

Windsor Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
602 E LAURA ST	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
STARKE, FL 32091	Days in CR 181	Maximum: 21,720	Standard: 243
County: Bradford [4]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 20,024	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,521	Inflation
Current Class North Large	Initial CR? False	Medicaid: 13,121	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	65.52637%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.19153%	Cost: 1.02853242
Open Date: 06/25/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/25/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 07/02/1990	Low Occupancy Adjustment Factor:	117.72443%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213888			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	615,725	988,528	744,281	366,863		2,715,397	
1a	Audit Adjustments							
2	Cost Per Diem	46.9267	75.3393	56.7244	27.9600		206.9504	
3	Cost Per Diem Inflated	48.2656	77.1218	58.3429				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.2656	77.1218	58.3429	27.9600		211.6903	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.8043		58.9039				
7	Provider Target Rate	47.4817		61.0610				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.7454		60.9342				
10b	Base for line 10a	47.9880		58.7816				
11	Lesser of 5,7,8,10, 10a	47.4817	77.1218	58.3429	13.6500		196.5964	
12/13	Medical Adjustment Rate		1.3471	1.0191				
14	Prospective Per Diem 11	47.4817	78.4689	59.3620	13.6500		198.9626	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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0 006340-00 - 2015/01

231.44

Rate Semester 01/01/2015 through 08/31/2015

Windsor Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/02/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,618,667.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,487,395	14.5677
RS to Start Calcs:	1990/01	<60% of Base:	False	20% ROE(2):	1,121,849	0.6639
Indexed Asset Value	5,609,244	Interest Rate:	11.5000%	Insurance Cost(3):	17,021	0.8500
FRVS Base Asset:	3,595,587	Chase Rate:	8.5000%	Taxes Cost(3):	20,587	1.0281
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	19,264	0.9620
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	1,110	0.0000
		Yearly Payment:	574,259	Total FRVS PD:		18.0717

(1) 80% Capital (\$4,487,395) amortized at 11.5000 % for 20 years Principal & Interest of \$574,259 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.5677

(2) 20% ROE (\$1,121,849) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6639

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.4817	47.4817	0.8261	46.6556
Direct Care	78.4689	78.4689	1.3652	77.1037
Indirect Care	59.3620	59.3620	1.0328	58.3292
Property	13.6500	18.0717	0.3144	17.7573
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6872
Supplemental Rate Add-on				9.9025
Totals	198.9626	203.3843	3.5385	231.4355

Medicaid Trend Adjustment



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231.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	3,595,587	0.00	0.5899	0.5899		120		3,595,587	3,620,880	
1990/07		0.10	0.5899	0.5899		120	85.50	3,597,708	3,642,240	
1991/01		0.10	0.5899	0.5899		120	85.50	3,599,831	3,663,600	
1991/07		0.20	1.4932	1.4932		120	85.50	3,610,580	3,718,320	
1992/01		0.20	2.0117	2.0117		120	85.50	3,625,105	3,793,080	
1992/07		0.30	1.8152	1.8152		120	85.50	3,644,847	3,861,960	
1993/01		0.30	1.7710	1.7710		120	85.50	3,664,212	3,930,360	
1993/07		0.40	1.5329	1.5329		120	87.41	3,686,681	3,990,600	
1994/01		0.40	1.6983	1.6983		120	89.74	3,711,725	4,058,400	
1994/07	65,426	0.50	1.5991	1.5991		120	89.74	3,806,830	4,123,320	
1995/01		0.50	1.5812	1.5812		120	89.74	3,836,927	4,188,480	
1995/07		0.60	1.5250	1.5250		120	89.74	3,872,035	4,252,320	
1996/01		0.60	1.7228	1.7228		120	89.74	3,912,060	4,325,640	
1996/07		0.70	1.3294	1.3294		120	89.74	3,948,466	4,383,120	
1997/01	29,703	0.70	1.4109	1.4109		120	88.00	4,017,164	4,444,920	
1997/07		0.80	1.0917	1.0917		120	88.00	4,052,250	4,493,400	
1998/01		0.80	1.1663	1.1663		120	85.12	4,090,057	4,545,840	
1998/07	34,762	0.90	1.0794	1.0794		120	78.74	4,164,554	4,594,920	
1999/01		0.90	1.4499	1.4499		120	78.74	4,218,897	4,661,520	
1999/07		1.00	1.2299	1.2299		120	78.74	4,270,785	4,718,880	
2000/01		1.00	1.3356	1.3356		120	78.74	4,327,826	4,781,880	
2000/07		1.00	1.1129	1.1129		120	78.74	4,375,990	4,835,040	
2001/01		1.00	1.2976	1.2976		120	82.73	4,432,773	4,897,800	
2001/07		1.00	0.9615	0.9615		120	82.73	4,475,394	4,944,840	
2002/01		1.00	1.0301	1.0301		120	78.89	4,521,495	4,995,720	
2002/07		1.00	0.8337	0.8337		120	78.89	4,559,191	5,037,360	
2003/01		1.00	1.3271	1.3271		120	74.58	4,619,696	5,104,200	
2003/07		1.00	1.1664	1.1664		120	74.58	4,673,580	5,163,720	
2004/01		1.00	1.1103	1.1103		120	70.99	4,725,471	5,221,080	
2004/07		1.00	0.8378	0.8378		120	70.99	4,765,061	5,264,880	



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231.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	70.98	4,806,017	5,310,120	
2005/07		1.00	0.7364	0.7364		120	70.98	4,841,409	5,349,240	
2006/01		1.00	0.9068	0.9068		120	71.98	4,885,311	5,397,720	
2006/07		1.00	0.8133	0.8133		120	71.98	4,925,043	5,441,640	
2007/01		1.00	1.0133	1.0133		120	68.25	4,974,948	5,496,720	
2007/07		1.00	1.1050	1.1050		120	68.25	5,029,921	5,557,440	
2008/01		1.00	0.8556	0.8556		120	68.25	5,072,957	5,604,960	
2008/07		1.00	0.6104	0.6104		120	67.54	5,103,922	5,639,160	
2009/01		1.00	1.3268	1.3268		120	67.54	5,171,641	5,714,040	
2009/07		1.00	0.6841	0.6841		120	67.54	5,207,020	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.54	5,252,024	5,802,840	
2010/07		0.95	0.7107	0.7107		120	67.54	5,287,486	5,844,120	
2011/01		0.95	0.9198	0.9198		120	67.54	5,333,688	5,897,880	
2011/07		0.90	0.9028	0.9028		120	67.54	5,377,024	5,951,160	
2012/01		0.90	0.3865	0.3865		120	67.54	5,395,731	5,974,200	
2012/07		0.85	0.9417	0.9417		120	67.54	5,438,918	6,030,480	
2013/01		0.85	0.4901	0.4901		120	68.77	5,461,577	6,060,000	
2013/07		0.80	0.6196	0.6196		120	68.77	5,488,650	6,097,560	
2014/01		0.80	0.8564	0.8564		120	67.44	5,526,253	6,149,760	
2014/07		0.75	1.2383	1.2383		120	67.44	5,577,575	6,225,960	
2015/01		0.75	0.7571	0.7571		120	65.53	5,609,244	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 006340063020140101201410132014110751



Florida Agency for Health Care Administration
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Salerno Bay Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4801 SE COVE RD	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
STUART, FL 34997-1602	Days in CR 181	Maximum: 21,720	Standard: 243
County: Martin [43]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 19,981	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,403	Inflation
Current Class South Large	Initial CR? False	Medicaid: 13,003	FY Index: 1.33356899
Class at 1/94: South Large	Medical Utilization	65.07682%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.99355%	Cost: 1.02853242
Open Date: 06/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 07/01/1985	Low Occupancy Adjustment Factor:	117.47162%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214141			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	583,973	1,081,737	848,577	310,642		2,824,929	
1a	Audit Adjustments							
2	Cost Per Diem	44.9106	83.1914	65.2601	23.8900		217.2521	
3	Cost Per Diem Inflated	46.1920	85.1597	67.1221				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.1920	85.1597	67.1221	23.8900		222.3638	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.8518		66.6549				
7	Provider Target Rate	51.6774		69.0959				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	56.3985		70.0654				
10b	Base for line 10a	54.4061		67.5902				
11	Lesser of 5,7,8,10, 10a	46.1920	85.1597	65.5807	13.6500		210.5824	
12/13	Medical Adjustment Rate		1.4444	1.1123				
14	Prospective Per Diem 11	46.1920	86.6041	66.6930	13.6500		213.1391	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Salerno Bay Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,162,740.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable	80% Capital(1):	4,352,024	10.8248
Indexed Asset Value	5,440,030	<60% of Base:	False	20% ROE(2):	1,088,006	0.6439
FRVS Base Asset:	3,321,973	Interest Rate:	7.6872%	Insurance Cost(3):	18,272	0.9145
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	55,292	2.7672
ROE Factor	0.023330	Amortization Rate:	7.6872%	Home Office(3):	19,519	0.9769
		Interest Only:	False	Replacement(3&4):	5,564	0.0000
		Yearly Payment:	426,713	Total FRVS PD:		16.1273

- (1) 80% Capital (\$4,352,024) amortized at 7.6872 % for 20 years Principal & Interest of \$426,713 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.8248
 (2) 20% ROE (\$1,088,006) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6439
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.1920	46.1920	0.8036	45.3884
Direct Care	86.6041	86.6041	1.5067	85.0974
Indirect Care	66.6930	66.6930	1.1603	65.5327
Property	13.6500	16.1273	0.2806	15.8467
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0584
Supplemental Rate Add-on				9.9025
Totals	213.1391	215.6164	3.7512	242.8261

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,321,973	0.00	1.1471	1.1471		120	21.38	3,321,973	3,391,080	
1985/10		0.10	0.8522	0.8522		120	21.38	3,321,973	3,420,000	
1986/01		0.10	0.8299	0.8299		120	21.38	3,321,973	3,448,440	
1986/07		0.20	0.2974	0.2974		120	21.38	3,321,973	3,441,840	
1987/01		0.20	1.0091	1.0091		120	21.38	3,321,973	3,503,400	
1987/07		0.30	0.9007	0.9007		120	21.38	3,321,973	3,530,760	
1988/01		0.30	0.9007	0.9007		120	30.09	3,326,884	3,559,440	
1988/07		0.40	0.5899	0.5899		120	30.09	3,331,179	3,557,520	
1989/01		0.40	0.5899	0.5899		120	39.88	3,336,879	3,578,520	
1989/07		0.50	0.5899	0.5899		120	39.88	3,344,017	3,602,760	
1990/01		0.50	0.5899	0.5899		120	35.79	3,350,436	3,620,880	
1990/07		0.60	0.5899	0.5899		120	35.79	3,358,152	3,642,240	
1991/01		0.60	0.5899	0.5899		120	42.50	3,367,335	3,663,600	
1991/07		0.70	1.4932	1.4932		120	42.50	3,394,531	3,718,320	
1992/01		0.70	2.0117	2.0117		120	59.24	3,442,333	3,793,080	
1992/07		0.80	1.8152	1.8152		120	59.24	3,492,323	3,861,960	
1993/01		0.80	1.7710	1.7710		120	54.13	3,541,020	3,930,360	
1993/07		0.90	1.5329	1.5329		120	54.13	3,589,099	3,990,600	
1994/01		0.90	1.6983	1.6983		120	52.98	3,641,944	4,058,400	
1994/07		1.00	1.5991	1.5991		120	52.98	3,641,944	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	56.05	3,756,516	4,188,480	
1995/07		1.00	1.5250	1.5250		120	56.05	3,813,803	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.94	3,879,507	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.94	3,931,081	4,383,120	
1997/01		1.00	1.4109	1.4109		120	68.72	3,986,545	4,444,920	
1997/07		1.00	1.0917	1.0917		120	68.72	4,030,066	4,493,400	
1998/01	19,298	1.00	1.1663	1.1663		120	68.42	4,096,367	4,545,840	
1998/07		1.00	1.0794	1.0794		120	68.42	4,096,367	4,594,920	5
1999/01	22,092	1.00	1.4499	1.4499		120	80.25	4,222,709	4,661,520	
1999/07	4,800	1.00	1.2299	1.2299		120	80.25	4,279,444	4,718,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	80.25	4,336,600	4,781,880	
2000/07		1.00	1.1129	1.1129		120	80.25	4,384,862	4,835,040	
2001/01		1.00	1.2976	1.2976		120	80.25	4,441,760	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.90	4,484,468	4,944,840	
2002/01		1.00	1.0301	1.0301		120	75.90	4,530,663	4,995,720	
2002/07		1.00	0.8337	0.8337		120	73.94	4,568,435	5,037,360	
2003/01		1.00	1.3271	1.3271		120	73.94	4,629,063	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.66	4,683,056	5,163,720	
2004/01		1.00	1.1103	1.1103		120	69.66	4,735,052	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.07	4,774,722	5,264,880	
2005/01		1.00	0.8595	0.8595		120	73.07	4,815,761	5,310,120	
2005/07		0.95	0.7364	0.7364		120	74.01	4,849,452	5,349,240	
2006/01		0.95	0.9068	0.9068		120	74.01	4,891,230	5,397,720	
2006/07		0.90	0.8133	0.8133		120	74.72	4,927,034	5,441,640	
2007/01		0.90	1.0133	1.0133		120	74.72	4,971,969	5,496,720	
2007/07		0.85	1.1050	1.1050		120	68.80	5,018,671	5,557,440	
2008/01		0.85	0.8556	0.8556		120	68.80	5,055,172	5,604,960	
2008/07		0.80	0.6104	0.6104		120	63.64	5,079,856	5,639,160	
2009/01		0.80	1.3268	1.3268		120	63.64	5,133,774	5,714,040	
2009/07		0.75	0.6841	0.6841		120	63.64	5,160,115	5,753,160	
2010/01		0.75	0.8643	0.8643		120	63.64	5,193,563	5,802,840	
2010/07		0.70	0.7107	0.7107		120	63.64	5,219,401	5,844,120	
2011/01		0.70	0.9198	0.9198		120	63.64	5,253,009	5,897,880	
2011/07		0.65	0.9028	0.9028		120	63.64	5,283,834	5,951,160	
2012/01		0.65	0.3865	0.3865		120	68.90	5,297,107	5,974,200	
2012/07		0.60	0.9417	0.9417		120	67.84	5,327,036	6,030,480	
2013/01		0.60	0.4901	0.4901		120	67.84	5,342,703	6,060,000	
2013/07		0.55	0.6196	0.6196		120	67.84	5,360,911	6,097,560	
2014/01		0.55	0.8564	0.8564		120	65.19	5,386,161	6,149,760	
2014/07		0.50	1.2383	1.2383		120	65.19	5,419,512	6,225,960	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	65.08	5,440,030	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 006483063020140101201410132014133428



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248.16

Royal Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
600 BUSINESS PARK WAY	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
ROYAL PALM BEACH, FL	Days in CR 181	Maximum: 21,720	Standard: 243
33411-1747	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Palm Beach [50]	Last Used: 2015/01	Total Patient: 21,217	Total: 243
Region: South Area: 9	Unaudited	Medicare: 2,836	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 13,907	FY Index: 1.33356899
Current Class South Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	65.54650%	Cost: 1.02853242
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	97.68416%	Target: 1.02563464
Open Date: 02/01/1985	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22550000
Acquired Date: 02/01/1985	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 02/01/1985	Weighted Low Occ Adjustment Factor:	124.73827%	DC Inflation: 1.02365974
Med # Active Date: 12/04/2008		100.00000%	PS Target: 1.03662091
Previous Med # 214108			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	668,495	1,208,896	832,374	337,384		3,047,149	
1a	Audit Adjustments							
2	Cost Per Diem	48.0690	86.9272	59.8529	24.2600		219.1091	
3	Cost Per Diem Inflated	49.4405	88.9839	61.5606				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.4405	88.9839	61.5606	24.2600		224.2450	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.5076		65.8539				
7	Provider Target Rate	54.4305		68.2655				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	56.6898		66.3475				
10b	Base for line 10a	54.6871		64.0036				
11	Lesser of 5,7,8,10, 10a	49.4405	88.9839	61.5606	13.6500		213.6350	
12/13	Medical Adjustment Rate		1.5563	1.0767				
14	Prospective Per Diem 11	49.4405	90.5402	62.6373	13.6500		216.2680	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Royal Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,446,928.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable	80% Capital(1):	4,798,710	11.9358
Indexed Asset Value	5,998,387	<60% of Base:	False	20% ROE(2):	1,199,677	0.7100
FRVS Base Asset:	3,420,000	Interest Rate:	7.6872%	Insurance Cost(3):	15,047	0.7092
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	60,481	2.8506
ROE Factor	0.023330	Amortization Rate:	7.6872%	Home Office(3):	19,884	0.9372
		Interest Only:	False	Replacement(3&4):	16,106	0.0000
		Yearly Payment:	470,511	Total FRVS PD:		17.1428

- (1) 80% Capital (\$4,798,710) amortized at 7.6872 % for 20 years Principal & Interest of \$470,511 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.9358
 (2) 20% ROE (\$1,199,677) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.7100
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.4405	49.4405	0.8601	48.5804
Direct Care	90.5402	90.5402	1.5752	88.9650
Indirect Care	62.6373	62.6373	1.0897	61.5476
Property	13.6500	17.1428	0.2982	16.8446
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3217
Supplemental Rate Add-on				9.9025
Totals	216.2680	219.7608	3.8232	248.1618

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,909,471	0.00	1.1471	1.1471		120	70.00	3,909,471	3,391,080	
1985/10		0.10	0.8522	0.8522		120	70.00	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	72.13	3,422,839	3,448,440	
1986/07		0.20	0.2974	0.2974		120	72.13	3,424,876	3,441,840	
1987/01	99,969	0.20	1.0091	1.0091		120	72.13	3,531,756	3,503,400	
1987/07		0.30	0.9007	0.9007		120	72.13	3,541,299	3,530,760	
1988/01		0.30	0.9007	0.9007		120	76.89	3,550,868	3,559,440	
1988/07		0.40	0.5899	0.5899		120	76.89	3,559,248	3,557,520	
1989/01		0.40	0.5899	0.5899		120	77.46	3,567,648	3,578,520	
1989/07		0.50	0.5899	0.5899		120	77.46	3,578,173	3,602,760	
1990/01		0.50	0.5899	0.5899		120	70.82	3,588,729	3,620,880	
1990/07		0.60	0.5899	0.5899		120	70.82	3,601,430	3,642,240	
1991/01		0.60	0.5899	0.5899		120	72.11	3,614,175	3,663,600	
1991/07		0.70	1.4932	1.4932		120	72.11	3,614,175	3,718,320	5
1992/01		0.70	2.0117	2.0117		120	80.43	3,703,377	3,793,080	
1992/07		0.80	1.8152	1.8152		120	80.43	3,757,157	3,861,960	
1993/01		0.80	1.7710	1.7710		120	77.31	3,810,388	3,930,360	
1993/07		0.90	1.5329	1.5329		120	77.31	3,862,956	3,990,600	
1994/01	19,882	0.90	1.6983	1.6983		120	71.02	3,941,883	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.02	4,004,918	4,123,320	
1995/01		1.00	1.5812	1.5812		120	65.56	4,068,244	4,188,480	
1995/07		1.00	1.5250	1.5250		120	65.56	4,130,285	4,252,320	
1996/01		1.00	1.7228	1.7228		120	65.48	4,201,442	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.48	4,257,296	4,383,120	
1997/01	1,546,717	1.00	1.4109	1.4109		120	67.23	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	67.23	4,493,400	4,493,400	8
1998/01	19,044	1.00	1.1663	1.1663		120	68.06	4,545,840	4,545,840	8
1998/07		1.00	1.0794	1.0794		120	68.06	4,594,908	4,594,920	
1999/01	20,469	1.00	1.4499	1.4499		120	77.13	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	77.13	4,718,852	4,718,880	



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248.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	77.13	4,781,877	4,781,880	
2000/07		1.00	1.1129	1.1129		120	77.13	4,835,040	4,835,040	8
2001/01		1.00	1.2976	1.2976		120	77.13	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.12	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	66.12	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	71.48	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	71.48	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	70.27	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	70.27	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	70.55	5,264,795	5,264,880	
2005/01		1.00	0.8595	0.8595		120	70.55	5,310,046	5,310,120	
2005/07		0.95	0.7364	0.7364		120	66.49	5,347,195	5,349,240	
2006/01		0.95	0.9068	0.9068		120	66.49	5,393,261	5,397,720	
2006/07		0.90	0.8133	0.8133		120	66.71	5,432,740	5,441,640	
2007/01		0.90	1.0133	1.0133		120	66.71	5,482,287	5,496,720	
2007/07		0.85	1.1050	1.1050		120	66.80	5,533,782	5,557,440	
2008/01		0.85	0.8556	0.8556		120	66.80	5,574,029	5,604,960	
2008/07		0.80	0.6104	0.6104		120	58.68	5,601,247	5,639,160	
2009/01		0.80	1.3268	1.3268		120	58.68	5,660,699	5,714,040	
2009/07		0.75	0.6841	0.6841		120	58.68	5,689,744	5,753,160	
2010/01		0.75	0.8643	0.8643		120	58.68	5,726,625	5,802,840	
2010/07		0.70	0.7107	0.7107		120	58.68	5,755,115	5,844,120	
2011/01		0.70	0.9198	0.9198		120	58.68	5,792,172	5,897,880	
2011/07		0.65	0.9028	0.9028		120	58.68	5,826,160	5,951,160	
2012/01		0.65	0.3865	0.3865		120	59.99	5,840,795	5,974,200	
2012/07		0.60	0.9417	0.9417		120	61.65	5,873,795	6,030,480	
2013/01		0.60	0.4901	0.4901		120	61.65	5,891,070	6,060,000	
2013/07		0.55	0.6196	0.6196		120	61.65	5,911,147	6,097,560	
2014/01		0.55	0.8564	0.8564		120	65.64	5,938,989	6,149,760	
2014/07		0.50	1.2383	1.2383		120	65.64	5,975,763	6,225,960	



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248.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	65.55	5,998,387	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 006489063020140101201410132014111430



Florida Agency for Health Care Administration
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252.83

Oakbrook of Labelle

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
250 BROWARD AVE	1/1/2014-6/30/2014	Number of Beds: 93	Superior: 0
LABELLE, FL 33935	Days in CR 181	Maximum: 16,833	Standard: 243
County: Hendry [26]	First Used : 2015/01	Max Annualized: 33,945	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 15,015	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,122	Inflation
Current Class South Small	Initial CR? False	Medicaid: 9,840	FY Index: 1.33356899
Class at 1/94: South Small	Medical Utilization	65.53447%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.19979%	Cost: 1.02853242
Open Date: 11/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 11/25/1986	Low Occupancy Adjustment Factor:	113.90411%	DC Sem Index: 1.25449501
Med # Active Date: 12/04/2008	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213497			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	442,804	840,521	687,987	261,842		2,233,154
1a	Audit Adjustments						
2	Cost Per Diem	45.0004	85.4188	69.9174	26.6100		226.9466
3	Cost Per Diem Inflated	46.2844	87.4398	71.9123			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2844	87.4398	71.9123	26.6100		232.2465
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7091		69.1600			
7	Provider Target Rate	54.6394		71.6927			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	70.0751		82.3953			
10a	New Provider Target Limitation	61.9734		71.6927			
10b	Base for line 10a	59.7841		69.1600			
11	Lesser of 5,7,8,10, 10a	46.2844	87.4398	71.6927	13.6500		219.0669
12/13	Medical Adjustment Rate		1.5281	1.2529			
14	Prospective Per Diem 11	46.2844	88.9679	72.9456	13.6500		221.8479
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Oakbrook of Labelle

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,700,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,195,069 13.3837
RS to Start Calcs:	1986/07	<60% of Base:	False	20% ROE(2):	798,767 0.6100
Indexed Asset Value	3,993,836	Interest Rate:	11.5000%	Insurance Cost(3):	12,470 0.8305
FRVS Base Asset:	1,397,653	Chase Rate:	8.5000%	Taxes Cost(3):	20,927 1.3937
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	18,424 1.2270
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	110,876 0.0000
		Yearly Payment:	408,878	Total FRVS PD:	17.4449

(1) 80% Capital (\$3,195,069) amortized at 11.5000 % for 20 years Principal & Interest of \$408,878 divided by annual available days (33945) divided by Occup. Adj. (0.90) = \$13.3837

(2) 20% ROE (\$798,767) times the ROE factor (0.023330) divided by annual available days (33945) divided by Occup. Adj. (0.90) = \$0.6100

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2844	46.2844	0.8052	45.4792
Direct Care	88.9679	88.9679	1.5478	87.4201
Indirect Care	72.9456	72.9456	1.2691	71.6765
Property	13.6500	17.4449	0.3035	17.1414
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2101
Supplemental Rate Add-on				9.9025
Totals	221.8479	225.6428	3.9256	252.8298

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	1,397,653	0.00	0.2974	0.2974		60	82.68	1,397,653	1,720,920	
1987/01		0.10	1.0091	1.0091		60	82.68	1,399,063	1,751,700	
1987/07	11,999	0.10	0.9007	0.9007		60	82.68	1,412,323	1,765,380	
1988/01		0.20	0.9007	0.9007		60	82.68	1,414,867	1,779,720	
1988/07		0.20	0.5899	0.5899		60	87.80	1,416,537	1,778,760	
1989/01		0.30	0.5899	0.5899		60	87.80	1,419,044	1,789,260	
1989/07		0.30	0.5899	0.5899		60	87.80	1,421,556	1,801,380	
1990/01		0.40	0.5899	0.5899		60	87.80	1,424,911	1,810,440	
1990/07		0.40	0.5899	0.5899		60	87.80	1,428,274	1,821,120	
1991/01		0.50	0.5899	0.5899		60	87.80	1,432,487	1,831,800	
1991/07		0.50	1.4932	1.4932		60	90.74	1,443,182	1,859,160	
1992/01		0.60	2.0117	2.0117		60	90.74	1,460,601	1,896,540	
1992/07	11,728	0.60	1.8152	1.8152		60	88.02	1,472,329	1,930,980	5
1993/01		0.70	1.7710	1.7710		93	88.02	1,506,686	3,046,029	
1993/07	1,019,186	0.70	1.5329	1.5329		93	84.35	2,542,039	3,092,715	
1994/01		0.80	1.6983	1.6983		93	84.35	2,576,575	3,145,260	
1994/07		0.80	1.5991	1.5991		93	86.22	2,609,537	3,195,573	
1995/01		0.90	1.5812	1.5812		93	86.22	2,646,673	3,246,072	
1995/07	17,606	0.90	1.5250	1.5250		93	85.60	2,700,605	3,295,548	
1996/01		1.00	1.7228	1.7228		93	85.60	2,747,131	3,352,371	
1996/07		1.00	1.3294	1.3294		93	89.68	2,783,651	3,396,918	
1997/01		1.00	1.4109	1.4109		93	89.68	2,822,926	3,444,813	
1997/07		1.00	1.0917	1.0917		93	88.57	2,853,744	3,482,385	
1998/01	25,799	1.00	1.1663	1.1663		93	89.37	2,912,826	3,523,026	
1998/07		1.00	1.0794	1.0794		93	89.37	2,944,267	3,561,063	
1999/01		1.00	1.4499	1.4499		93	89.37	2,986,956	3,612,678	
1999/07		1.00	1.2299	1.2299		93	89.37	3,023,693	3,657,132	
2000/01		1.00	1.3356	1.3356		93	89.37	3,064,077	3,705,957	
2000/07		1.00	1.1129	1.1129		93	91.85	3,098,177	3,747,156	
2001/01		1.00	1.2976	1.2976		93	91.85	3,138,379	3,795,795	



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252.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		93	88.23	3,168,555	3,832,251	
2002/01		1.00	1.0301	1.0301		93	88.23	3,201,194	3,871,683	
2002/07		1.00	0.8337	0.8337		93	91.06	3,227,882	3,903,954	
2003/01		1.00	1.3271	1.3271		93	91.06	3,270,719	3,955,755	
2003/07	23,137	1.00	1.1664	1.1664		93	88.80	3,332,006	4,001,883	
2004/01		1.00	1.1103	1.1103		93	88.80	3,369,001	4,046,337	
2004/07		1.00	0.8378	0.8378		93	88.42	3,397,226	4,080,282	
2005/01		1.00	0.8595	0.8595		93	88.42	3,426,425	4,115,343	
2005/07		1.00	0.7364	0.7364		93	81.21	3,451,657	4,145,661	
2006/01		1.00	0.9068	0.9068		93	81.21	3,482,957	4,183,233	
2006/07		1.00	0.8133	0.8133		93	78.20	3,511,284	4,217,271	
2007/01		0.95	1.0133	1.0133		93	78.20	3,545,084	4,259,958	
2007/07	38,754	0.95	1.1050	1.1050		93	78.56	3,621,054	4,307,016	
2008/01		0.90	0.8556	0.8556		93	78.56	3,648,936	4,343,844	
2008/07		0.90	0.6104	0.6104		93	60.65	3,668,983	4,370,349	
2009/01		0.85	1.3268	1.3268		93	60.65	3,710,362	4,428,381	
2009/07		0.85	0.6841	0.6841		93	60.65	3,731,938	4,458,699	
2010/01		0.80	0.8643	0.8643		93	60.65	3,757,741	4,497,201	
2010/07		0.80	0.7107	0.7107		93	60.65	3,779,108	4,529,193	
2011/01		0.75	0.9198	0.9198		93	60.65	3,805,180	4,570,857	
2011/07		0.75	0.9028	0.9028		93	60.65	3,830,945	4,612,149	
2012/01		0.70	0.3865	0.3865		93	64.83	3,841,312	4,630,005	
2012/07		0.70	0.9417	0.9417		93	64.83	3,866,634	4,673,622	
2013/01	33,054	0.65	0.4901	0.4901		93	61.61	3,912,007	4,696,500	
2013/07		0.65	0.6196	0.6196		93	61.61	3,927,761	4,725,609	
2014/01		0.60	0.8564	0.8564		93	62.64	3,947,942	4,766,064	
2014/07		0.60	1.2383	1.2383		93	62.64	3,977,275	4,825,119	
2015/01		0.55	0.7571	0.7571		93	65.53	3,993,836	4,861,668	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 008793-00 - 2015/01
234.62

Woods of Manatee Springs

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5627 9TH ST E	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
BRADENTON, FL 34203	Days in CR 365	Maximum: 43,800	Standard: 213
County: Manatee [41]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 30
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 37,278	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,912	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,862	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	69.37604%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.10959%	Cost: 1.04340134
Open Date: 08/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/01/1985	Low Occupancy Adjustment Factor:	108.68111%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2007	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 316610			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,277,419	2,223,195	1,012,808	1,145,428		5,658,850
1a	Audit Adjustments						
2	Cost Per Diem	49.3937	85.9638	39.1620	44.2900		218.8095
3	Cost Per Diem Inflated	51.5375	88.7582	40.8617			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5375	88.7582	40.8617	44.2900		225.4474
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9080		56.6610			
7	Provider Target Rate	50.6991		58.7360			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	60.4700		66.3409			
10b	Base for line 10a	58.3338		63.9973			
11	Lesser of 5,7,8,10, 10a	50.6991	88.7582	40.8617	13.6500		193.9690
12/13	Medical Adjustment Rate		1.6959	0.7807			
14	Prospective Per Diem 11	50.6991	90.4541	41.6424	13.6500		196.4456
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
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234.62

Rate Semester 01/01/2015 through 08/31/2015

Woods of Manatee Springs

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,800,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,653,868	20.4653
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,413,467	0.6723
Indexed Asset Value	7,067,335	Interest Rate:	13.2450%	Insurance Cost(3):	45,684	1.2255
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	84,070	2.2552
Occup Adj Factor	0.9000	Amortization Rate:	13.2450%	Home Office(3):	5,183	0.1390
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	84,783	0.0000
		Yearly Payment:	806,743	Total FRVS PD:		24.7573

- (1) 80% Capital (\$5,653,868) amortized at 13.2450 % for 20 years Principal & Interest of \$806,743 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$20.4653
- (2) 20% ROE (\$1,413,467) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6723
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.6991	50.6991	0.8820	49.8171
Direct Care	90.4541	90.4541	1.5737	88.8804
Indirect Care	41.6424	41.6424	0.7245	40.9179
Property	13.6500	24.7573	0.4307	24.3266
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.7729
Supplemental Rate Add-on				9.9025
Totals	196.4456	207.5529	3.6109	234.6174

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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234.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,480,000	0.00	0.8522	0.8522		120	36.73	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	36.73	3,421,896	3,448,440	
1986/07		0.10	0.2974	0.2974		120	36.73	3,422,575	3,441,840	
1987/01		0.20	1.0091	1.0091		120	36.76	3,427,191	3,503,400	
1987/07		0.20	0.9007	0.9007		120	14.94	3,427,191	3,530,760	
1988/01		0.30	0.9007	0.9007		120	14.94	3,427,191	3,559,440	
1988/07		0.30	0.5899	0.5899		120	14.94	3,427,191	3,557,520	
1989/01	243,535	0.40	0.5899	0.5899		120	23.65	3,670,726	3,578,520	
1989/07		0.40	0.5899	0.5899		120	23.65	3,670,726	3,602,760	
1990/01	279,779	0.50	0.5899	0.5899		120	11.29	3,950,505	3,620,880	
1990/07		0.50	0.5899	0.5899		120	11.29	3,950,505	3,642,240	
1991/01	253,842	0.60	0.5899	0.5899		120	7.05	4,204,347	3,663,600	
1991/07		0.60	1.4932	1.4932		120	7.05	4,204,347	3,718,320	
1992/01		0.70	2.0117	2.0117		120	7.05	4,204,347	3,793,080	
1992/07	52,597	0.70	1.8152	1.8152		120	9.16	4,256,944	3,861,960	
1993/01		0.80	1.7710	1.7710		120	9.16	4,256,944	3,930,360	
1993/07		0.80	1.5329	1.5329		120	9.86	4,256,944	3,990,600	
1994/01		0.90	1.6983	1.6983		120	9.86	4,256,944	4,058,400	
1994/07	293,403	0.90	1.5991	1.5991		120	9.84	4,550,347	4,123,320	
1995/01		1.00	1.5812	1.5812		120	9.84	4,550,347	4,188,480	
1995/07		1.00	1.5250	1.5250		120	22.31	4,550,347	4,252,320	
1996/01		1.00	1.7228	1.7228		120	22.31	4,550,347	4,325,640	
1996/07	2,487,567	1.00	1.3294	1.3294		120	26.75	7,067,335	4,383,120	6
1997/01		1.00	1.4109	1.4109		120	26.75	7,067,335	4,444,920	3
1997/07	134,520	1.00	1.0917	1.0917		120	26.40	7,067,335	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	26.40	7,067,335	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	26.40	7,067,335	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	26.40	7,067,335	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	27.87	7,067,335	4,718,880	3
2000/01	62,572	1.00	1.3356	1.3356		120	25.19	7,067,335	4,781,880	3



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234.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	27.61	7,067,335	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	27.61	7,067,335	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	29.45	7,067,335	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	29.45	7,067,335	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	34.43	7,067,335	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	39.35	7,067,335	5,104,200	3
2003/07	68,236	1.00	1.1664	1.1664		120	39.35	7,067,335	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	39.35	7,067,335	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	39.35	7,067,335	5,264,880	3
2005/01		1.00	0.8595	0.8595		120	39.35	7,067,335	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	30.84	7,067,335	5,349,240	3
2006/01		0.95	0.9068	0.9068		120	30.84	7,067,335	5,397,720	3
2006/07		0.95	0.8133	0.8133		120	30.84	7,067,335	5,441,640	3
2007/01		0.90	1.0133	1.0133		120	30.84	7,067,335	5,496,720	3
2007/07		0.90	1.1050	1.1050		120	49.33	7,067,335	5,557,440	3
2008/01		0.85	0.8556	0.8556		120	49.33	7,067,335	5,604,960	3
2008/07		0.85	0.6104	0.6104		120	49.33	7,067,335	5,639,160	3
2009/01		0.80	1.3268	1.3268		120	49.33	7,067,335	5,714,040	3
2009/07		0.80	0.6841	0.6841		120	49.33	7,067,335	5,753,160	3
2010/01		0.75	0.8643	0.8643		120	49.27	7,067,335	5,802,840	3
2010/07		0.75	0.7107	0.7107		120	56.16	7,067,335	5,844,120	3
2011/01		0.70	0.9198	0.9198		120	56.16	7,067,335	5,897,880	3
2011/07		0.70	0.9028	0.9028		120	62.14	7,067,335	5,951,160	3
2012/01		0.65	0.3865	0.3865		120	62.14	7,067,335	5,974,200	3
2012/07		0.65	0.9417	0.9417		120	62.14	7,067,335	6,030,480	3
2013/01		0.60	0.4901	0.4901		120	63.50	7,067,335	6,060,000	3
2013/07		0.60	0.6196	0.6196		120	63.50	7,067,335	6,097,560	3
2014/01		0.55	0.8564	0.8564		120	67.63	7,067,335	6,149,760	3
2014/07		0.55	1.2383	1.2383		120	69.38	7,067,335	6,225,960	3
2015/01		0.50	0.7571	0.7571		120	69.38	7,067,335	6,273,120	3

- 1 Per Bed Standard Limitation
- 3 Index Cost Limitation - January 1996
- 6 Not Limited to Current Per Bed Standard

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Courtyard Gardens Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
17781 THELMA AVENUE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
JUPITER, FL 33458	Days in CR 365	Maximum: 43,800	Standard: 243
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 38,920	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,554	Inflation
Current Class South Large	Initial CR? False	Medicaid: 19,674	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	50.54985%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.85845%	Cost: 1.05607860
Open Date: 10/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 07/08/1986	Low Occupancy Adjustment Factor:	113.46824%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 224928			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	842,365	1,532,938	989,685	312,030		3,677,018	
1a	Audit Adjustments							
2	Cost Per Diem	42.8162	77.9169	50.3042	15.8600		186.8973	
3	Cost Per Diem Inflated	45.2173	80.8824	53.1252				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.2173	80.8824	53.1252	15.8600		195.0849	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.3743		68.4239				
7	Provider Target Rate	59.4754		70.9296				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	55.8747		64.6733				
10b	Base for line 10a	53.9008		62.3886				
11	Lesser of 5,7,8,10, 10a	45.2173	80.8824	53.1252	13.6500		192.8749	
12/13	Medical Adjustment Rate		0.0500	0.0329				
14	Prospective Per Diem 11	45.2173	80.9324	53.1581	13.6500		192.9578	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Courtyard Gardens Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/08/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,580,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	4,512,282	9.0652
Indexed Asset Value	5,640,353	<60% of Base:	False	20% ROE(2):	1,128,071	0.4115
FRVS Base Asset:	3,289,560	Interest Rate:	5.0000%	Insurance Cost(3):	67,531	1.7351
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	71,824	1.8454
ROE Factor	0.014380	Amortization Rate:	5.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	282,364	0.0000
		Yearly Payment:	357,349	Total FRVS PD:		13.0572

- (1) 80% Capital (\$4,512,282) amortized at 5.0000 % for 20 years Principal & Interest of \$357,349 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.0652
- (2) 20% ROE (\$1,128,071) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4115
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,413
Comparison Date:	01/01/1984	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.2173	45.2173	0.7867	44.4306
Direct Care	80.9324	80.9324	1.4080	79.5244
Indirect Care	53.1581	53.1581	0.9248	52.2333
Property	13.6500	13.0572	0.2272	12.8300
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7065
Supplemental Rate Add-on				9.9025
Totals	192.9578	192.3650	3.3467	221.6273

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,590,000	0.00	1.9179	1.9179		120		3,289,560	3,289,560	1
1985/01		0.10	1.1471	1.1471		120		3,289,560	3,391,080	
1985/10		0.10	0.8522	0.8522		120		3,289,560	3,420,000	
1986/01		0.20	0.8299	0.8299		120		3,289,560	3,448,440	
1986/07		0.20	0.2974	0.2974		120	64.32	3,291,517	3,441,840	
1987/01		0.30	1.0091	1.0091		120	64.32	3,301,480	3,503,400	
1987/07		0.30	0.9007	0.9007		120	64.32	3,310,401	3,530,760	
1988/01		0.40	0.9007	0.9007		120	64.32	3,322,328	3,559,440	
1988/07		0.40	0.5899	0.5899		120	64.32	3,330,169	3,557,520	
1989/01		0.50	0.5899	0.5899		120	64.32	3,339,993	3,578,520	
1989/07		0.50	0.5899	0.5899		120	67.54	3,349,846	3,602,760	
1990/01		0.60	0.5899	0.5899		120	67.54	3,361,701	3,620,880	
1990/07		0.60	0.5899	0.5899		120	62.92	3,373,598	3,642,240	
1991/01		0.70	0.5899	0.5899		120	62.92	3,373,598	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	65.09	3,387,528	3,718,320	5
1992/01	19,337	0.80	2.0117	2.0117		120	68.55	3,497,360	3,793,080	
1992/07		0.80	1.8152	1.8152		120	68.55	3,548,149	3,861,960	
1993/01		0.90	1.7710	1.7710		120	66.85	3,604,703	3,930,360	
1993/07		0.90	1.5329	1.5329		120	66.85	3,654,433	3,990,600	
1994/01		1.00	1.6983	1.6983		120	67.96	3,716,496	4,058,400	
1994/07		1.00	1.5991	1.5991		120	67.96	3,775,926	4,123,320	
1995/01		1.00	1.5812	1.5812		120	65.92	3,835,631	4,188,480	
1995/07		1.00	1.5250	1.5250		120	65.92	3,894,124	4,252,320	
1996/01	43,969	1.00	1.7228	1.7228		120	58.45	4,005,181	4,325,640	
1996/07		1.00	1.3294	1.3294		120	58.45	4,058,426	4,383,120	
1997/01	37,574	1.00	1.4109	1.4109		120	60.84	4,153,260	4,444,920	
1997/07		1.00	1.0917	1.0917		120	60.84	4,153,260	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	60.84	4,247,569	4,545,840	
1998/07		1.00	1.0794	1.0794		120	77.54	4,293,417	4,594,920	
1999/01		1.00	1.4499	1.4499		120	77.54	4,293,417	4,661,520	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	77.54	4,409,237	4,718,880	
2000/01	9,503	1.00	1.3356	1.3356		120	73.25	4,477,630	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.25	4,527,462	4,835,040	
2001/01		1.00	1.2976	1.2976		120	73.25	4,586,210	4,897,800	
2001/07		1.00	0.9615	0.9615		120	73.25	4,630,306	4,944,840	
2002/01		1.00	1.0301	1.0301		120	73.25	4,678,003	4,995,720	
2002/07		1.00	0.8337	0.8337		120	68.34	4,717,004	5,037,360	
2003/01		1.00	1.3271	1.3271		120	68.34	4,779,603	5,104,200	
2003/07		1.00	1.1664	1.1664		120	74.02	4,835,352	5,163,720	
2004/01		1.00	1.1103	1.1103		120	74.02	4,889,039	5,221,080	
2004/07		1.00	0.8378	0.8378		120	74.54	4,929,999	5,264,880	
2005/01		0.95	0.8595	0.8595		120	74.54	4,970,252	5,310,120	
2005/07		0.95	0.7364	0.7364		120	77.97	5,005,024	5,349,240	
2006/01		0.90	0.9068	0.9068		120	77.97	5,045,870	5,397,720	
2006/07		0.90	0.8133	0.8133		120	77.52	5,082,806	5,441,640	
2007/01		0.85	1.0133	1.0133		120	77.52	5,126,584	5,496,720	
2007/07		0.85	1.1050	1.1050		120	65.30	5,174,738	5,557,440	
2008/01		0.80	0.8556	0.8556		120	63.26	5,210,159	5,604,960	
2008/07		0.80	0.6104	0.6104		120	63.26	5,235,600	5,639,160	
2009/01		0.75	1.3268	1.3268		120	59.53	5,287,699	5,714,040	
2009/07		0.75	0.6841	0.6841		120	59.53	5,314,830	5,753,160	
2010/01		0.70	0.8643	0.8643		120	59.53	5,346,985	5,802,840	
2010/07		0.70	0.7107	0.7107		120	59.53	5,373,586	5,844,120	
2011/01		0.65	0.9198	0.9198		120	59.53	5,405,715	5,897,880	
2011/07		0.65	0.9028	0.9028		120	59.53	5,437,436	5,951,160	
2012/01	54,878	0.60	0.3865	0.3865		120	52.41	5,504,330	5,974,200	
2012/07		0.60	0.9417	0.9417		120	52.41	5,533,965	6,030,480	
2013/01		0.55	0.4901	0.4901		120	52.41	5,548,182	6,060,000	
2013/07		0.55	0.6196	0.6196		120	56.12	5,567,090	6,097,560	
2014/01		0.50	0.8564	0.8564		120	56.12	5,590,928	6,149,760	



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221.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	50.55	5,622,746	6,225,960	
2015/01		0.45	0.7571	0.7571		120	50.55	5,640,353	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

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239.57

Heartland of Sarasota FL, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5401 SAWYER RD	1/1/2013-12/31/2013	Number of Beds: 140	Superior: 0
SARASOTA, FL 34233	Days in CR 365	Maximum: 51,100	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 51,100	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 34,705	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,891	Inflation
Current Class South Large	Initial CR? False	Medicaid: 8,711	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	25.10013%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	67.91585%	Cost: 1.04340134
Open Date: 10/01/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/10/2009	Low Occupancy Adjustment Factor:	86.72548%	DC Sem Index: 1.25449501
Med # Active Date: 07/10/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	681,871	804,053	491,657	185,109		2,162,690	
1a	Audit Adjustments							
2	Cost Per Diem	78.2770	92.3032	56.4409	21.2500		248.2711	
3	Cost Per Diem Inflated	81.6743	95.3036	58.8905				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	81.6743	95.3036	58.8905	21.2500		257.1184	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	92.3281		80.4764				
7	Provider Target Rate	95.7092		83.4235				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	56.8931		64.9535				
10b	Base for line 10a	54.8832		62.6589				
11	Lesser of 5,7,8,10, 10a	56.7419	95.3036	58.8905	13.6500		224.5860	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	95.3036	58.8905	13.6500		224.5860	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 010453-00 - 2015/01

239.57

Rate Semester 01/01/2015 through 08/31/2015

Heartland of Sarasota FL, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/10/2009	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,959,885.00	Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable	80% Capital(1):	3,901,762 5.5247
Indexed Asset Value	4,877,203	<60% of Base:	False	20% ROE(2):	975,441 0.3977
FRVS Base Asset:	0	Interest Rate:	2.7600%	Insurance Cost(3):	36,142 1.0414
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	90,803 2.6164
ROE Factor	0.018750	Amortization Rate:	2.7600%	Home Office(3):	27,897 0.8038
		Interest Only:	False	Replacement(3&4):	211,209 0.0000
		Yearly Payment:	254,080	Total FRVS PD:	10.3840

- (1) 80% Capital (\$3,901,762) amortized at 2.7600 % for 20 years Principal & Interest of \$254,080 divided by annual available days (51100) divided by Occup. Adj. (0.90) = \$5.5247
- (2) 20% ROE (\$975,441) times the ROE factor (0.018750) divided by annual available days (51100) divided by Occup. Adj. (0.90) = \$0.3977
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	52,276
Comparison Bed	140	Effective PBS Limitation	4,734,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	95.3036	95.3036	1.6581	93.6455
Indirect Care	58.8905	58.8905	1.0246	57.8659
Property	13.6500	10.3840	0.1807	10.2033
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				12.1943
Supplemental Rate Add-on				9.9025
Totals	224.5860	221.3200	3.8506	239.5662

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 010453-00 - 2015/01

239.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07	11,845,758	0.00	0.6841	0.6841		140	1.07	4,734,800	4,734,800	1
2010/01	129,853	0.10	0.8643	0.8643		140	1.07	4,864,653	6,769,980	
2010/07	2,459	0.10	0.7107	0.7107		140	1.07	4,867,112	6,818,140	
2011/01		0.20	0.9198	0.9198		140	1.07	4,867,112	6,880,860	
2011/07		0.20	0.9028	0.9028		140	1.07	4,867,112	6,943,020	
2012/01		0.30	0.3865	0.3865		140	1.07	4,867,112	6,969,900	
2012/07		0.30	0.9417	0.9417		140	1.07	4,867,112	7,035,560	
2013/01		0.40	0.4901	0.4901		140	7.71	4,867,112	7,070,000	
2013/07		0.40	0.6196	0.6196		140	7.71	4,867,112	7,113,820	
2014/01		0.50	0.8564	0.8564		140	14.49	4,867,112	7,174,720	
2014/07		0.50	1.2383	1.2383		140	14.49	4,867,112	7,263,620	
2015/01		0.60	0.7571	0.7571		140	25.10	4,877,203	7,318,640	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 010453123120130101201305272014110339



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 011997-00 - 2015/01

232.16

Heartland of Boca Raton FL, LLC

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7225 BOCA DEL MAR DRIVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
BOCA RATON, FL 33433	Days in CR 365	Maximum: 43,800	Standard: 212
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 31
Region: South Area: 9	Last Used: 2015/01	Total Patient: 28,041	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 18,128	Inflation
Current Class South Large	Initial CR? False	Medicaid: 4,763	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	16.98584%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	64.02055%	Cost: 1.04340134
Open Date: 12/01/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/05/2009	Low Occupancy Adjustment Factor:	81.75136%	DC Sem Index: 1.25449501
Med # Active Date: 08/05/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	290,524	389,889	326,780	160,704		1,167,897	
1a	Audit Adjustments							
2	Cost Per Diem	60.9960	81.8578	68.6080	33.7401		245.2019	
3	Cost Per Diem Inflated	63.6433	84.5187	71.5857				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	63.6433	84.5187	71.5857	33.7401		253.4878	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	87.1443		87.6982				
7	Provider Target Rate	90.3356		90.9098				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	57.7528		64.5306				
10b	Base for line 10a	55.7126		62.2509				
11	Lesser of 5,7,8,10, 10a	56.7419	84.5187	64.5306	13.6500		219.4412	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	84.5187	64.5306	13.6500		219.4412	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 011997-00 - 2015/01

232.16

Rate Semester 01/01/2015 through 08/31/2015

Heartland of Boca Raton FL, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/05/2009	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	12,580,755.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,331,178	5.5029
RS to Start Calcs:	1994/07	<60% of Base:	False	20% ROE(2):	832,794	0.3961
Indexed Asset Value	4,163,972	Interest Rate:	2.7600%	Insurance Cost(3):	32,703	1.1663
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	113,317	4.0411
Occup Adj Factor	0.9000	Amortization Rate:	2.7600%	Home Office(3):	25,082	0.8945
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	113,271	0.0000
		Yearly Payment:	216,924	Total FRVS PD:		12.0009

- (1) 80% Capital (\$3,331,178) amortized at 2.7600 % for 20 years Principal & Interest of \$216,924 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.5029
- (2) 20% ROE (\$832,794) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3961
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	84.5187	84.5187	1.4704	83.0483
Indirect Care	64.5306	64.5306	1.1227	63.4079
Property	13.6500	12.0009	0.2088	11.7921
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				8.2515
Supplemental Rate Add-on				9.9025
Totals	219.4412	217.7921	3.7891	232.1570

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 011997-00 - 2015/01

232.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07	10,051,235	0.00	0.6841	0.6841		120	2.65	4,058,400	4,058,400	1
2010/01	70,965	0.10	0.8643	0.8643		120	2.65	4,129,365	5,802,840	
2010/07	34,607	0.10	0.7107	0.7107		120	2.65	4,163,972	5,844,120	
2011/01		0.20	0.9198	0.9198		120	2.65	4,163,972	5,897,880	
2011/07		0.20	0.9028	0.9028		120	2.65	4,163,972	5,951,160	
2012/01		0.30	0.3865	0.3865		120	2.65	4,163,972	5,974,200	
2012/07		0.30	0.9417	0.9417		120	2.65	4,163,972	6,030,480	
2013/01		0.40	0.4901	0.4901		120	15.89	4,163,972	6,060,000	
2013/07		0.40	0.6196	0.6196		120	15.89	4,163,972	6,097,560	
2014/01		0.50	0.8564	0.8564		120	16.27	4,163,972	6,149,760	
2014/07		0.50	1.2383	1.2383		120	16.27	4,163,972	6,225,960	
2015/01		0.60	0.7571	0.7571		120	16.99	4,163,972	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 011997123120130101201305272014095952



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 011998-00 - 2015/01

247.85

Royal Palm Healthcare & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2180 10TH AVENUE	1/1/2013-12/31/2013	Number of Beds: 72	Superior: 0
VERO BEACH , FL 32960	Days in CR 365	Maximum: 26,280	Standard: 243
County: Indian River [31]	First Used : 2015/01	Max Annualized: 26,280	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 19,737	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,216	Inflation
Current Class South Small	Initial CR? False	Medicaid: 2,686	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	13.60896%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.10274%	Cost: 1.04340134
Open Date: 04/01/2004	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/2004	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/07/2009	Low Occupancy Adjustment Factor:	95.90281%	DC Sem Index: 1.25449501
Med # Active Date: 03/07/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	149,645	212,804	189,464	166,989		718,902	
1a	Audit Adjustments							
2	Cost Per Diem	55.7130	79.2272	70.5376	62.1701		267.6479	
3	Cost Per Diem Inflated	58.1310	81.8026	73.5990				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.1310	81.8026	73.5990	62.1701		275.7027	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.2108		86.4283				
7	Provider Target Rate	59.3059		89.5934				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	73.6889		81.7363				
10b	Base for line 10a	71.0857		78.8488				
11	Lesser of 5,7,8,10, 10a	58.1310	81.8026	73.5990	13.6500		227.1826	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	58.1310	81.8026	73.5990	13.6500		227.1826	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 011998-00 - 2015/01

247.85

Rate Semester 01/01/2015 through 08/31/2015

Royal Palm Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/07/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,500,207.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable	80% Capital(1):	2,812,183	9.6143
Indexed Asset Value	3,515,229	<60% of Base:	False	20% ROE(2):	703,046	0.5573
FRVS Base Asset:	0	Interest Rate:	7.0000%	Insurance Cost(3):	11,510	0.5832
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	34,330	1.7394
ROE Factor	0.018750	Amortization Rate:	5.2500%	Home Office(3):	11,649	0.5902
		Interest Only:	False	Replacement(3&4):	33,600	0.0000
		Yearly Payment:	227,397	Total FRVS PD:		13.0844

- (1) 80% Capital (\$2,812,183) amortized at 5.2500 % for 20 years Principal & Interest of \$227,397 divided by annual available days (26280) divided by Occup. Adj. (0.90) = \$9.6143
- (2) 20% ROE (\$703,046) times the ROE factor (0.018750) divided by annual available days (26280) divided by Occup. Adj. (0.90) = \$0.5573
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	43,031
Comparison Date:	07/01/2003	Current RS PBS:	52,276
Comparison Bed	72	Effective PBS Limitation	3,098,232

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.1310	58.1310	1.0113	57.1197
Direct Care	81.8026	81.8026	1.4232	80.3794
Indirect Care	73.5990	73.5990	1.2804	72.3186
Property	13.6500	13.0844	0.2276	12.8568
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.2687
Supplemental Rate Add-on				9.9025
Totals	227.1826	226.6170	3.9425	247.8457

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 011998-00 - 2015/01

247.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01	3,503,044	0.00	1.3268	1.3268		72	5.85	3,098,232	3,098,232	1
2009/07	112,759	0.10	0.6841	0.6841		72	5.85	3,210,991	3,451,896	
2010/01	2,541	0.10	0.8643	0.8643		72	5.85	3,213,532	3,481,704	
2010/07		0.20	0.7107	0.7107		72	5.85	3,213,532	3,506,472	
2011/01		0.20	0.9198	0.9198		72	5.85	3,213,532	3,538,728	
2011/07		0.30	0.9028	0.9028		72	5.85	3,213,532	3,570,696	
2012/01	19,254	0.30	0.3865	0.3865		72	12.79	3,232,786	3,584,520	
2012/07		0.40	0.9417	0.9417		72	12.79	3,232,786	3,618,288	
2013/01		0.40	0.4901	0.4901		72	17.76	3,232,786	3,636,000	
2013/07		0.50	0.6196	0.6196		72	17.76	3,232,786	3,658,536	
2014/01		0.50	0.8564	0.8564		72	17.05	3,232,786	3,689,856	
2014/07		0.60	1.2383	1.2383		72	17.05	3,232,786	3,735,576	
2015/01	282,443	0.60	0.7571	0.7571		72	13.61	3,515,229	3,763,872	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 014169-00 - 2015/01

242.07

Gulf Shore Rehab & Nursing

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6767 86TH AVE N	2/1/2013-1/31/2014	Number of Beds: 120	Superior: 0
PINELLAS PARK, FL 33782	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 41,133	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,085	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,939	FY Index: 1.31458957
Class at 1/94: North Large	Medical Utilization	50.90560%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.91096%	Cost: 1.04338188
Open Date: 02/06/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/06/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 02/06/1998	Low Occupancy Adjustment Factor:	119.92006%	DC Sem Index: 1.25449501
Med # Active Date: 07/31/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med # 264351			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	902,956	1,974,613	1,312,380	824,997		5,014,946	
1a	Audit Adjustments							
2	Cost Per Diem	43.1232	94.3031	62.6763	39.4000		239.5026	
3	Cost Per Diem Inflated	44.9940	97.2619	65.3953				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9940	97.2619	65.3953	39.4000		247.0512	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.3649		74.3326				
7	Provider Target Rate	55.3192		77.0547				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	59.5870		69.3581				
10b	Base for line 10a	57.4820		66.9079				
11	Lesser of 5,7,8,10, 10a	44.9940	97.2619	63.5578	13.6500		219.4637	
12/13	Medical Adjustment Rate		0.0991	0.0648				
14	Prospective Per Diem 11	44.9940	97.3610	63.6226	13.6500		219.6276	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 014169-00 - 2015/01

242.07

Rate Semester 01/01/2015 through 08/31/2015

Gulf Shore Rehab & Nursing

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/06/1998	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,900,000.00	Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable	80% Capital(1):	2,426,654 6.7847
Indexed Asset Value	3,033,317	<60% of Base:	False	20% ROE(2):	606,663 0.3013
FRVS Base Asset:	2,246,700	Interest Rate:	9.2900%	Insurance Cost(3):	161,572 3.9280
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	120,899 2.9392
ROE Factor	0.019580	Amortization Rate:	9.2900%	Home Office(3):	11,939 0.2903
		Interest Only:	False	Replacement(3&4):	20,981 0.0000
		Yearly Payment:	267,454	Total FRVS PD:	14.2435

- (1) 80% Capital (\$2,426,654) amortized at 9.2900 % for 20 years Principal & Interest of \$267,454 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.7847
- (2) 20% ROE (\$606,663) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3013
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9940	44.9940	0.7828	44.2112
Direct Care	97.3610	97.3610	1.6938	95.6672
Indirect Care	63.6226	63.6226	1.1069	62.5157
Property	13.6500	14.2435	0.2478	13.9957
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.7805
Supplemental Rate Add-on				9.9025
Totals	219.6276	220.2211	3.8313	242.0728

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

0 014169-00 - 2015/01

242.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	3,207,826	0.00	1.1663	1.1663		60	58.87	2,246,700	2,246,700	1
1998/07	8,147	0.10	1.0794	1.0794		60	58.87	2,257,271	2,297,460	
1999/01		0.10	1.4499	1.4499		60	58.87	2,260,544	2,330,760	
1999/07		0.20	1.2299	1.2299		60	58.87	2,266,105	2,359,440	
2000/01		0.20	1.3356	1.3356		60	58.87	2,272,158	2,390,940	
2000/07		0.30	1.1129	1.1129		60	58.87	2,279,745	2,417,520	
2001/01		0.30	1.2976	1.2976		60	58.87	2,288,620	2,448,900	
2001/07		0.40	0.9615	0.9615		60	67.14	2,297,422	2,472,420	
2002/01		0.40	1.0301	1.0301		60	61.51	2,306,887	2,497,860	
2002/07		0.50	0.8337	0.8337		60	61.51	2,316,504	2,518,680	
2003/01	78,673	0.50	1.3271	1.3271		60	66.74	2,410,549	2,552,100	
2003/07		0.60	1.1664	1.1664		60	66.74	2,427,418	2,581,860	
2004/01		0.60	1.1103	1.1103		60	66.74	2,443,589	2,610,540	
2004/07		0.70	0.8378	0.8378		60	66.74	2,457,921	2,632,440	
2005/01		0.70	0.8595	0.8595		60	66.74	2,472,710	2,655,060	
2005/07		0.80	0.7364	0.7364		60	66.74	2,487,277	2,674,620	
2006/01		0.80	0.9068	0.9068		60	66.74	2,505,320	2,698,860	
2006/07		0.90	0.8133	0.8133		60	74.87	2,523,659	2,720,820	
2007/01		0.90	1.0133	1.0133		60	74.87	2,546,675	2,748,360	
2007/07		1.00	1.1050	1.1050		60	77.04	2,574,816	2,778,720	
2008/01		1.00	0.8556	0.8556		60	77.04	2,596,846	2,802,480	
2008/07		1.00	0.6104	0.6104		60	68.73	2,612,697	2,819,580	
2009/01		1.00	1.3268	1.3268		60	68.73	2,647,362	2,857,020	
2009/07	88,688	1.00	0.6841	0.6841		120	65.06	2,754,161	5,753,160	
2010/01		1.00	0.8643	0.8643		120	65.06	2,777,965	5,802,840	
2010/07		1.00	0.7107	0.7107		120	65.06	2,797,708	5,844,120	
2011/01		1.00	0.9198	0.9198		120	65.06	2,823,441	5,897,880	
2011/07		1.00	0.9028	0.9028		120	65.06	2,848,931	5,951,160	
2012/01		1.00	0.3865	0.3865		120	61.90	2,859,942	5,974,200	
2012/07		1.00	0.9417	0.9417		120	61.90	2,886,874	6,030,480	



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Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

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242.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		120	62.21	2,901,023	6,060,000	
2013/07		1.00	0.6196	0.6196		120	62.21	2,918,998	6,097,560	
2014/01	33,242	1.00	0.8564	0.8564		120	53.32	2,976,475	6,149,760	
2014/07		1.00	1.2383	1.2383		120	53.32	3,012,207	6,225,960	
2015/01		1.00	0.7571	0.7571		120	50.91	3,033,317	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 014169013120140201201307242014094756



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 015613-00 - 2015/01

209.88

St. James Health And Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
239 CROOKED RIVER ROAD	1/1/2013-12/31/2013	Number of Beds: 90	Superior: 0
CARRABELLE, FL 32322	Days in CR 365	Maximum: 32,850	Standard: 243
County: Franklin [19]	First Used : 2015/01	Max Annualized: 32,850	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 26,279	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,062	Inflation
Current Class North Small	Initial CR? False	Medicaid: 21,485	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	81.75730%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.99696%	Cost: 1.04340134
Open Date: 05/26/2009	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/26/2009	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 05/26/2009	Low Occupancy Adjustment Factor:	102.15251%	DC Sem Index: 1.25449501
Med # Active Date: 05/26/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	855,531	1,495,904	919,604	1,133,119		4,404,158	
1a	Audit Adjustments							
2	Cost Per Diem	39.8199	69.6255	42.8021	52.7400		204.9875	
3	Cost Per Diem Inflated	41.5481	71.8888	44.6598				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.5481	71.8888	44.6598	52.7400		210.8367	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	113.5874		114.4137				
7	Provider Target Rate	117.7471		118.6036				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	54.9080		64.4134				
10b	Base for line 10a	52.9683		62.1379				
11	Lesser of 5,7,8,10, 10a	41.5481	71.8888	44.6598	13.6500		171.7467	
12/13	Medical Adjustment Rate		2.5684	1.5956				
14	Prospective Per Diem 11	41.5481	74.4572	46.2554	13.6500		175.9107	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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209.88

Rate Semester 01/01/2015 through 08/31/2015

St. James Health And Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/26/2009	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,799,191.00	Total Amount	Per Diem
RS to Start Calcs:	2009/01	Type:	Variable	80% Capital(1):	3,521,641 7.7384
Indexed Asset Value	4,402,051	<60% of Base:	False	20% ROE(2):	880,410 0.5584
FRVS Base Asset:	4,229,370	Interest Rate:	2.7341%	Insurance Cost(3):	100,672 3.8309
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	69,050 2.6276
ROE Factor	0.018750	Amortization Rate:	2.7341%	Home Office(3):	12,366 0.4706
		Interest Only:	False	Replacement(3&4):	27,885 0.0000
		Yearly Payment:	228,786	Total FRVS PD:	15.2259

- (1) 80% Capital (\$3,521,641) amortized at 2.7341 % for 20 years Principal & Interest of \$228,786 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$7.7384
- (2) 20% ROE (\$880,410) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.5584
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	46,993
Comparison Date:	07/01/2008	Current RS PBS:	52,276
Comparison Bed	90	Effective PBS Limitation	4,229,370

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.5481	41.5481	0.7228	40.8253
Direct Care	74.4572	74.4572	1.2954	73.1618
Indirect Care	46.2554	46.2554	0.8047	45.4507
Property	13.6500	15.2259	0.2649	14.9610
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.5816
Supplemental Rate Add-on				9.9025
Totals	175.9107	177.4866	3.0878	209.8829

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 015613-00 - 2015/01

209.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01	6,152,351	0.00	1.3268	1.3268		90	64.77	4,229,370	4,229,370	1
2009/07	6,504	0.10	0.6841	0.6841		90	64.77	4,238,767	4,314,870	
2010/01		0.10	0.8643	0.8643		90	64.77	4,242,429	4,352,130	
2010/07		0.20	0.7107	0.7107		90	64.77	4,248,457	4,383,090	
2011/01		0.20	0.9198	0.9198		90	64.77	4,256,274	4,423,410	
2011/07		0.30	0.9028	0.9028		90	64.77	4,267,800	4,463,370	
2012/01	20,529	0.30	0.3865	0.3865		90	66.29	4,293,280	4,480,650	
2012/07		0.40	0.9417	0.9417		90	66.29	4,309,453	4,522,860	
2013/01		0.40	0.4901	0.4901		90	76.83	4,317,900	4,545,000	
2013/07		0.50	0.6196	0.6196		90	76.83	4,331,277	4,573,170	
2014/01		0.50	0.8564	0.8564		90	84.38	4,349,824	4,612,320	
2014/07		0.60	1.2383	1.2383		90	84.38	4,382,143	4,669,470	
2015/01		0.60	0.7571	0.7571		90	81.76	4,402,051	4,704,840	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 017221-00 - 2015/01

233.33

Bayside Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4343 LANGLEY AVENUE	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
PENSACOLA , FL 32504	Days in CR 181	Maximum: 21,720	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 20,959	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,874	Inflation
Current Class North Large	Initial CR? False	Medicaid: 14,777	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	70.50432%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.49632%	Cost: 1.02853242
Open Date: 10/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 10/01/1979	Low Occupancy Adjustment Factor:	123.22145%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213853			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	710,733	1,180,983	854,527	407,845		3,154,088	
1a	Audit Adjustments							
2	Cost Per Diem	48.0972	79.9204	57.8282	27.6000		213.4458	
3	Cost Per Diem Inflated	49.4695	81.8113	59.4782				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.4695	81.8113	59.4782	27.6000		218.3590	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4321		63.9564				
7	Provider Target Rate	49.1691		66.2985				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.3830		60.0947				
10b	Base for line 10a	47.6384		57.9717				
11	Lesser of 5,7,8,10, 10a	49.1691	81.8113	59.4782	13.6500		204.1086	
12/13	Medical Adjustment Rate		1.8872	1.3720				
14	Prospective Per Diem 11	49.1691	83.6985	60.8502	13.6500		207.3678	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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233.33

Rate Semester 01/01/2015 through 08/31/2015

Bayside Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,652,500.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,382,743 7.7352
RS to Start Calcs:	1979/07	<60% of Base:	False	20% ROE(2):	595,686 0.3525
Indexed Asset Value	2,978,429	Interest Rate:	11.5000%	Insurance Cost(3):	13,541 0.6461
FRVS Base Asset:	1,740,980	Chase Rate:	8.5000%	Taxes Cost(3):	25,267 1.2055
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	19,382 0.9248
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	85,901 0.0000
		Yearly Payment:	304,923	Total FRVS PD:	10.8641

(1) 80% Capital (\$2,382,743) amortized at 11.5000 % for 20 years Principal & Interest of \$304,923 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.7352

(2) 20% ROE (\$595,686) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3525

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.1691	49.1691	0.8554	48.3137
Direct Care	83.6985	83.6985	1.4562	82.2423
Indirect Care	60.8502	60.8502	1.0586	59.7916
Property	13.6500	10.8641	0.1890	10.6751
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.4008
Supplemental Rate Add-on				9.9025
Totals	207.3678	204.5819	3.5592	233.3260

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 017221-00 - 2015/01

233.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,581,767	0.00	4.1982	3.0000	1.1982	120	100.00	1,581,767	2,468,640	
1980/01		0.10	7.3640	3.0000	4.3640	120	47.83	1,585,894	2,620,920	
1980/07		0.10	8.1746	3.0000	5.1746	120	47.83	1,590,031	2,720,760	
1981/01	20,630	0.20	8.9986	3.0000	5.9986	120	43.90	1,618,276	2,824,800	
1981/07		0.20	8.5874	3.0000	5.5874	120	43.90	1,626,026	2,897,880	
1982/01		0.30	8.2634	3.0000	5.2634	120	42.45	1,637,321	2,975,520	
1982/07		0.30	7.5611	3.0000	4.5611	120	42.45	1,648,694	3,043,800	
1983/04		0.40	7.1899	3.0000	4.1899	120	42.45	1,663,964	3,123,840	
1983/07		0.40	8.1477	3.0000	5.1477	120	42.45	1,679,375	3,247,440	
1984/01		0.50	6.4429	3.0000	3.4429	120	37.73	1,696,656	3,289,560	
1984/07		0.50	5.3608	3.0000	2.3608	120	37.73	1,714,115	3,352,680	
1985/01		0.60	3.5079	3.0000	0.5079	120	32.84	1,732,538	3,391,080	
1985/10		0.60	1.3601	1.3601		120	32.84	1,740,980	3,420,000	
1986/01		0.70	0.8299	0.8299		120	35.56	1,747,519	3,448,440	
1986/07		0.70	0.2974	0.2974		120	35.56	1,749,871	3,441,840	
1987/01		0.80	1.0091	1.0091		120	35.56	1,759,005	3,503,400	
1987/07		0.80	0.9007	0.9007		120	39.12	1,768,021	3,530,760	
1988/01		0.90	0.9007	0.9007		120	42.69	1,779,145	3,559,440	
1988/07		0.90	0.5899	0.5899		120	42.69	1,786,476	3,557,520	
1989/01		1.00	0.5899	0.5899		120	42.69	1,794,656	3,578,520	
1989/07	27,649	1.00	0.5899	0.5899		120	48.85	1,831,708	3,602,760	
1990/01		1.00	0.5899	0.5899		120	58.75	1,842,513	3,620,880	
1990/07		1.00	0.5899	0.5899		120	58.75	1,853,382	3,642,240	
1991/01		1.00	0.5899	0.5899		120	58.75	1,864,315	3,663,600	
1991/07		1.00	1.4932	1.4932		120	53.83	1,864,315	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	55.97	1,929,614	3,793,080	
1992/07		1.00	1.8152	1.8152		120	55.97	1,964,640	3,861,960	
1993/01		1.00	1.7710	1.7710		120	60.78	1,999,434	3,930,360	
1993/07		1.00	1.5329	1.5329		120	60.78	2,030,083	3,990,600	
1994/01		1.00	1.6983	1.6983		120	65.66	2,064,560	4,058,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	65.66	2,097,574	4,123,320	
1995/01		1.00	1.5812	1.5812		120	65.66	2,130,741	4,188,480	
1995/07		1.00	1.5250	1.5250		120	65.66	2,163,235	4,252,320	
1996/01		1.00	1.7228	1.7228		120	65.66	2,200,503	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.66	2,229,756	4,383,120	
1997/01	23,029	1.00	1.4109	1.4109		120	66.54	2,284,245	4,444,920	
1997/07		1.00	1.0917	1.0917		120	66.54	2,309,182	4,493,400	
1998/01		1.00	1.1663	1.1663		120	66.54	2,336,114	4,545,840	
1998/07	24,761	1.00	1.0794	1.0794		120	73.31	2,386,091	4,594,920	
1999/01	16,319	1.00	1.4499	1.4499		120	73.31	2,437,006	4,661,520	
1999/07	1,657	1.00	1.2299	1.2299		120	73.31	2,438,663	4,718,880	5
2000/01		0.95	1.3356	1.3356		120	73.31	2,499,958	4,781,880	
2000/07		0.95	1.1129	1.1129		120	73.31	2,526,390	4,835,040	
2001/01		0.90	1.2976	1.2976		120	71.46	2,555,893	4,897,800	
2001/07		0.90	0.9615	0.9615		120	71.46	2,578,012	4,944,840	
2002/01		0.85	1.0301	1.0301		120	69.16	2,600,585	4,995,720	
2002/07		0.85	0.8337	0.8337		120	69.16	2,619,013	5,037,360	
2003/01		0.80	1.3271	1.3271		120	70.06	2,646,819	5,104,200	
2003/07		0.80	1.1664	1.1664		120	70.06	2,671,516	5,163,720	
2004/01		0.75	1.1103	1.1103		120	66.86	2,693,762	5,221,080	
2004/07		0.75	0.8378	0.8378		120	66.86	2,710,690	5,264,880	
2005/01		0.70	0.8595	0.8595		120	69.29	2,727,000	5,310,120	
2005/07		0.70	0.7364	0.7364		120	69.29	2,741,058	5,349,240	
2006/01		0.65	0.9068	0.9068		120	63.54	2,757,214	5,397,720	
2006/07		0.65	0.8133	0.8133		120	63.54	2,771,789	5,441,640	
2007/01		0.60	1.0133	1.0133		120	66.55	2,788,641	5,496,720	
2007/07		0.60	1.1050	1.1050		120	66.55	2,807,130	5,557,440	
2008/01		0.55	0.8556	0.8556		120	66.55	2,820,340	5,604,960	
2008/07		0.55	0.6104	0.6104		120	63.43	2,829,808	5,639,160	
2009/01	34,669	0.50	1.3268	1.3268		120	60.66	2,883,250	5,714,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		120	60.66	2,893,114	5,753,160	
2010/01		0.45	0.8643	0.8643		120	60.79	2,904,365	5,802,840	
2010/07		0.45	0.7107	0.7107		120	60.79	2,913,653	5,844,120	
2011/01		0.40	0.9198	0.9198		120	60.79	2,924,372	5,897,880	
2011/07		0.40	0.9028	0.9028		120	60.79	2,934,932	5,951,160	
2012/01		0.35	0.3865	0.3865		120	60.79	2,938,903	5,974,200	
2012/07		0.35	0.9417	0.9417		120	60.79	2,948,590	6,030,480	
2013/01		0.30	0.4901	0.4901		120	61.06	2,952,924	6,060,000	
2013/07		0.30	0.6196	0.6196		120	61.06	2,958,413	6,097,560	
2014/01		0.25	0.8564	0.8564		120	65.74	2,964,747	6,149,760	
2014/07		0.25	1.2383	1.2383		120	65.74	2,973,926	6,225,960	
2015/01		0.20	0.7571	0.7571		120	70.50	2,978,429	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



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Margate Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5951 COLONIAL DRIVE	1/1/2014-6/30/2014	Number of Beds: 170	Superior: 0
MARGATE, FL 33063	Days in CR 181	Maximum: 30,770	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 62,050	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 28,871	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,950	Inflation
Current Class South Large	Initial CR? False	Medicaid: 17,010	FY Index: 1.33356899
Class at 1/94: South Large	Medical Utilization	58.91725%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.82840%	Cost: 1.02853242
Open Date: 06/10/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/10/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 06/10/1985	Low Occupancy Adjustment Factor:	119.81464%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 214931			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	734,099	1,488,408	1,051,512	717,822		3,991,841
1a	Audit Adjustments						
2	Cost Per Diem	43.1569	87.5020	61.8173	42.2000		234.6762
3	Cost Per Diem Inflated	44.3883	89.5723	63.5811			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3883	89.5723	63.5811	42.2000		239.7417
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3044		62.7061			
7	Provider Target Rate	51.1100		65.0025			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	52.4184		62.7994			
10b	Base for line 10a	50.5666		60.5809			
11	Lesser of 5,7,8,10, 10a	44.3883	89.5723	62.7994	13.6500		210.4100
12/13	Medical Adjustment Rate		0.8986	0.6300			
14	Prospective Per Diem 11	44.3883	90.4709	63.4294	13.6500		211.9386
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Margate Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	13,125,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed	80% Capital(1):	6,534,883	14.2560
Indexed Asset Value	8,168,604	<60% of Base:	False	20% ROE(2):	1,633,721	0.6825
FRVS Base Asset:	3,420,000	Interest Rate:	10.7500%	Insurance Cost(3):	25,579	0.8860
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	132,812	4.6002
ROE Factor	0.023330	Amortization Rate:	10.7500%	Home Office(3):	22,303	0.7725
		Interest Only:	False	Replacement(3&4):	8,821	0.0000
		Yearly Payment:	796,128	Total FRVS PD:		21.1972

- (1) 80% Capital (\$6,534,883) amortized at 10.7500 % for 20 years Principal & Interest of \$796,128 divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$14.2560
- (2) 20% ROE (\$1,633,721) times the ROE factor (0.023330) divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$0.6825
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.3883	44.3883	0.7722	43.6161
Direct Care	90.4709	90.4709	1.5740	88.8969
Indirect Care	63.4294	63.4294	1.1035	62.3259
Property	13.6500	21.1972	0.3688	20.8284
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.6897
Supplemental Rate Add-on				9.9025
Totals	211.9386	219.4858	3.8185	245.2595

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	4,397,762	0.00	1.1471	1.1471		120	14.20	4,397,762	3,391,080	
1985/10		0.10	0.8522	0.8522		120	14.20	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	14.20	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	14.20	3,420,000	3,441,840	
1987/01		0.20	1.0091	1.0091		120	14.20	3,420,000	3,503,400	
1987/07		0.30	0.9007	0.9007		120	14.20	3,420,000	3,530,760	
1988/01		0.30	0.9007	0.9007		120	16.09	3,420,000	3,559,440	
1988/07		0.40	0.5899	0.5899		120	16.09	3,420,000	3,557,520	
1989/01		0.40	0.5899	0.5899		120	30.24	3,424,438	3,578,520	
1989/07		0.50	0.5899	0.5899		120	30.24	3,429,992	3,602,760	
1990/01		0.50	0.5899	0.5899		120	39.54	3,437,266	3,620,880	
1990/07		0.60	0.5899	0.5899		120	39.54	3,446,011	3,642,240	
1991/01		0.60	0.5899	0.5899		120	52.28	3,446,011	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	52.28	3,457,603	3,718,320	5
1992/01		0.70	2.0117	2.0117		120	59.88	3,541,129	3,793,080	
1992/07		0.80	1.8152	1.8152		120	59.88	3,592,553	3,861,960	
1993/01		0.80	1.7710	1.7710		120	60.35	3,643,452	3,930,360	
1993/07		0.90	1.5329	1.5329		120	60.35	3,693,717	3,990,600	
1994/01		0.90	1.6983	1.6983		120	50.74	3,745,802	4,058,400	
1994/07		1.00	1.5991	1.5991		120	50.74	3,801,062	4,123,320	
1995/01		1.00	1.5812	1.5812		120	47.65	3,801,062	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	47.65	3,904,041	4,252,320	
1996/01		1.00	1.7228	1.7228		120	46.24	3,960,587	4,325,640	
1996/07		1.00	1.3294	1.3294		120	46.24	4,004,853	4,383,120	
1997/01	57,133	1.00	1.4109	1.4109		120	49.17	4,061,986	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	49.17	4,152,638	4,493,400	
1998/01	1,838,707	1.00	1.1663	1.1663		170	45.79	6,031,667	6,439,940	
1998/07		1.00	1.0794	1.0794		170	45.79	6,085,871	6,509,470	
1999/01	32,360	1.00	1.4499	1.4499		170	61.89	6,206,470	6,603,820	
1999/07	613	1.00	1.2299	1.2299		170	61.89	6,283,416	6,685,080	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		170	61.89	6,367,337	6,774,330	
2000/07		1.00	1.1129	1.1129		170	61.89	6,438,199	6,849,640	
2001/01		1.00	1.2976	1.2976		170	61.89	6,521,741	6,938,550	
2001/07		1.00	0.9615	0.9615		170	62.46	6,584,448	7,005,190	
2002/01		1.00	1.0301	1.0301		170	62.46	6,652,274	7,077,270	
2002/07	152,107	1.00	0.8337	0.8337		170	60.74	6,859,841	7,136,260	
2003/01		1.00	1.3271	1.3271		170	60.74	6,950,878	7,230,950	
2003/07		1.00	1.1664	1.1664		170	59.02	7,031,953	7,315,270	
2004/01		1.00	1.1103	1.1103		170	59.02	7,110,029	7,396,530	
2004/07		1.00	0.8378	0.8378		170	60.39	7,169,597	7,458,580	
2005/01		1.00	0.8595	0.8595		170	60.39	7,231,220	7,522,670	
2005/07		0.95	0.7364	0.7364		170	65.54	7,281,810	7,578,090	
2006/01		0.95	0.9068	0.9068		170	65.54	7,344,543	7,646,770	
2006/07		0.90	0.8133	0.8133		170	64.52	7,398,305	7,708,990	
2007/01		0.90	1.0133	1.0133		170	64.52	7,465,778	7,787,020	
2007/07		0.85	1.1050	1.1050		170	59.22	7,535,904	7,873,040	
2008/01		0.85	0.8556	0.8556		170	59.22	7,590,713	7,940,360	
2008/07		0.80	0.6104	0.6104		170	56.16	7,627,778	7,988,810	
2009/01		0.80	1.3268	1.3268		170	56.16	7,708,739	8,094,890	
2009/07		0.75	0.6841	0.6841		170	56.16	7,748,293	8,150,310	
2010/01		0.75	0.8643	0.8643		170	58.43	7,798,517	8,220,690	
2010/07		0.70	0.7107	0.7107		170	58.43	7,837,315	8,279,170	
2011/01		0.70	0.9198	0.9198		170	58.43	7,887,779	8,355,330	
2011/07		0.65	0.9028	0.9028		170	58.43	7,934,064	8,430,810	
2012/01		0.65	0.3865	0.3865		170	58.43	7,953,994	8,463,450	
2012/07		0.60	0.9417	0.9417		170	58.43	7,998,934	8,543,180	
2013/01		0.60	0.4901	0.4901		170	57.43	8,022,459	8,585,000	
2013/07		0.55	0.6196	0.6196		170	57.43	8,049,800	8,638,210	
2014/01		0.55	0.8564	0.8564		170	61.98	8,087,715	8,712,160	
2014/07		0.50	1.2383	1.2383		170	61.98	8,137,794	8,820,110	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		170	58.92	8,168,604	8,886,920	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 017222063020140101201410132014134039



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240.85

Rosewood Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3107 NORTH H STREET	1/1/2014-6/30/2014	Number of Beds: 155	Superior: 0
PENSACOLA, FL 32501-1043	Days in CR 181	Maximum: 28,055	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 56,575	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 26,337	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,444	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,884	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	79.29529%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.87631%	Cost: 1.02853242
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	119.87582%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 211842			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	980,986	1,860,709	1,190,185	456,733		4,488,613	
1a	Audit Adjustments							
2	Cost Per Diem	46.9731	89.0974	56.9903	21.8700		214.9308	
3	Cost Per Diem Inflated	48.3134	91.2054	58.6164				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.3134	91.2054	58.6164	21.8700		220.0052	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4749		56.6207				
7	Provider Target Rate	48.1769		58.6942				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	48.4944		59.7934				
10b	Base for line 10a	46.7812		57.6811				
11	Lesser of 5,7,8,10, 10a	48.1769	91.2054	58.6164	13.6500		211.6487	
12/13	Medical Adjustment Rate		3.0059	1.9318				
14	Prospective Per Diem 11	48.1769	94.2113	60.5482	13.6500		216.5864	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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240.85

Rate Semester 01/01/2015 through 08/31/2015

Rosewood Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,487,500.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	2,581,945	5.4748
Indexed Asset Value	3,227,431	<60% of Base:	False	20% ROE(2):	645,486	0.2958
FRVS Base Asset:	1,485,746	Interest Rate:	9.0000%	Insurance Cost(3):	17,070	0.6481
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	13,377	0.5079
ROE Factor	0.023330	Amortization Rate:	9.0000%	Home Office(3):	20,728	0.7870
		Interest Only:	False	Replacement(3&4):	38,991	0.0000
		Yearly Payment:	278,765	Total FRVS PD:		7.7136

- (1) 80% Capital (\$2,581,945) amortized at 9.0000 % for 20 years Principal & Interest of \$278,765 divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$5.4748
- (2) 20% ROE (\$645,486) times the ROE factor (0.023330) divided by annual available days (56575) divided by Occup. Adj. (0.90) = \$0.2958
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	155	Effective PBS Limitation	4,417,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1769	48.1769	0.8382	47.3387
Direct Care	94.2113	94.2113	1.6391	92.5722
Indirect Care	60.5482	60.5482	1.0534	59.4948
Property	13.6500	7.7136	0.1342	7.5794
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.9656
Supplemental Rate Add-on				9.9025
Totals	216.5864	210.6500	3.6649	240.8532

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	846,080	0.00				155	100.00	846,080	1,590,455	
1972/01		0.10	3.9787	3.0000	0.9787	155	100.00	848,618	1,653,695	
1972/07		0.10	5.9113	3.0000	2.9113	155	100.00	851,164	1,735,225	
1973/01		0.20	8.0622	3.0000	5.0622	155	100.00	856,271	1,824,660	
1973/07		0.20	10.7186	3.0000	7.7186	155	100.00	861,409	1,927,890	
1974/01		0.30	12.9457	3.0000	9.9457	155	100.00	869,162	2,028,640	
1974/07		0.30	13.0494	3.0000	10.0494	155	100.00	876,984	2,091,570	
1975/01		0.40	13.1399	3.0000	10.1399	155	100.00	887,508	2,156,205	
1975/07		0.40	14.2033	3.0000	11.2033	155	100.00	898,158	2,243,935	
1976/01		0.50	15.2478	3.0000	12.2478	155	100.00	911,630	2,334,610	
1976/07		0.50	15.7330	3.0000	12.7330	155	100.00	925,304	2,415,985	
1977/01		0.60	16.4836	3.0000	13.4836	155	100.00	941,959	2,506,660	
1977/07		0.60	18.5412	3.0000	15.5412	155	100.00	958,914	2,633,295	
1978/01		0.70	20.2809	3.0000	17.2809	155	100.00	979,051	2,758,225	
1978/07		0.70	22.8203	3.0000	19.8203	155	100.00	999,611	2,910,900	
1979/01		0.80	24.9476	3.0000	21.9476	155	100.00	1,023,602	3,060,165	
1979/07		0.80	26.1458	3.0000	23.1458	155	100.00	1,048,168	3,188,660	
1980/01		0.90	29.3115	3.0000	26.3115	155	62.50	1,076,469	3,385,355	
1980/07		0.90	30.1222	3.0000	27.1222	155	62.50	1,105,534	3,514,315	
1981/01		1.00	30.9462	3.0000	27.9462	155	100.00	1,138,700	3,648,700	
1981/07		1.00	30.5350	3.0000	27.5350	155	100.00	1,172,861	3,743,095	
1982/01		1.00	30.2110	3.0000	27.2110	155	100.00	1,208,047	3,843,380	
1982/07		1.00	29.5087	3.0000	26.5087	155	100.00	1,244,288	3,931,575	
1983/04		1.00	29.1375	3.0000	26.1375	155	98.56	1,281,617	4,034,960	
1983/07		1.00	30.0953	3.0000	27.0953	155	98.56	1,320,066	4,194,610	
1984/01		1.00	28.3905	3.0000	25.3905	155	100.00	1,359,668	4,249,015	
1984/07		1.00	27.3084	3.0000	24.3084	155	100.00	1,400,458	4,330,545	
1985/01		1.00	25.4555	3.0000	22.4555	155	98.56	1,442,472	4,380,145	
1985/10		1.00	23.3077	3.0000	20.3077	155	100.00	1,485,746	4,417,500	
1986/01		1.00	21.1376	3.0000	18.1376	155	100.00	1,530,318	4,454,235	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	155	99.03	1,576,228	4,445,710	
1987/01		1.00	16.4441	3.0000	13.4441	155	99.03	1,623,515	4,525,225	
1987/07		1.00	14.3448	3.0000	11.3448	155	95.33	1,672,220	4,560,565	
1988/01		1.00	12.2455	3.0000	9.2455	155	95.33	1,722,387	4,597,610	
1988/07	44,742	1.00	9.8354	3.0000	6.8354	155	90.64	1,818,801	4,595,130	
1989/01		1.00	7.4253	3.0000	4.4253	155	90.64	1,873,365	4,622,255	
1989/07	19,162	1.00	5.0152	3.0000	2.0152	155	92.03	1,948,728	4,653,565	
1990/01		1.00	2.6051	2.6051		155	92.03	1,999,494	4,676,970	
1990/07		1.00	0.5899	0.5899		155	94.52	2,011,289	4,704,560	
1991/01		1.00	0.5899	0.5899		155	94.52	2,023,154	4,732,150	
1991/07		1.00	1.4932	1.4932		155	95.83	2,053,364	4,802,830	
1992/01		0.95	2.0117	2.0117		155	95.83	2,092,606	4,899,395	
1992/07		0.95	1.8152	1.8152		155	96.19	2,128,691	4,988,365	
1993/01	76,072	0.90	1.7710	1.7710		155	96.19	2,238,692	5,076,715	
1993/07		0.90	1.5329	1.5329		155	97.60	2,269,577	5,154,525	
1994/01		0.85	1.6983	1.6983		155	97.60	2,302,341	5,242,100	
1994/07		0.85	1.5991	1.5991		155	97.60	2,333,634	5,325,955	
1995/01		0.80	1.5812	1.5812		155	87.15	2,363,154	5,410,120	
1995/07		0.80	1.5250	1.5250		155	87.15	2,391,984	5,492,580	
1996/01		0.75	1.7228	1.7228		155	87.15	2,422,891	5,587,285	
1996/07		0.75	1.3294	1.3294		155	79.05	2,447,050	5,661,530	
1997/01		0.70	1.4109	1.4109		155	79.05	2,471,217	5,741,355	
1997/07	28,063	0.70	1.0917	1.0917		155	79.30	2,518,165	5,803,975	
1998/01		0.65	1.1663	1.1663		155	79.30	2,537,255	5,871,710	
1998/07	28,788	0.65	1.0794	1.0794		155	81.48	2,583,844	5,935,105	
1999/01		0.60	1.4499	1.4499		155	81.48	2,606,321	6,021,130	
1999/07		0.60	1.2299	1.2299		155	82.16	2,625,553	6,095,220	
2000/01	48,933	0.55	1.3356	1.3356		155	82.34	2,674,486	6,176,595	5
2000/07		0.55	1.1129	1.1129		155	82.34	2,710,262	6,245,260	
2001/01		0.50	1.2976	1.2976		155	79.91	2,727,846	6,326,325	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		155	79.91	2,740,961	6,387,085	
2002/01	292,371	0.45	1.0301	1.0301		155	78.45	3,046,036	6,452,805	
2002/07		0.45	0.8337	0.8337		155	78.45	3,057,465	6,506,590	
2003/01		0.40	1.3271	1.3271		155	76.23	3,073,694	6,592,925	
2003/07		0.40	1.1664	1.1664		155	76.23	3,088,036	6,669,805	
2004/01		0.35	1.1103	1.1103		155	76.92	3,100,036	6,743,895	
2004/07		0.35	0.8378	0.8378		155	76.92	3,109,125	6,800,470	
2005/01		0.30	0.8595	0.8595		155	76.93	3,117,143	6,858,905	
2005/07		0.30	0.7364	0.7364		155	76.93	3,124,029	6,909,435	
2006/01		0.25	0.9068	0.9068		155	79.76	3,131,111	6,972,055	
2006/07		0.25	0.8133	0.8133		155	79.76	3,137,477	7,028,785	
2007/01		0.20	1.0133	1.0133		155	78.37	3,143,837	7,099,930	
2007/07		0.20	1.1050	1.1050		155	78.37	3,150,785	7,178,360	
2008/01		0.15	0.8556	0.8556		155	78.37	3,154,827	7,239,740	
2008/07		0.15	0.6104	0.6104		155	76.69	3,157,717	7,283,915	
2009/01	35,036	0.10	1.3268	1.3268		155	77.00	3,196,943	7,380,635	
2009/07		0.10	0.6841	0.6841		155	77.00	3,199,130	7,431,165	
2010/01	25,774	0.05	0.8643	0.8643		155	69.90	3,226,286	7,495,335	
2010/07		0.05	0.7107	0.7107		155	69.90	3,227,431	7,548,655	
2011/01		0.00	0.9198	0.9198		155	69.90	3,227,431	7,618,095	
2011/07		0.00	0.9028	0.9028		155	69.90	3,227,431	7,686,915	
2012/01		0.00	0.3865	0.3865		155	69.90	3,227,431	7,716,675	
2012/07		0.00	0.9417	0.9417		155	69.90	3,227,431	7,789,370	
2013/01		0.00	0.4901	0.4901		155	74.11	3,227,431	7,827,500	
2013/07		0.00	0.6196	0.6196		155	74.11	3,227,431	7,876,015	
2014/01		0.00	0.8564	0.8564		155	73.78	3,227,431	7,943,440	
2014/07		0.00	1.2383	1.2383		155	73.78	3,227,431	8,041,865	
2015/01		0.00	0.7571	0.7571		155	79.30	3,227,431	8,102,780	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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Bay Breeze Nursing & Retirement Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3387 GULF BREEZE PARKWAY	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
GULF BREEZE, FL 32563	Days in CR 181	Maximum: 21,720	Standard: 243
County: Santa Rosa [57]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 20,169	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,096	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,650	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	62.72002%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.85912%	Cost: 1.02853242
Open Date: 08/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1984	Low Occupancy Adjustment Factor:	118.57691%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213861			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	563,927	1,127,282	709,840	392,656		2,793,705
1a	Audit Adjustments						
2	Cost Per Diem	44.5792	89.1132	56.1138	31.0400		220.8462
3	Cost Per Diem Inflated	45.8512	91.2216	57.7149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8512	91.2216	57.7149	31.0400		225.8277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1259		63.2593			
7	Provider Target Rate	45.7418		65.5759			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	52.1499		61.6580			
10a	New Provider Target Limitation	47.4001		60.0947			
10b	Base for line 10a	45.7256		57.9717			
11	Lesser of 5,7,8,10, 10a	45.7418	91.2216	57.7149	13.6500		208.3283
12/13	Medical Adjustment Rate		1.3054	0.8259			
14	Prospective Per Diem 11	45.7418	92.5270	58.5408	13.6500		210.4596
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Bay Breeze Nursing & Retirement Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/30/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,767,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	3,960,949	12.8587
Indexed Asset Value	4,951,186	<60% of Base:	False	20% ROE(2):	990,237	0.5861
FRVS Base Asset:	1,698,423	Interest Rate:	11.5000%	Insurance Cost(3):	9,817	0.4867
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	17,659	0.8756
ROE Factor	0.023330	Amortization Rate:	11.5000%	Home Office(3):	19,130	0.9485
		Interest Only:	False	Replacement(3&4):	6,501	0.0000
		Yearly Payment:	506,889	Total FRVS PD:		15.7556

(1) 80% Capital (\$3,960,949) amortized at 11.5000 % for 20 years Principal & Interest of \$506,889 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.8587

(2) 20% ROE (\$990,237) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5861

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.7418	45.7418	0.7958	44.9460
Direct Care	92.5270	92.5270	1.6097	90.9173
Indirect Care	58.5408	58.5408	1.0185	57.5223
Property	13.6500	15.7556	0.2741	15.4815
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.6422
Supplemental Rate Add-on				9.9025
Totals	210.4596	212.5652	3.6981	239.4118

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,695,033	0.00	1.9179	1.9179		60	63.83	1,695,033	1,676,340	
1985/01		0.10	1.1471	1.1471		60	63.83	1,696,977	1,695,540	
1985/10		0.10	0.8522	0.8522		60	63.83	1,698,423	1,710,000	
1986/01		0.20	0.8299	0.8299		60	63.83	1,701,242	1,724,220	
1986/07		0.20	0.2974	0.2974		60	63.83	1,702,254	1,720,920	
1987/01		0.30	1.0091	1.0091		60	69.16	1,707,407	1,751,700	
1987/07	925,931	0.30	0.9007	0.9007		120	72.24	2,637,951	3,530,760	
1988/01		0.40	0.9007	0.9007		120	72.24	2,647,456	3,559,440	
1988/07		0.40	0.5899	0.5899		120	72.24	2,653,704	3,557,520	
1989/01	247,019	0.50	0.5899	0.5899		120	63.42	2,908,551	3,578,520	
1989/07		0.50	0.5899	0.5899		120	67.87	2,917,131	3,602,760	
1990/01		0.60	0.5899	0.5899		120	67.87	2,927,455	3,620,880	
1990/07		0.60	0.5899	0.5899		120	64.15	2,937,815	3,642,240	
1991/01		0.70	0.5899	0.5899		120	64.15	2,949,945	3,663,600	
1991/07		0.70	1.4932	1.4932		120	63.31	2,980,778	3,718,320	
1992/01		0.80	2.0117	2.0117		120	63.31	3,028,751	3,793,080	
1992/07		0.80	1.8152	1.8152		120	65.27	3,072,735	3,861,960	
1993/01		0.90	1.7710	1.7710		120	65.27	3,121,711	3,930,360	
1993/07		0.90	1.5329	1.5329		120	66.99	3,164,778	3,990,600	
1994/01	33,512	1.00	1.6983	1.6983		120	59.68	3,252,037	4,058,400	
1994/07		1.00	1.5991	1.5991		120	59.68	3,304,040	4,123,320	
1995/01		1.00	1.5812	1.5812		120	59.68	3,356,283	4,188,480	
1995/07		1.00	1.5250	1.5250		120	59.68	3,407,466	4,252,320	
1996/01		1.00	1.7228	1.7228		120	59.68	3,466,170	4,325,640	
1996/07		1.00	1.3294	1.3294		120	59.68	3,512,249	4,383,120	
1997/01		1.00	1.4109	1.4109		120	59.68	3,561,803	4,444,920	
1997/07	34,399	1.00	1.0917	1.0917		120	56.51	3,635,086	4,493,400	
1998/01		1.00	1.1663	1.1663		120	59.38	3,677,482	4,545,840	
1998/07	46,274	1.00	1.0794	1.0794		120	60.93	3,763,451	4,594,920	
1999/01		1.00	1.4499	1.4499		120	60.93	3,818,017	4,661,520	



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239.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	60.93	3,864,975	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.93	3,916,596	4,781,880	
2000/07		1.00	1.1129	1.1129		120	60.93	3,960,184	4,835,040	
2001/01	56,068	1.00	1.2976	1.2976		120	65.03	4,067,639	4,897,800	
2001/07		1.00	0.9615	0.9615		120	65.03	4,106,749	4,944,840	
2002/01		1.00	1.0301	1.0301		120	59.27	4,149,053	4,995,720	
2002/07		1.00	0.8337	0.8337		120	59.27	4,183,644	5,037,360	
2003/01		1.00	1.3271	1.3271		120	57.03	4,239,165	5,104,200	
2003/07		1.00	1.1664	1.1664		120	57.03	4,288,611	5,163,720	
2004/01		1.00	1.1103	1.1103		120	53.01	4,334,505	5,221,080	
2004/07		1.00	0.8378	0.8378		120	53.01	4,369,506	5,264,880	
2005/01		0.95	0.8595	0.8595		120	57.35	4,405,183	5,310,120	
2005/07		0.95	0.7364	0.7364		120	57.35	4,436,002	5,349,240	
2006/01		0.90	0.9068	0.9068		120	54.92	4,472,152	5,397,720	
2006/07		0.90	0.8133	0.8133		120	54.92	4,504,841	5,441,640	
2007/01		0.85	1.0133	1.0133		120	48.30	4,538,915	5,496,720	
2007/07		0.85	1.1050	1.1050		120	48.30	4,576,355	5,557,440	
2008/01		0.80	0.8556	0.8556		120	48.30	4,603,864	5,604,960	
2008/07		0.80	0.6104	0.6104		120	48.69	4,623,766	5,639,160	
2009/01		0.75	1.3268	1.3268		120	50.18	4,665,745	5,714,040	
2009/07		0.75	0.6841	0.6841		120	50.18	4,687,587	5,753,160	
2010/01	18,952	0.70	0.8643	0.8643		120	56.71	4,734,899	5,802,840	
2010/07		0.70	0.7107	0.7107		120	56.71	4,758,455	5,844,120	
2011/01		0.65	0.9198	0.9198		120	56.71	4,786,906	5,897,880	
2011/07		0.65	0.9028	0.9028		120	56.71	4,814,996	5,951,160	
2012/01		0.60	0.3865	0.3865		120	56.71	4,826,162	5,974,200	
2012/07		0.60	0.9417	0.9417		120	56.71	4,853,430	6,030,480	
2013/01		0.55	0.4901	0.4901		120	58.10	4,866,515	6,060,000	
2013/07		0.55	0.6196	0.6196		120	58.10	4,883,100	6,097,560	
2014/01		0.50	0.8564	0.8564		120	60.64	4,904,009	6,149,760	



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239.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	60.64	4,934,375	6,225,960	
2015/01		0.45	0.7571	0.7571		120	62.72	4,951,186	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 017225063020140101201410122014142122



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 017230-00 - 2015/01

246.35

Silvercrest Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
910 BROOKMEADE DRIVE	1/1/2014-6/30/2014	Number of Beds: 60	Superior: 0
CRESTVIEW, FL 32539	Days in CR 181	Maximum: 10,860	Standard: 243
County: Okaloosa [46]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 10,345	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,981	Inflation
Current Class North Small	Initial CR? False	Medicaid: 7,385	FY Index: 1.33356899
Class at 1/94: North Small	Medical Utilization	71.38714%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.25783%	Cost: 1.02853242
Open Date: 07/01/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 08/01/1988	Low Occupancy Adjustment Factor:	121.63995%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213926			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	391,876	564,966	447,095	258,918		1,662,855	
1a	Audit Adjustments							
2	Cost Per Diem	53.0638	76.5019	60.5410	35.0600		225.1667	
3	Cost Per Diem Inflated	54.5778	78.3119	62.2684				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.5778	78.3119	62.2684	35.0600		230.2181	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.5400		62.9737				
7	Provider Target Rate	55.5007		65.2799				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	54.9950		65.6335				
10b	Base for line 10a	53.0522		63.3149				
11	Lesser of 5,7,8,10, 10a	54.5778	78.3119	62.2684	13.6500		208.8081	
12/13	Medical Adjustment Rate		1.8842	1.4982				
14	Prospective Per Diem 11	54.5778	80.1961	63.7666	13.6500		212.1905	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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246.35

Rate Semester 01/01/2015 through 08/31/2015

Silvercrest Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 08/04/1988		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,309,333.00	Total Amount	Per Diem	
RS to Start Calcs:	1988/07	Type:	Fixed	80% Capital(1):	2,333,702	15.1521
Indexed Asset Value	2,917,127	<60% of Base:	False	20% ROE(2):	583,425	0.6906
FRVS Base Asset:	1,779,720	Interest Rate:	11.5000%	Insurance Cost(3):	9,513	0.9196
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	10,442	1.0094
ROE Factor	0.023330	Amortization Rate:	11.5000%	Home Office(3):	16,355	1.5810
		Interest Only:	False	Replacement(3&4):	3,139	0.0000
		Yearly Payment:	298,648	Total FRVS PD:		19.3527

(1) 80% Capital (\$2,333,702) amortized at 11.5000 % for 20 years Principal & Interest of \$298,648 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$15.1521

(2) 20% ROE (\$583,425) times the ROE factor (0.023330) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6906

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.5778	54.5778	0.9495	53.6283
Direct Care	80.1961	80.1961	1.3952	78.8009
Indirect Care	63.7666	63.7666	1.1094	62.6572
Property	13.6500	19.3527	0.3367	19.0160
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3457
Supplemental Rate Add-on				9.9025
Totals	212.1905	217.8932	3.7908	246.3506

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	1,907,811	0.00	0.5899	0.5899		60	88.86	1,779,720	1,779,720	1
1989/01		0.10	0.5899	0.5899		60	88.86	1,780,770	1,789,260	
1989/07		0.10	0.5899	0.5899		60	88.86	1,781,821	1,801,380	
1990/01		0.20	0.5899	0.5899		60	88.86	1,783,924	1,810,440	
1990/07		0.20	0.5899	0.5899		60	88.86	1,786,029	1,821,120	
1991/01		0.30	0.5899	0.5899		60	88.28	1,789,190	1,831,800	
1991/07		0.30	1.4932	1.4932		60	88.28	1,797,206	1,859,160	
1992/01		0.40	2.0117	2.0117		60	93.89	1,811,668	1,896,540	
1992/07		0.40	1.8152	1.8152		60	92.60	1,824,823	1,930,980	
1993/01		0.50	1.7710	1.7710		60	92.60	1,840,982	1,965,180	
1993/07		0.50	1.5329	1.5329		60	92.60	1,855,093	1,995,300	
1994/01	29,286	0.60	1.6983	1.6983		60	84.36	1,903,282	2,029,200	
1994/07		0.60	1.5991	1.5991		60	84.36	1,921,544	2,061,660	
1995/01		0.70	1.5812	1.5812		60	84.36	1,942,812	2,094,240	
1995/07		0.70	1.5250	1.5250		60	84.36	1,963,552	2,126,160	
1996/01		0.80	1.7228	1.7228		60	84.36	1,990,614	2,162,820	
1996/07		0.80	1.3294	1.3294		60	84.36	2,011,784	2,191,560	
1997/01		0.90	1.4109	1.4109		60	84.36	2,037,330	2,222,460	
1997/07	14,647	0.90	1.0917	1.0917		60	84.95	2,071,994	2,246,700	
1998/01		1.00	1.1663	1.1663		60	84.95	2,096,160	2,272,920	
1998/07	18,392	1.00	1.0794	1.0794		60	85.50	2,137,178	2,297,460	
1999/01	2,509	1.00	1.4499	1.4499		60	85.50	2,170,674	2,330,760	
1999/07		1.00	1.2299	1.2299		60	85.50	2,197,371	2,359,440	
2000/01		1.00	1.3356	1.3356		60	85.50	2,226,719	2,390,940	
2000/07		1.00	1.1129	1.1129		60	85.50	2,251,500	2,417,520	
2001/01		1.00	1.2976	1.2976		60	81.81	2,280,715	2,448,900	
2001/07		1.00	0.9615	0.9615		60	81.81	2,302,644	2,472,420	
2002/01		1.00	1.0301	1.0301		60	75.43	2,326,364	2,497,860	
2002/07		1.00	0.8337	0.8337		60	75.43	2,345,759	2,518,680	
2003/01		1.00	1.3271	1.3271		60	74.41	2,376,890	2,552,100	



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246.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		60	74.41	2,404,614	2,581,860	
2004/01		1.00	1.1103	1.1103		60	72.56	2,431,312	2,610,540	
2004/07		1.00	0.8378	0.8378		60	72.56	2,451,682	2,632,440	
2005/01	8,790	1.00	0.8595	0.8595		60	76.08	2,481,544	2,655,060	
2005/07		1.00	0.7364	0.7364		60	76.08	2,499,818	2,674,620	
2006/01		1.00	0.9068	0.9068		60	72.45	2,522,486	2,698,860	
2006/07		1.00	0.8133	0.8133		60	72.45	2,543,001	2,720,820	
2007/01		1.00	1.0133	1.0133		60	65.99	2,568,769	2,748,360	
2007/07		1.00	1.1050	1.1050		60	65.99	2,568,769	2,778,720	5
2008/01		1.00	0.8556	0.8556		60	65.99	2,619,375	2,802,480	
2008/07		1.00	0.6104	0.6104		60	57.97	2,635,364	2,819,580	
2009/01		0.95	1.3268	1.3268		60	61.46	2,668,583	2,857,020	
2009/07		0.95	0.6841	0.6841		60	61.46	2,685,926	2,876,580	
2010/01	23,031	0.90	0.8643	0.8643		60	63.00	2,729,851	2,901,420	
2010/07		0.90	0.7107	0.7107		60	63.00	2,747,311	2,922,060	
2011/01		0.85	0.9198	0.9198		60	63.00	2,768,789	2,948,940	
2011/07		0.85	0.9028	0.9028		60	63.00	2,790,037	2,975,580	
2012/01		0.80	0.3865	0.3865		60	63.00	2,798,664	2,987,100	
2012/07		0.80	0.9417	0.9417		60	63.00	2,819,749	3,015,240	
2013/01	17,400	0.75	0.4901	0.4901		60	62.67	2,847,514	3,030,000	
2013/07		0.75	0.6196	0.6196		60	62.67	2,860,746	3,048,780	
2014/01		0.70	0.8564	0.8564		60	67.66	2,877,896	3,074,880	
2014/07		0.70	1.2383	1.2383		60	67.53	2,902,842	3,112,980	
2015/01		0.65	0.7571	0.7571		60	71.39	2,917,127	3,136,560	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 017236-00 - 2015/01

246.06

Specialty Center of Pensacola

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6984 PINE FOREST ROAD	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
PENSACOLA, FL 32526	Days in CR 181	Maximum: 21,720	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 20,505	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,248	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,732	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	62.09217%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.40608%	Cost: 1.02853242
Open Date: 12/09/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/09/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 12/16/1991	Low Occupancy Adjustment Factor:	120.55231%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 213918			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	601,958	1,150,911	734,941	379,159		2,866,969	
1a	Audit Adjustments							
2	Cost Per Diem	47.2791	90.3951	57.7239	29.7800		225.1781	
3	Cost Per Diem Inflated	48.6281	92.5338	59.3709				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.6281	92.5338	59.3709	29.7800		230.3128	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.5508		61.5891				
7	Provider Target Rate	48.2555		63.8445				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.3830		60.1005				
10b	Base for line 10a	47.6384		57.9773				
11	Lesser of 5,7,8,10, 10a	48.2555	92.5338	59.3709	13.6500		213.8102	
12/13	Medical Adjustment Rate		1.2588	0.8077				
14	Prospective Per Diem 11	48.2555	93.7926	60.1786	13.6500		215.8767	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 017236-00 - 2015/01

246.06

Rate Semester 01/01/2015 through 08/31/2015

Specialty Center of Pensacola

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/16/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,652,500.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,366,204 14.1743
RS to Start Calcs:	1991/07	<60% of Base:	False	20% ROE(2):	1,091,551 0.6460
Indexed Asset Value	5,457,755	Interest Rate:	11.5000%	Insurance Cost(3):	19,591 0.9554
FRVS Base Asset:	3,576,837	Chase Rate:	8.5000%	Taxes Cost(3):	18,696 0.9118
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	19,960 0.9734
ROE Factor	0.023330	Interest Only:	False	Replacement(3&4):	7,095 0.0000
		Yearly Payment:	558,750	Total FRVS PD:	17.6609

- (1) 80% Capital (\$4,366,204) amortized at 11.5000 % for 20 years Principal & Interest of \$558,750 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.1743
- (2) 20% ROE (\$1,091,551) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6460
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	01/01/1991	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.2555	48.2555	0.8395	47.4160
Direct Care	93.7926	93.7926	1.6318	92.1608
Indirect Care	60.1786	60.1786	1.0470	59.1316
Property	13.6500	17.6609	0.3073	17.3536
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0961
Supplemental Rate Add-on				9.9025
Totals	215.8767	219.8876	3.8256	246.0606

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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246.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	3,576,837	0.00	1.4932	1.4932		120	84.27	3,576,837	3,718,320	
1992/01		0.10	2.0117	2.0117		120	84.27	3,584,034	3,793,080	
1992/07		0.10	1.8152	1.8152		120	81.36	3,590,539	3,861,960	
1993/01		0.20	1.7710	1.7710		120	81.36	3,603,257	3,930,360	
1993/07		0.20	1.5329	1.5329		120	81.36	3,614,305	3,990,600	
1994/01		0.30	1.6983	1.6983		120	77.02	3,632,720	4,058,400	
1994/07	114,752	0.30	1.5991	1.5991		120	77.02	3,764,898	4,123,320	
1995/01		0.40	1.5812	1.5812		120	77.02	3,788,711	4,188,480	
1995/07		0.40	1.5250	1.5250		120	77.02	3,811,822	4,252,320	
1996/01		0.50	1.7228	1.7228		120	77.02	3,811,822	4,325,640	5
1996/07		0.50	1.3294	1.3294		120	77.02	3,844,657	4,383,120	5
1997/01		0.60	1.4109	1.4109		120	77.02	3,902,973	4,444,920	
1997/07		0.60	1.0917	1.0917		120	73.47	3,928,537	4,493,400	
1998/01		0.70	1.1663	1.1663		120	73.47	3,960,610	4,545,840	
1998/07	26,235	0.70	1.0794	1.0794		120	71.71	4,016,771	4,594,920	
1999/01	5,049	0.80	1.4499	1.4499		120	71.71	4,068,411	4,661,520	
1999/07		0.80	1.2299	1.2299		120	71.71	4,108,440	4,718,880	
2000/01		0.90	1.3356	1.3356		120	71.71	4,157,823	4,781,880	
2000/07		0.90	1.1129	1.1129		120	71.71	4,199,468	4,835,040	
2001/01		1.00	1.2976	1.2976		120	74.21	4,253,960	4,897,800	
2001/07		1.00	0.9615	0.9615		120	74.21	4,294,862	4,944,840	
2002/01		1.00	1.0301	1.0301		120	69.08	4,339,103	4,995,720	
2002/07		1.00	0.8337	0.8337		120	69.08	4,375,278	5,037,360	
2003/01	19,628	1.00	1.3271	1.3271		120	66.90	4,452,970	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.90	4,504,909	5,163,720	
2004/01		1.00	1.1103	1.1103		120	65.63	4,554,927	5,221,080	
2004/07		1.00	0.8378	0.8378		120	65.63	4,593,088	5,264,880	
2005/01		1.00	0.8595	0.8595		120	65.70	4,632,566	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.70	4,666,680	5,349,240	
2006/01		1.00	0.9068	0.9068		120	58.24	4,708,997	5,397,720	



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 017236-00 - 2015/01

246.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	58.24	4,747,295	5,441,640	
2007/01		1.00	1.0133	1.0133		120	57.91	4,795,399	5,496,720	
2007/07		1.00	1.1050	1.1050		120	57.91	4,848,388	5,557,440	
2008/01		1.00	0.8556	0.8556		120	57.91	4,889,871	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.75	4,919,719	5,639,160	
2009/01		1.00	1.3268	1.3268		120	58.34	4,984,994	5,714,040	
2009/07		1.00	0.6841	0.6841		120	58.34	5,019,096	5,753,160	
2010/01		1.00	0.8643	0.8643		120	57.11	5,062,476	5,802,840	
2010/07	18,698	1.00	0.7107	0.7107		120	57.11	5,117,153	5,844,120	
2011/01		1.00	0.9198	0.9198		120	57.11	5,164,221	5,897,880	
2011/07		1.00	0.9028	0.9028		120	57.11	5,210,844	5,951,160	
2012/01		0.95	0.3865	0.3865		120	57.11	5,229,978	5,974,200	
2012/07		0.95	0.9417	0.9417		120	57.11	5,276,765	6,030,480	
2013/01		0.90	0.4901	0.4901		120	57.89	5,300,041	6,060,000	
2013/07		0.90	0.6196	0.6196		120	57.89	5,329,594	6,097,560	
2014/01		0.85	0.8564	0.8564		120	60.75	5,368,388	6,149,760	
2014/07		0.85	1.2383	1.2383		120	60.96	5,424,896	6,225,960	
2015/01		0.80	0.7571	0.7571		120	62.09	5,457,755	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 017242-00 - 2015/01

260.56

Grand Boulevard Health & Rehab. Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
138 SANDESTIN LANE	1/1/2013-12/31/2013	Number of Beds: 97	Superior: 0
MIRAMAR BEACH, FL 32550	Days in CR 365	Maximum: 35,405	Standard: 243
County: Walton [66]	First Used : 2014/07	Max Annualized: 35,405	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 23,655	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,242	Inflation
Current Class North Small	Initial CR? False	Medicaid: 13,605	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	57.51427%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	66.81260%	Cost: 1.04340134
Open Date: 02/24/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/24/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 02/24/1988	Low Occupancy Adjustment Factor:	85.31668%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 211621			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	661,056	1,258,706	872,509	682,971		3,475,242	
1a	Audit Adjustments							
2	Cost Per Diem	48.5892	92.5179	64.1315	50.2000		255.4386	
3	Cost Per Diem Inflated	50.6980	95.5253	66.9149				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.6980	95.5253	66.9149	50.2000		263.3382	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.7922		64.1453				
7	Provider Target Rate	53.6889		66.4944				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	53.2236		65.9815				
10b	Base for line 10a	51.3434		63.6506				
11	Lesser of 5,7,8,10, 10a	50.6980	95.5253	65.9815	13.6500		225.8548	
12/13	Medical Adjustment Rate		0.8075	0.5578				
14	Prospective Per Diem 11	50.6980	96.3328	66.5393	13.6500		227.2201	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 017242-00 - 2015/01

260.56

Rate Semester 01/01/2015 through 08/31/2015

Grand Boulevard Health & Rehab. Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/24/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable	80% Capital(1):	3,844,430	14.4545
Indexed Asset Value	4,805,538	<60% of Base:	False	20% ROE(2):	961,108	0.5655
FRVS Base Asset:	1,765,380	Interest Rate:	11.5000%	Insurance Cost(3):	29,651	1.2535
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	24,308	1.0276
ROE Factor	0.018750	Amortization Rate:	10.5000%	Home Office(3):	49,498	2.0925
		Interest Only:	False	Replacement(3&4):	109,492	0.0000
		Yearly Payment:	460,584	Total FRVS PD:		19.3936

(1) 80% Capital (\$3,844,430) amortized at 10.5000 % for 20 years Principal & Interest of \$460,584 divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$14.4545

(2) 20% ROE (\$961,108) times the ROE factor (0.018750) divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$0.5655

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.6980	50.6980	0.8820	49.8160
Direct Care	96.3328	96.3328	1.6760	94.6568
Indirect Care	66.5393	66.5393	1.1576	65.3817
Property	13.6500	19.3936	0.3374	19.0562
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7501
Supplemental Rate Add-on				9.9025
Totals	227.2201	232.9637	4.0530	260.5633

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 017242-00 - 2015/01

260.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	2,274,685	0.00	0.9007	0.9007		60	65.97	1,765,380	1,765,380	1
1988/07		0.10	0.5899	0.5899		60	65.97	1,766,422	1,778,760	
1989/01		0.10	0.5899	0.5899		60	65.97	1,767,464	1,789,260	
1989/07		0.20	0.5899	0.5899		60	65.97	1,767,464	1,801,380	5
1990/01		0.20	0.5899	0.5899		60	65.97	1,769,550	1,810,440	5
1990/07		0.30	0.5899	0.5899		60	65.97	1,771,638	1,821,120	5
1991/01		0.30	0.5899	0.5899		60	65.97	1,777,915	1,831,800	
1991/07		0.40	1.4932	1.4932		60	65.97	1,788,534	1,859,160	
1992/01		0.40	2.0117	2.0117		60	69.06	1,802,926	1,896,540	
1992/07		0.50	1.8152	1.8152		60	62.33	1,819,289	1,930,980	
1993/01		0.50	1.7710	1.7710		60	62.33	1,835,399	1,965,180	
1993/07		0.60	1.5329	1.5329		60	65.60	1,852,279	1,995,300	
1994/01	1,230,435	0.60	1.6983	1.6983		60	65.60	2,029,200	2,029,200	5
1994/07		0.70	1.5991	1.5991		60	65.60	2,061,660	2,061,660	5
1995/01	57,882	0.70	1.5812	1.5812		97	69.52	3,228,903	3,385,688	
1995/07	1,380	0.80	1.5250	1.5250		97	69.52	3,269,676	3,437,292	
1996/01	1,990	0.80	1.7228	1.7228		97	69.52	3,316,729	3,496,559	
1996/07		0.90	1.3294	1.3294		97	69.52	3,356,414	3,543,022	
1997/01		0.90	1.4109	1.4109		97	69.52	3,399,034	3,592,977	
1997/07		1.00	1.0917	1.0917		97	69.52	3,436,141	3,632,165	
1998/01		1.00	1.1663	1.1663		97	70.41	3,476,217	3,674,554	
1998/07		1.00	1.0794	1.0794		97	70.41	3,513,739	3,714,227	
1999/01	47,801	1.00	1.4499	1.4499		97	67.12	3,612,486	3,768,062	
1999/07		1.00	1.2299	1.2299		97	67.12	3,656,916	3,814,428	
2000/01	18,572	1.00	1.3356	1.3356		97	69.43	3,724,330	3,865,353	
2000/07		1.00	1.1129	1.1129		97	73.87	3,765,778	3,908,324	
2001/01		1.00	1.2976	1.2976		97	73.87	3,814,643	3,959,055	
2001/07		1.00	0.9615	0.9615		97	72.46	3,851,321	3,997,079	
2002/01		1.00	1.0301	1.0301		97	72.46	3,890,993	4,038,207	
2002/07		1.00	0.8337	0.8337		97	71.46	3,923,432	4,071,866	



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 017242-00 - 2015/01

260.56

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		97	71.46	3,975,500	4,125,895	
2003/07		1.00	1.1664	1.1664		97	74.78	4,021,870	4,174,007	
2004/01		1.00	1.1103	1.1103		97	74.78	4,066,525	4,220,373	
2004/07		1.00	0.8378	0.8378		97	67.97	4,100,594	4,255,778	
2005/01		1.00	0.8595	0.8595		97	67.97	4,135,839	4,292,347	
2005/07		1.00	0.7364	0.7364		97	67.24	4,166,295	4,323,969	
2006/01		1.00	0.9068	0.9068		97	67.24	4,204,075	4,363,157	
2006/07		1.00	0.8133	0.8133		97	64.22	4,238,267	4,398,659	
2007/01		1.00	1.0133	1.0133		97	64.22	4,281,213	4,443,182	
2007/07		1.00	1.1050	1.1050		97	55.75	4,328,520	4,492,264	
2008/01		1.00	0.8556	0.8556		97	55.75	4,365,555	4,530,676	
2008/07		0.95	0.6104	0.6104		97	59.26	4,390,871	4,558,321	
2009/01		0.95	1.3268	1.3268		97	59.26	4,446,218	4,618,849	
2009/07		0.90	0.6841	0.6841		97	59.26	4,473,593	4,650,471	
2010/01	26,209	0.90	0.8643	0.8643		97	64.62	4,534,602	4,690,629	
2010/07		0.85	0.7107	0.7107		97	64.62	4,561,996	4,723,997	
2011/01		0.85	0.9198	0.9198		97	64.62	4,597,662	4,767,453	
2011/07		0.80	0.9028	0.9028		97	64.62	4,630,866	4,810,521	
2012/01		0.80	0.3865	0.3865		97	64.62	4,630,866	4,829,145	5
2012/07		0.75	0.9417	0.9417		97	64.62	4,677,994	4,874,638	
2013/01		0.75	0.4901	0.4901		97	60.70	4,695,190	4,898,500	
2013/07		0.70	0.6196	0.6196		97	60.70	4,715,553	4,928,861	
2014/01		0.70	0.8564	0.8564		97	56.56	4,743,823	4,971,056	
2014/07		0.65	1.2383	1.2383		97	57.51	4,782,006	5,032,651	
2015/01		0.65	0.7571	0.7571		97	57.51	4,805,538	5,070,772	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 017301-00 - 2015/01

226.08

Lake Bennett Health and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1091 KELTON AVE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
OCOEE, FL 34761	Days in CR 365	Maximum: 43,800	Standard: 243
County: Orange [48]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 41,372	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,645	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,975	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	53.11563%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.45662%	Cost: 1.05607860
Open Date: 07/06/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/08/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 09/08/1997	Low Occupancy Adjustment Factor:	120.61685%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 318761			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,023,612	1,691,127	1,237,779	790,661		4,743,179	
1a	Audit Adjustments							
2	Cost Per Diem	46.5808	76.9569	56.3267	35.9800		215.8444	
3	Cost Per Diem Inflated	49.1930	79.8858	59.4854				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.1930	79.8858	59.4854	35.9800		224.5442	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.8319		67.2708				
7	Provider Target Rate	58.9131		69.7343				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.4984		65.2286				
10b	Base for line 10a	48.7144		62.9243				
11	Lesser of 5,7,8,10, 10a	49.1930	79.8858	59.4854	13.6500		202.2142	
12/13	Medical Adjustment Rate		0.2800	0.2085				
14	Prospective Per Diem 11	49.1930	80.1658	59.6939	13.6500		202.7027	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 017301-00 - 2015/01

226.08

Rate Semester 01/01/2015 through 08/31/2015

Lake Bennett Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/08/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed	80% Capital(1):	4,437,578 10.4732
Indexed Asset Value	5,546,973	<60% of Base:	False	20% ROE(2):	1,109,395 0.4047
FRVS Base Asset:	4,407,879	Interest Rate:	7.9000%	Insurance Cost(3):	48,816 1.1799
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	70,212 1.6971
ROE Factor	0.014380	Amortization Rate:	7.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	412,854	Total FRVS PD:	13.7549

- (1) 80% Capital (\$4,437,578) amortized at 7.0000 % for 20 years Principal & Interest of \$412,854 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.4732
- (2) 20% ROE (\$1,109,395) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4047
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	52,276
Comparison Bed	119	Effective PBS Limitation	4,407,879

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.1930	49.1930	0.8558	48.3372
Direct Care	80.1658	80.1658	1.3947	78.7711
Indirect Care	59.6939	59.6939	1.0385	58.6554
Property	13.6500	13.7549	0.2393	13.5156
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.9028
Supplemental Rate Add-on				9.9025
Totals	202.7027	202.8076	3.5283	226.0846

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 017301-00 - 2015/01

226.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	7,257,345	0.00	1.0917	1.0917		119	75.67	4,407,879	4,407,879	1
1998/01		0.10	1.1663	1.1663		119	75.67	4,413,019	4,507,958	
1998/07		0.10	1.0794	1.0794		119	75.67	4,417,781	4,556,629	
1999/01		0.20	1.4499	1.4499		119	75.67	4,417,781	4,622,674	5
1999/07		0.20	1.2299	1.2299		119	75.67	4,441,492	4,679,556	
2000/01		0.30	1.3356	1.3356		119	75.67	4,459,289	4,742,031	
2000/07		0.30	1.1129	1.1129		119	75.67	4,474,179	4,794,748	
2001/01		0.40	1.2976	1.2976		119	78.77	4,497,400	4,856,985	
2001/07		0.40	0.9615	0.9615		119	78.77	4,514,697	4,903,633	
2002/01		0.50	1.0301	1.0301		119	80.72	4,514,697	4,954,089	5
2002/07		0.50	0.8337	0.8337		119	87.83	4,556,871	4,995,382	
2003/01		0.60	1.3271	1.3271		119	87.83	4,556,871	5,061,665	5
2003/07		0.60	1.1664	1.1664		119	83.29	4,625,300	5,120,689	
2004/01		0.70	1.1103	1.1103		120	80.50	4,661,248	5,221,080	
2004/07		0.70	0.8378	0.8378		120	80.50	4,688,586	5,264,880	
2005/01		0.80	0.8595	0.8595		120	80.50	4,720,825	5,310,120	
2005/07		0.80	0.7364	0.7364		120	80.50	4,748,635	5,349,240	
2006/01		0.90	0.9068	0.9068		120	80.50	4,787,389	5,397,720	
2006/07		0.90	0.8133	0.8133		120	80.50	4,822,433	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.72	4,871,050	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.72	4,924,601	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.72	4,966,521	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.72	4,996,682	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.72	5,062,640	5,714,040	
2009/07		1.00	0.6841	0.6841		120	53.41	5,096,272	5,753,160	
2010/01		1.00	0.8643	0.8643		120	53.94	5,139,470	5,802,840	
2010/07		1.00	0.7107	0.7107		120	53.94	5,175,292	5,844,120	
2011/01		1.00	0.9198	0.9198		120	53.94	5,221,977	5,897,880	
2011/07		1.00	0.9028	0.9028		120	53.94	5,268,212	5,951,160	
2012/01		1.00	0.3865	0.3865		120	53.94	5,288,181	5,974,200	



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226.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	54.72	5,337,726	6,030,480	
2013/01		1.00	0.4901	0.4901		120	54.72	5,363,753	6,060,000	
2013/07		1.00	0.6196	0.6196		120	58.75	5,396,987	6,097,560	
2014/01		1.00	0.8564	0.8564		120	53.12	5,441,627	6,149,760	
2014/07		1.00	1.2383	1.2383		120	53.12	5,506,707	6,225,960	
2015/01		1.00	0.7571	0.7571		120	53.12	5,546,973	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 017301063020130701201210302013092602



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 018066-00 - 2015/01

226.59

The Park Summit at Coral Springs

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8500 ROYAL PALM BLVD	7/1/2012-6/30/2013	Number of Beds: 35	Superior: 243
CORAL SPRINGS, FL 33065	Days in CR 365	Maximum: 12,775	Standard: 0
County: Broward [6]	First Used : 2014/07	Max Annualized: 12,775	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 12,090	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,204	Inflation
Current Class South Small	Initial CR? False	Medicaid: 5,510	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization	45.57486%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.63796%	Cost: 1.05607860
Open Date: 06/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 06/01/1986	Low Occupancy Adjustment Factor:	120.84841%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 254134			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	230,225	438,356	484,606	124,581		1,277,768	
1a	Audit Adjustments							
2	Cost Per Diem	41.7831	79.5565	87.9503	22.6100		231.8999	
3	Cost Per Diem Inflated	44.1262	82.5844	92.8824				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.1262	82.5844	92.8824	22.6100		242.2030	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	76.2197		113.0994				
7	Provider Target Rate	79.0109		117.2412				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	44.1262	82.5844	82.3953	13.6500		222.7559	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.1262	82.5844	82.3953	13.6500		222.7559	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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226.59

Rate Semester 01/01/2015 through 08/31/2015

The Park Summit at Coral Springs

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	None	80% Capital(1):	1,069,221	8.7645
Indexed Asset Value	1,336,526	<60% of Base:	True	20% ROE(2):	267,305	0.3343
FRVS Base Asset:	997,500	Interest Rate:	9.5000%	Insurance Cost(3):	8,158	0.6748
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	18,694	1.5462
ROE Factor	0.014380	Amortization Rate:	9.5000%	Home Office(3):	1,170	0.0968
		Interest Only:	True	Replacement(3&4):	710,751	0.0000
		Yearly Payment:	100,770	Total FRVS PD:		11.4166

(1) 80% Capital (\$1,069,221) amortized at 9.5000 % for 20 years Interest of \$100,770 divided by annual available days (12775) divided by Occup. Adj. (0.90) = \$8.7645

(2) 20% ROE (\$267,305) times the ROE factor (0.014380) divided by annual available days (12775) divided by Occup. Adj. (0.90) = \$0.3343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	35	Effective PBS Limitation	997,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1262	44.1262	0.7677	43.3585
Direct Care	82.5844	82.5844	1.4368	81.1476
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	13.6500	11.4166	0.1986	11.2180
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	222.7559	220.5225	3.8366	226.5884

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	1,914,476	0.00	0.8299	0.8299		35	7.03	997,500	997,500	1
1986/07		0.10	0.2974	0.2974		35	7.03	997,500	1,003,870	
1987/01	11,768	0.10	1.0091	1.0091		35	7.03	1,009,268	1,021,825	
1987/07		0.20	0.9007	0.9007		35	7.03	1,009,268	1,029,805	
1988/01		0.20	0.9007	0.9007		35	7.03	1,009,268	1,038,170	
1988/07		0.30	0.5899	0.5899		35	7.03	1,009,268	1,037,610	
1989/01	13,477	0.30	0.5899	0.5899		35	8.77	1,022,745	1,043,735	
1989/07		0.40	0.5899	0.5899		35	8.77	1,022,745	1,050,805	
1990/01		0.40	0.5899	0.5899		35	12.88	1,022,745	1,056,090	
1990/07		0.50	0.5899	0.5899		35	12.88	1,022,745	1,062,320	
1991/01		0.50	0.5899	0.5899		35	12.88	1,022,745	1,068,550	
1991/07		0.60	1.4932	1.4932		35	12.88	1,022,745	1,084,510	
1992/01	6,610	0.60	2.0117	2.0117		35	12.88	1,029,355	1,106,315	
1992/07		0.70	1.8152	1.8152		35	18.91	1,029,355	1,126,405	
1993/01		0.70	1.7710	1.7710		35	18.91	1,029,355	1,146,355	
1993/07	54,109	0.80	1.5329	1.5329		35	24.42	1,083,464	1,163,925	
1994/01	11,078	0.80	1.6983	1.6983		35	20.71	1,094,542	1,183,700	
1994/07		0.90	1.5991	1.5991		35	20.71	1,094,542	1,202,635	
1995/01	10,674	0.90	1.5812	1.5812		35	16.53	1,105,216	1,221,640	
1995/07		1.00	1.5250	1.5250		35	16.53	1,105,216	1,240,260	
1996/01		1.00	1.7228	1.7228		35	16.53	1,105,216	1,261,645	
1996/07		1.00	1.3294	1.3294		35	9.92	1,105,216	1,278,410	
1997/01		1.00	1.4109	1.4109		35	20.14	1,105,216	1,296,435	
1997/07		1.00	1.0917	1.0917		35	20.14	1,105,216	1,310,575	
1998/01		1.00	1.1663	1.1663		35	15.42	1,105,216	1,325,870	
1998/07		1.00	1.0794	1.0794		35	15.42	1,105,216	1,340,185	
1999/01		1.00	1.4499	1.4499		35	19.21	1,105,216	1,359,610	
1999/07		1.00	1.2299	1.2299		35	19.21	1,105,216	1,376,340	
2000/01		1.00	1.3356	1.3356		35	24.27	1,105,216	1,394,715	
2000/07		1.00	1.1129	1.1129		35	24.27	1,105,216	1,410,220	



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226.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		35	23.00	1,105,216	1,428,525	
2001/07		1.00	0.9615	0.9615		35	23.00	1,105,216	1,442,245	
2002/01	25,800	1.00	1.0301	1.0301		35	38.32	1,138,948	1,457,085	
2002/07		1.00	0.8337	0.8337		35	38.32	1,145,564	1,469,230	
2003/01	10,494	1.00	1.3271	1.3271		35	43.92	1,168,198	1,488,725	
2003/07		1.00	1.1664	1.1664		35	43.92	1,179,079	1,506,085	
2004/01		1.00	1.1103	1.1103		35	36.50	1,187,767	1,522,815	
2004/07		1.00	0.8378	0.8378		35	36.50	1,194,371	1,535,590	
2005/01	9,406	1.00	0.8595	0.8595		35	39.86	1,211,217	1,548,785	
2005/07		1.00	0.7364	0.7364		35	39.86	1,217,681	1,560,195	
2006/01		1.00	0.9068	0.9068		35	39.86	1,225,683	1,574,335	
2006/07	8,019	0.95	0.8133	0.8133		35	46.50	1,241,708	1,587,145	
2007/01		0.95	1.0133	1.0133		35	46.50	1,251,813	1,603,210	
2007/07		0.90	1.1050	1.1050		35	33.13	1,259,312	1,620,920	
2008/01		0.90	0.8556	0.8556		35	33.13	1,265,153	1,634,780	
2008/07		0.85	0.6104	0.6104		35	35.78	1,269,423	1,644,755	
2009/01		0.85	1.3268	1.3268		35	35.78	1,278,737	1,666,595	
2009/07		0.80	0.6841	0.6841		35	32.69	1,282,897	1,678,005	
2010/01		0.80	0.8643	0.8643		35	32.69	1,288,169	1,692,495	
2010/07		0.75	0.7107	0.7107		35	33.25	1,292,320	1,704,535	
2011/01		0.75	0.9198	0.9198		35	39.43	1,298,712	1,720,215	
2011/07		0.70	0.9028	0.9028		35	39.43	1,304,596	1,735,755	
2012/01		0.70	0.3865	0.3865		35	36.44	1,306,935	1,742,475	
2012/07		0.65	0.9417	0.9417		35	36.44	1,312,235	1,758,890	
2013/01		0.65	0.4901	0.4901		35	42.41	1,315,459	1,767,500	
2013/07		0.60	0.6196	0.6196		35	42.41	1,319,230	1,778,455	
2014/01		0.60	0.8564	0.8564		35	42.41	1,324,457	1,793,680	
2014/07		0.55	1.2383	1.2383		35	45.57	1,331,931	1,815,905	
2015/01		0.55	0.7571	0.7571		35	45.57	1,336,526	1,829,660	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

0 018777-00 - 2015/01
257.90

Bay Village of Sarasota

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective	CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization					
Provider Information	Cost Report	Patient Days		Ratings Days	
8400 VAMO ROAD	1/1/2013-12/31/2013	Number of Beds:	95	Superior:	0
SARASOTA, FL 34231	Days in CR 365	Maximum:	34,675	Standard:	243
County: Sarasota [58]	First Used : 2015/01	Max Annualized:	34,675	Conditional:	0
Region: South Area: 8	Last Used: 2015/01	Total Patient:	21,373	Total:	243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare:	4,466	Inflation	
Current Class South Small	Initial CR? False	Medicaid:	5,357	FY Index:	1.31456505
Class at 1/94: South Small	Medical Utilization		25.06433%	Semester Index:	1.37161894
Operating Ex > 18 months	Occupancy:		61.63807%	Cost:	1.04340134
Open Date: 12/05/1975	Statewide Low Occupancy Threshold:		78.31130%	Target:	1.02563464
Acquired Date: 12/05/1975	Medicaid Low Occupancy Threshold:		41.41010%	DC FY Index:	1.21500000
Entered Medicaid 02/22/2010	Low Occupancy Adjustment Factor:		78.70904%	DC Sem Index:	1.25449501
Med # Active Date: 02/22/2010	Weighted Low Occ Adjustment Factor:		100.00000%	DC Inflation:	1.03250618
Previous Med #				PS Target:	1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	543,239	760,368	560,561	118,658		1,982,826	
1a	Audit Adjustments							
2	Cost Per Diem	101.4073	141.9391	104.6408	22.1501		370.1373	
3	Cost Per Diem Inflated	105.8085	146.5530	109.1824				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	105.8085	146.5530	109.1824	22.1501		383.6940	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	82.1795		94.8449				
7	Provider Target Rate	85.1890		98.3182				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	65.7641		78.8592				
10b	Base for line 10a	63.4408		76.0733				
11	Lesser of 5,7,8,10, 10a	62.1716	107.6155	78.8592	13.6500		262.2963	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	107.6155	78.8592	13.6500		262.2963	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 018777-00 - 2015/01

257.90

Rate Semester 01/01/2015 through 08/31/2015

Bay Village of Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/22/2010	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	12,300,000.00	Total Amount	Per Diem
RS to Start Calcs:	1975/07	Type:	Fixed	80% Capital(1):	1,076,046 2.5545
Indexed Asset Value	1,345,057	<60% of Base:	False	20% ROE(2):	269,011 0.1616
FRVS Base Asset:	0	Interest Rate:	4.2150%	Insurance Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	21,990 1.0289
ROE Factor	0.018750	Amortization Rate:	4.2150%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	79,718	Total FRVS PD:	3.7450

- (1) 80% Capital (\$1,076,046) amortized at 4.2150 % for 20 years Principal & Interest of \$79,718 divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$2.5545
- (2) 20% ROE (\$269,011) times the ROE factor (0.018750) divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$0.1616
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	13,911
Comparison Date:	01/01/1975	Current RS PBS:	52,276
Comparison Bed	95	Effective PBS Limitation	1,321,545

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	78.8592	78.8592	1.3720	77.4872
Property	13.6500	3.7450	0.0652	3.6798
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	262.2963	252.3913	4.3911	257.9027

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 018777-00 - 2015/01

257.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	6,780,572	0.00	0.8643	0.8643		95	9.05	1,321,545	1,321,545	1
2010/07	14,729	0.10	0.7107	0.7107		95	9.05	1,336,274	4,626,595	
2011/01	5,687	0.10	0.9198	0.9198		95	9.05	1,341,961	4,669,155	
2011/07	780	0.20	0.9028	0.9028		95	9.05	1,342,741	4,711,335	
2012/01		0.20	0.3865	0.3865		95	9.05	1,342,741	4,729,575	
2012/07		0.30	0.9417	0.9417		95	9.05	1,342,741	4,774,130	
2013/01		0.30	0.4901	0.4901		95	9.05	1,342,741	4,797,500	
2013/07		0.40	0.6196	0.6196		95	21.88	1,342,741	4,827,235	
2014/01		0.40	0.8564	0.8564		95	21.88	1,342,741	4,868,560	
2014/07		0.50	1.2383	1.2383		95	21.88	1,342,741	4,928,885	
2015/01		0.50	0.7571	0.7571		95	25.06	1,345,057	4,966,220	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 019085-00 - 2015/01

228.97

Golfview Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3636 10TH AVE N	10/1/2012-9/30/2013	Number of Beds: 56	Superior: 0
SAINT PETERSBURG, FL 33713	Days in CR 365	Maximum: 20,440	Standard: 243
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 20,440	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 16,397	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,638	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 10,579	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	64.51790%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.22016%	Cost: 1.04757614
Open Date: 03/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/15/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 12/15/1986	Low Occupancy Adjustment Factor:	102.43753%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 262722			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	531,487	783,269	568,830	176,352		2,059,938
1a	Audit Adjustments						
2	Cost Per Diem	50.2398	74.0399	53.7697	16.6700		194.7194
3	Cost Per Diem Inflated	52.6300	76.6675	56.3279			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.6300	76.6675	56.3279	16.6700		202.2954
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.1574		77.2565			
7	Provider Target Rate	74.7999		80.0857			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	62.9364		74.3444			
10a	New Provider Target Limitation	61.2265		66.2119			
10b	Base for line 10a	59.0635		63.8728			
11	Lesser of 5,7,8,10, 10a	52.6300	76.6675	56.3279	13.6500		199.2754
12/13	Medical Adjustment Rate		1.2522	0.9200			
14	Prospective Per Diem 11	52.6300	77.9197	57.2479	13.6500		201.4476
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 019085-00 - 2015/01

228.97

Rate Semester 01/01/2015 through 08/31/2015

Golfview Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/15/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed	80% Capital(1):	1,428,634	10.0450
Indexed Asset Value	1,785,792	<60% of Base:	True	20% ROE(2):	357,158	0.3236
FRVS Base Asset:	1,114,559	Interest Rate:	0.0000%	Insurance Cost(3):	23,726	1.4470
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	20,831	1.2704
ROE Factor	0.016670	Amortization Rate:	13.0000%	Home Office(3):	11,009	0.6714
		Interest Only:	True	Replacement(3&4):	17,596	0.0000
		Yearly Payment:	184,788	Total FRVS PD:		13.7574

(1) 80% Capital (\$1,428,634) amortized at 13.0000 % for 20 years Interest of \$184,788 divided by annual available days (20440) divided by Occup. Adj. (0.90) = \$10.0450

(2) 20% ROE (\$357,158) times the ROE factor (0.016670) divided by annual available days (20440) divided by Occup. Adj. (0.90) = \$0.3236

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	20,572
Comparison Date:	07/01/1979	Current RS PBS:	52,276
Comparison Bed	56	Effective PBS Limitation	1,152,032

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.6300	52.6300	0.9156	51.7144
Direct Care	77.9197	77.9197	1.3556	76.5641
Indirect Care	57.2479	57.2479	0.9960	56.2519
Property	13.6500	13.7574	0.2393	13.5181
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0140
Supplemental Rate Add-on				9.9025
Totals	201.4476	201.5550	3.5065	228.9650

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

0 019085-00 - 2015/01

228.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	1,114,559	0.00	0.2974	0.2974		56	9.87	1,114,559	1,606,192	
1987/01		0.10	1.0091	1.0091		56	9.87	1,114,559	1,634,920	
1987/07		0.10	0.9007	0.9007		56	9.87	1,114,559	1,647,688	
1988/01		0.20	0.9007	0.9007		56	9.87	1,114,559	1,661,072	
1988/07		0.20	0.5899	0.5899		56	9.87	1,114,559	1,660,176	
1989/01		0.30	0.5899	0.5899		56	28.14	1,115,568	1,669,976	
1989/07		0.30	0.5899	0.5899		56	28.14	1,115,568	1,681,288	5
1990/01		0.40	0.5899	0.5899		56	31.96	1,118,109	1,689,744	
1990/07		0.40	0.5899	0.5899		56	31.96	1,119,642	1,699,712	
1991/01		0.50	0.5899	0.5899		56	37.70	1,119,642	1,709,680	5
1991/07		0.50	1.4932	1.4932		56	37.70	1,127,647	1,735,216	
1992/01		0.60	2.0117	2.0117		56	37.70	1,136,977	1,770,104	
1992/07		0.60	1.8152	1.8152		56	45.67	1,147,259	1,802,248	
1993/01		0.70	1.7710	1.7710		56	49.44	1,160,044	1,834,168	
1993/07		0.70	1.5329	1.5329		56	49.44	1,171,233	1,862,280	
1994/01		0.80	1.6983	1.6983		56	56.93	1,187,145	1,893,920	
1994/07		0.80	1.5991	1.5991		56	56.93	1,202,332	1,924,216	
1995/01		0.90	1.5812	1.5812		56	56.97	1,219,442	1,954,624	
1995/07		0.90	1.5250	1.5250		56	56.97	1,236,179	1,984,416	
1996/01		1.00	1.7228	1.7228		56	73.13	1,236,179	2,018,632	5
1996/07	4,469	1.00	1.3294	1.3294		56	75.85	1,261,945	2,045,456	5
1997/01		1.00	1.4109	1.4109		56	75.85	1,296,703	2,074,296	
1997/07		1.00	1.0917	1.0917		56	75.85	1,310,859	2,096,920	
1998/01		1.00	1.1663	1.1663		56	75.85	1,326,148	2,121,392	
1998/07		1.00	1.0794	1.0794		56	75.85	1,340,462	2,144,296	
1999/01		1.00	1.4499	1.4499		56	76.00	1,359,897	2,175,376	
1999/07	11,425	1.00	1.2299	1.2299		56	80.11	1,388,047	2,202,144	
2000/01		1.00	1.3356	1.3356		56	80.11	1,388,047	2,231,544	5
2000/07		1.00	1.1129	1.1129		56	80.11	1,422,240	2,256,352	
2001/01		1.00	1.2976	1.2976		56	83.31	1,440,695	2,285,640	



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228.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		56	83.31	1,454,547	2,307,592	
2002/01		1.00	1.0301	1.0301		56	83.26	1,469,530	2,331,336	
2002/07		1.00	0.8337	0.8337		56	83.26	1,481,781	2,350,768	
2003/01		1.00	1.3271	1.3271		56	76.48	1,501,446	2,381,960	
2003/07		1.00	1.1664	1.1664		56	76.48	1,518,959	2,409,736	
2004/01		1.00	1.1103	1.1103		56	76.48	1,535,824	2,436,504	
2004/07		1.00	0.8378	0.8378		56	76.48	1,548,691	2,456,944	
2005/01		1.00	0.8595	0.8595		56	76.48	1,562,002	2,478,056	
2005/07		1.00	0.7364	0.7364		56	75.52	1,573,505	2,496,312	
2006/01		1.00	0.9068	0.9068		56	75.52	1,587,774	2,518,936	
2006/07		1.00	0.8133	0.8133		56	75.49	1,600,687	2,539,432	
2007/01		0.95	1.0133	1.0133		56	75.49	1,616,095	2,565,136	
2007/07		0.95	1.1050	1.1050		56	72.08	1,633,061	2,593,472	
2008/01		0.90	0.8556	0.8556		56	72.08	1,645,636	2,615,648	
2008/07		0.90	0.6104	0.6104		56	62.75	1,654,677	2,631,608	
2009/01		0.85	1.3268	1.3268		56	62.75	1,673,338	2,666,552	
2009/07		0.85	0.6841	0.6841		56	54.09	1,682,907	2,684,808	
2010/01		0.80	0.8643	0.8643		56	62.73	1,694,543	2,707,992	
2010/07		0.80	0.7107	0.7107		56	62.73	1,704,178	2,727,256	
2011/01		0.75	0.9198	0.9198		56	62.73	1,715,935	2,752,344	
2011/07		0.75	0.9028	0.9028		56	62.73	1,727,554	2,777,208	
2012/01		0.70	0.3865	0.3865		56	62.73	1,732,229	2,787,960	
2012/07		0.70	0.9417	0.9417		56	67.66	1,743,648	2,814,224	
2013/01		0.65	0.4901	0.4901		56	67.66	1,749,203	2,828,000	
2013/07		0.65	0.6196	0.6196		56	66.98	1,756,247	2,845,528	
2014/01		0.60	0.8564	0.8564		56	64.52	1,765,271	2,869,888	
2014/07		0.60	1.2383	1.2383		56	64.52	1,778,387	2,905,448	
2015/01		0.55	0.7571	0.7571		56	64.52	1,785,792	2,927,456	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

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198.40

Southern Pines Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6140 CONGRESS ST	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
NEW PORT RICHEY, FL 34653	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pasco [51]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 32,944	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,722	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,004	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	66.79213%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.21461%	Cost: 1.04757614
Open Date: 03/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 03/01/1980	Low Occupancy Adjustment Factor:	96.04567%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 262706			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	881,105	1,547,692	853,074	461,204		3,743,075	
1a	Audit Adjustments							
2	Cost Per Diem	40.0429	70.3368	38.7690	20.9600		170.1087	
3	Cost Per Diem Inflated	41.9480	72.8330	40.6135				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.9480	72.8330	40.6135	20.9600		176.3545	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.6293		55.5091				
7	Provider Target Rate	55.5933		57.5419				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.7157		55.8039				
10b	Base for line 10a	49.8887		53.8325				
11	Lesser of 5,7,8,10, 10a	41.9480	72.8330	40.6135	13.6500		169.0445	
12/13	Medical Adjustment Rate		1.3759	0.7672				
14	Prospective Per Diem 11	41.9480	74.2089	41.3807	13.6500		171.1876	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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198.40

Rate Semester 01/01/2015 through 08/31/2015

Southern Pines Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed	80% Capital(1):	2,560,035	8.4001
Indexed Asset Value	3,200,044	<60% of Base:	True	20% ROE(2):	640,009	0.2706
FRVS Base Asset:	1,765,697	Interest Rate:	0.0000%	Insurance Cost(3):	39,495	1.1989
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	30,015	0.9111
ROE Factor	0.016670	Amortization Rate:	13.0000%	Home Office(3):	19,833	0.6020
		Interest Only:	True	Replacement(3&4):	6,048	0.0000
		Yearly Payment:	331,130	Total FRVS PD:		11.3827

(1) 80% Capital (\$2,560,035) amortized at 13.0000 % for 20 years Interest of \$331,130 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.4001

(2) 20% ROE (\$640,009) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2706

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.9480	41.9480	0.7298	41.2182
Direct Care	74.2089	74.2089	1.2911	72.9178
Indirect Care	41.3807	41.3807	0.7199	40.6608
Property	13.6500	11.3827	0.1980	11.1847
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5164
Supplemental Rate Add-on				9.9025
Totals	171.1876	168.9203	2.9388	198.4004

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2013

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198.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,608,640	0.00	6.1657	3.0000	3.1657	120	64.59	1,608,640	2,620,920	
1980/07		0.10	6.9764	3.0000	3.9764	120	64.59	1,613,466	2,720,760	
1981/01		0.10	7.8004	3.0000	4.8004	120	55.00	1,618,306	2,824,800	
1981/07		0.20	7.3892	3.0000	4.3892	120	55.00	1,628,016	2,897,880	
1982/01	1,539	0.20	7.0652	3.0000	4.0652	120	66.00	1,639,323	2,975,520	
1982/07		0.30	6.3629	3.0000	3.3629	120	66.00	1,654,077	3,043,800	
1983/04	525	0.30	5.9917	3.0000	2.9917	120	64.29	1,669,489	3,123,840	
1983/07		0.40	6.9495	3.0000	3.9495	120	64.29	1,689,523	3,247,440	
1984/01		0.40	5.2447	3.0000	2.2447	120	63.69	1,709,797	3,289,560	
1984/07		0.50	4.1626	3.0000	1.1626	120	63.69	1,735,444	3,352,680	
1985/01	1,228	0.50	2.3097	2.3097		120	56.71	1,756,715	3,391,080	
1985/10		0.60	0.8522	0.8522		120	56.71	1,765,697	3,420,000	
1986/01		0.60	0.8299	0.8299		120	56.71	1,774,488	3,448,440	
1986/07		0.70	0.2974	0.2974		120	52.32	1,778,002	3,441,840	
1987/01		0.70	1.0091	1.0091		120	52.36	1,789,959	3,503,400	
1987/07		0.80	0.9007	0.9007		120	52.36	1,802,238	3,530,760	
1988/01		0.80	0.9007	0.9007		120	52.36	1,814,602	3,559,440	
1988/07	13,607	0.90	0.5899	0.5899		120	59.71	1,837,843	3,557,520	
1989/01		0.90	0.5899	0.5899		120	59.18	1,847,600	3,578,520	
1989/07		1.00	0.5899	0.5899		120	59.18	1,858,499	3,602,760	
1990/01		1.00	0.5899	0.5899		120	59.18	1,869,462	3,620,880	
1990/07		1.00	0.5899	0.5899		120	52.38	1,879,965	3,642,240	
1991/01		1.00	0.5899	0.5899		120	51.75	1,890,400	3,663,600	
1991/07		1.00	1.4932	1.4932		120	51.75	1,916,959	3,718,320	
1992/01		1.00	2.0117	2.0117		120	50.55	1,952,402	3,793,080	
1992/07		1.00	1.8152	1.8152		120	50.55	1,984,975	3,861,960	
1993/01		1.00	1.7710	1.7710		120	50.55	2,017,285	3,930,360	
1993/07		1.00	1.5329	1.5329		120	62.66	2,048,208	3,990,600	
1994/01		1.00	1.6983	1.6983		120	63.71	2,082,993	4,058,400	
1994/07		1.00	1.5991	1.5991		120	63.71	2,116,302	4,123,320	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	94,024	1.00	1.5812	1.5812		120	58.28	2,243,789	4,188,480	
1995/07		1.00	1.5250	1.5250		120	58.28	2,278,007	4,252,320	
1996/01		1.00	1.7228	1.7228		120	58.99	2,317,253	4,325,640	
1996/07	11,200	1.00	1.3294	1.3294		120	52.64	2,357,937	4,383,120	
1997/01		1.00	1.4109	1.4109		120	52.64	2,389,778	4,444,920	
1997/07		1.00	1.0917	1.0917		120	52.64	2,414,748	4,493,400	
1998/01		1.00	1.1663	1.1663		120	52.64	2,441,703	4,545,840	
1998/07		1.00	1.0794	1.0794		120	52.64	2,466,928	4,594,920	
1999/01		1.00	1.4499	1.4499		120	58.52	2,502,696	4,661,520	
1999/07		1.00	1.2299	1.2299		120	63.02	2,533,477	4,718,880	
2000/01		1.00	1.3356	1.3356		120	63.02	2,567,314	4,781,880	
2000/07	68,655	0.95	1.1129	1.1129		120	69.48	2,663,113	4,835,040	
2001/01		0.95	1.2976	1.2976		120	69.48	2,695,941	4,897,800	
2001/07		0.90	0.9615	0.9615		120	69.48	2,719,272	4,944,840	
2002/01		0.90	1.0301	1.0301		120	69.45	2,744,482	4,995,720	
2002/07		0.85	0.8337	0.8337		120	68.20	2,763,929	5,037,360	
2003/01		0.85	1.3271	1.3271		120	69.25	2,795,106	5,104,200	
2003/07		0.80	1.1664	1.1664		120	69.25	2,821,187	5,163,720	
2004/01		0.80	1.1103	1.1103		120	69.25	2,846,245	5,221,080	
2004/07		0.75	0.8378	0.8378		120	69.25	2,864,131	5,264,880	
2005/01		0.75	0.8595	0.8595		120	69.25	2,882,593	5,310,120	
2005/07		0.70	0.7364	0.7364		120	69.32	2,897,453	5,349,240	
2006/01		0.70	0.9068	0.9068		120	69.32	2,915,846	5,397,720	
2006/07		0.65	0.8133	0.8133		120	70.91	2,931,259	5,441,640	
2007/01		0.65	1.0133	1.0133		120	70.91	2,950,564	5,496,720	
2007/07		0.60	1.1050	1.1050		120	74.30	2,970,126	5,557,440	
2008/01		0.60	0.8556	0.8556		120	74.30	2,985,375	5,604,960	
2008/07	28,418	0.55	0.6104	0.6104		120	71.83	3,023,815	5,639,160	
2009/01		0.55	1.3268	1.3268		120	71.83	3,045,880	5,714,040	
2009/07		0.50	0.6841	0.6841		120	64.38	3,056,300	5,753,160	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01	27,287	0.50	0.8643	0.8643		120	59.75	3,096,796	5,802,840	
2010/07	760	0.45	0.7107	0.7107		120	59.75	3,107,460	5,844,120	
2011/01		0.45	0.9198	0.9198		120	59.75	3,120,322	5,897,880	
2011/07		0.40	0.9028	0.9028		120	59.75	3,131,589	5,951,160	
2012/01		0.40	0.3865	0.3865		120	59.75	3,136,430	5,974,200	
2012/07		0.35	0.9417	0.9417		120	63.24	3,146,768	6,030,480	
2013/01		0.35	0.4901	0.4901		120	63.24	3,152,165	6,060,000	
2013/07	17,956	0.30	0.6196	0.6196		120	67.99	3,175,981	6,097,560	
2014/01		0.30	0.8564	0.8564		120	66.79	3,184,140	6,149,760	
2014/07		0.25	1.2383	1.2383		120	66.79	3,193,998	6,225,960	
2015/01		0.25	0.7571	0.7571		120	66.79	3,200,044	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 019282093020131001201210302013151112



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Signature HealthCARE of Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2061 HYDE PARK RD	10/1/2012-9/30/2013	Number of Beds: 180	Superior: 0
JACKSONVILLE, FL 32210	Days in CR 365	Maximum: 65,700	Standard: 243
County: Duval [16]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 52,983	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,370	Inflation
Current Class North Large	Initial CR? False	Medicaid: 45,075	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	85.07446%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.64384%	Cost: 1.04757614
Open Date: 07/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 07/01/1972	Low Occupancy Adjustment Factor:	102.97855%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 262714			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,719,512	3,338,271	1,983,662	782,502		7,823,947	
1a	Audit Adjustments							
2	Cost Per Diem	38.1478	74.0604	44.0080	17.3600		173.5762	
3	Cost Per Diem Inflated	39.9627	76.6887	46.1017				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.9627	76.6887	46.1017	17.3600		180.1131	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4573		51.0942				
7	Provider Target Rate	49.1952		52.9653				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	46.7149		53.4819				
10b	Base for line 10a	45.0646		51.5925				
11	Lesser of 5,7,8,10, 10a	39.9627	76.6887	46.1017	13.6500		176.4031	
12/13	Medical Adjustment Rate		3.0260	1.8191				
14	Prospective Per Diem 11	39.9627	79.7147	47.9208	13.6500		181.2482	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Signature HealthCARE of Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00		Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,200,536	9.1886
RS to Start Calcs:	1972/07	<60% of Base:	True	20% ROE(2):	1,050,134	0.2961
Indexed Asset Value	5,250,670	Interest Rate:	0.0000%	Insurance Cost(3):	62,565	1.1809
FRVS Base Asset:	2,853,841	Chase Rate:	13.0000%	Taxes Cost(3):	54,148	1.0220
Occup Adj Factor	0.9000	Amortization Rate:	13.0000%	Home Office(3):	30,576	0.5771
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	24,558	0.0000
		Yearly Payment:	543,321	Total FRVS PD:		12.2647

- (1) 80% Capital (\$4,200,536) amortized at 13.0000 % for 20 years Interest of \$543,321 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.1886
- (2) 20% ROE (\$1,050,134) times the ROE factor (0.016670) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.2961
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.9627	39.9627	0.6953	39.2674
Direct Care	79.7147	79.7147	1.3868	78.3279
Indirect Care	47.9208	47.9208	0.8337	47.0871
Property	13.6500	12.2647	0.2134	12.0513
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.8231
Supplemental Rate Add-on				9.9025
Totals	181.2482	179.8629	3.1292	211.4593

Medicaid Trend Adjustment



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1972/07	1,117,697	0.00	4.9326	3.0000	1.9326	180	100.00	1,117,697	2,015,100	
1973/01		0.10	7.0835	3.0000	4.0835	180	100.00	1,121,050	2,118,960	
1973/07	28,434	0.10	9.7399	3.0000	6.7399	180	100.00	1,152,847	2,238,840	
1974/01		0.20	11.9670	3.0000	8.9670	180	100.00	1,159,764	2,355,840	
1974/07		0.20	12.0707	3.0000	9.0707	180	100.00	1,166,723	2,428,920	
1975/01		0.30	12.1612	3.0000	9.1612	180	100.00	1,177,224	2,503,980	
1975/07		0.30	13.2246	3.0000	10.2246	180	100.00	1,187,819	2,605,860	
1976/01	23,178	0.40	14.2691	3.0000	11.2691	180	100.00	1,225,251	2,711,160	
1976/07		0.40	14.7543	3.0000	11.7543	180	100.00	1,239,954	2,805,660	
1977/01		0.50	15.5049	3.0000	12.5049	180	100.00	1,258,553	2,910,960	
1977/07		0.50	17.5625	3.0000	14.5625	180	100.00	1,277,431	3,058,020	
1978/01		0.60	19.3022	3.0000	16.3022	180	100.00	1,300,425	3,203,100	
1978/07	69,429	0.60	21.8416	3.0000	18.8416	180	100.00	1,393,262	3,380,400	
1979/01	69,428	0.70	23.9689	3.0000	20.9689	180	94.10	1,491,949	3,553,740	
1979/07	1,139	0.70	25.1671	3.0000	22.1671	180	94.10	1,524,419	3,702,960	
1980/01	449,797	0.80	28.3328	3.0000	25.3328	180	94.10	2,010,802	3,931,380	
1980/07	15,938	0.80	29.1435	3.0000	26.1435	180	94.10	2,074,999	4,081,140	
1981/01	15,937	0.90	29.9675	3.0000	26.9675	180	94.10	2,146,961	4,237,200	
1981/07	8,994	0.90	29.5563	3.0000	26.5563	180	88.81	2,213,923	4,346,820	
1982/01	8,994	1.00	29.2323	3.0000	26.2323	180	95.56	2,289,335	4,463,280	
1982/07	992	1.00	28.5300	3.0000	25.5300	180	95.56	2,359,007	4,565,700	
1983/04	991	1.00	28.1588	3.0000	25.1588	180	93.96	2,430,768	4,685,760	
1983/07	8,870	1.00	29.1166	3.0000	26.1166	180	93.96	2,512,561	4,871,160	
1984/01	8,870	1.00	27.4118	3.0000	24.4118	180	91.13	2,596,808	4,934,340	
1984/07	5,617	1.00	26.3297	3.0000	23.3297	180	91.13	2,680,329	5,029,020	
1985/01	5,617	1.00	24.4768	3.0000	21.4768	180	90.44	2,766,356	5,086,620	
1985/10	4,494	1.00	22.3290	3.0000	19.3290	180	90.44	2,853,841	5,130,000	
1986/01		1.00	20.1589	3.0000	17.1589	180	90.44	2,939,456	5,172,660	
1986/07		1.00	17.4563	3.0000	14.4563	180	86.35	3,027,640	5,162,760	
1987/01		1.00	15.4654	3.0000	12.4654	180	85.79	3,118,469	5,255,100	



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1987/07		1.00	13.3661	3.0000	10.3661	180	85.79	3,212,023	5,296,140	
1988/01		1.00	11.2668	3.0000	8.2668	180	86.40	3,308,384	5,339,160	
1988/07		1.00	8.8567	3.0000	5.8567	180	86.40	3,407,636	5,336,280	
1989/01		1.00	6.4466	3.0000	3.4466	180	84.19	3,509,865	5,367,780	
1989/07		1.00	4.0365	3.0000	1.0365	180	84.19	3,615,161	5,404,140	
1990/01		1.00	1.6264	1.6264		180	80.39	3,673,958	5,431,320	
1990/07		1.00	0.5899	0.5899		180	80.39	3,695,631	5,463,360	
1991/01		1.00	0.5899	0.5899		180	82.01	3,717,432	5,495,400	
1991/07		1.00	1.4932	1.4932		180	82.01	3,772,941	5,577,480	
1992/01		1.00	2.0117	2.0117		180	84.41	3,848,841	5,689,620	
1992/07		1.00	1.8152	1.8152		180	84.41	3,918,705	5,792,940	
1993/01		0.95	1.7710	1.7710		180	84.41	3,984,637	5,895,540	
1993/07		0.95	1.5329	1.5329		180	89.94	4,042,665	5,985,900	
1994/01		0.90	1.6983	1.6983		180	83.91	4,104,457	6,087,600	
1994/07		0.90	1.5991	1.5991		180	83.91	4,163,528	6,184,980	
1995/01	144,589	0.85	1.5812	1.5812		180	83.06	4,364,075	6,282,720	
1995/07		0.85	1.5250	1.5250		180	83.06	4,420,647	6,378,480	
1996/01		0.80	1.7228	1.7228		180	83.06	4,481,572	6,488,460	
1996/07		0.80	1.3294	1.3294		180	90.42	4,529,234	6,574,680	
1997/01		0.75	1.4109	1.4109		180	90.42	4,577,162	6,667,380	
1997/07		0.75	1.0917	1.0917		180	90.42	4,614,640	6,740,100	
1998/01		0.70	1.1663	1.1663		180	90.42	4,652,314	6,818,760	
1998/07		0.70	1.0794	1.0794		180	90.42	4,687,467	6,892,380	
1999/01		0.65	1.4499	1.4499		180	88.58	4,731,642	6,992,280	
1999/07		0.65	1.2299	1.2299		180	88.58	4,769,467	7,078,320	
2000/01		0.60	1.3356	1.3356		180	89.61	4,807,690	7,172,820	
2000/07		0.60	1.1129	1.1129		180	89.61	4,839,791	7,252,560	
2001/01		0.55	1.2976	1.2976		180	93.18	4,874,333	7,346,700	
2001/07		0.55	0.9615	0.9615		180	93.23	4,900,108	7,417,260	
2002/01		0.50	1.0301	1.0301		180	93.48	4,925,348	7,493,580	



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2002/07		0.50	0.8337	0.8337		180	93.48	4,945,882	7,556,040	
2003/01		0.45	1.3271	1.3271		180	81.38	4,975,419	7,656,300	
2003/07		0.45	1.1664	1.1664		180	81.38	5,001,535	7,745,580	
2004/01		0.40	1.1103	1.1103		180	81.38	5,023,747	7,831,620	
2004/07		0.40	0.8378	0.8378		180	81.38	5,040,582	7,897,320	
2005/01		0.35	0.8595	0.8595		180	81.38	5,055,744	7,965,180	
2005/07		0.35	0.7364	0.7364		180	81.06	5,068,773	8,023,860	
2006/01		0.30	0.9068	0.9068		180	81.06	5,082,560	8,096,580	
2006/07		0.30	0.8133	0.8133		180	78.09	5,094,961	8,162,460	
2007/01		0.25	1.0133	1.0133		180	78.09	5,107,867	8,245,080	
2007/07		0.25	1.1050	1.1050		180	83.26	5,121,980	8,336,160	
2008/01		0.20	0.8556	0.8556		180	83.26	5,130,744	8,407,440	
2008/07		0.20	0.6104	0.6104		180	83.26	5,137,009	8,458,740	
2009/01		0.15	1.3268	1.3268		180	83.26	5,147,232	8,571,060	
2009/07	32,623	0.15	0.6841	0.6841		180	84.16	5,185,136	8,629,740	
2010/01	48,205	0.10	0.8643	0.8643		180	84.87	5,237,821	8,704,260	
2010/07	4,345	0.10	0.7107	0.7107		180	84.87	5,245,890	8,766,180	
2011/01		0.05	0.9198	0.9198		180	84.87	5,248,303	8,846,820	
2011/07		0.05	0.9028	0.9028		180	84.87	5,250,670	8,926,740	
2012/01		0.00	0.3865	0.3865		180	84.87	5,250,670	8,961,300	
2012/07		0.00	0.9417	0.9417		180	83.32	5,250,670	9,045,720	
2013/01		0.00	0.4901	0.4901		180	83.32	5,250,670	9,090,000	
2013/07		0.00	0.6196	0.6196		180	83.07	5,250,670	9,146,340	
2014/01		0.00	0.8564	0.8564		180	85.07	5,250,670	9,224,640	
2014/07		0.00	1.2383	1.2383		180	85.07	5,250,670	9,338,940	
2015/01		0.00	0.7571	0.7571		180	85.07	5,250,670	9,409,680	

Message Code:



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Golfcrest Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
600 NORTH 17TH AVE	10/1/2013-7/31/2014	Number of Beds: 67	Superior: 0
HOLLYWOOD, FL 33020	Days in CR 304	Maximum: 20,368	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 24,455	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 18,882	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,849	Inflation
Current Class South Small	Initial CR? False	Medicaid: 11,415	FY Index: 1.32975299
Class at 1/94: South Small	Medical Utilization	60.45440%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.70424%	Cost: 1.03148401
Open Date: 03/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 03/01/1980	Low Occupancy Adjustment Factor:	118.37914%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 262064			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	552,447	838,826	571,650	206,612		2,169,535	
1a	Audit Adjustments							
2	Cost Per Diem	48.3966	73.4845	50.0788	18.1000		190.0599	
3	Cost Per Diem Inflated	49.9203	75.2743	51.6555				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.9203	75.2743	51.6555	18.1000		194.9501	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.6365		69.1600				
7	Provider Target Rate	60.7838		71.6927				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	61.3660		71.6927				
10b	Base for line 10a	59.1981		69.1600				
11	Lesser of 5,7,8,10, 10a	49.9203	75.2743	51.6555	13.6500		190.5001	
12/13	Medical Adjustment Rate		0.8853	0.6075				
14	Prospective Per Diem 11	49.9203	76.1596	52.2630	13.6500		191.9929	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Golfcrest Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed	80% Capital(1):	1,618,197	9.5098
Indexed Asset Value	2,022,746	<60% of Base:	True	20% ROE(2):	404,549	0.4205
FRVS Base Asset:	1,178,716	Interest Rate:	0.0000%	Insurance Cost(3):	22,813	1.2082
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	48,129	2.5489
ROE Factor	0.022880	Amortization Rate:	13.0000%	Home Office(3):	12,095	0.6406
		Interest Only:	True	Replacement(3&4):	95,646	0.0000
		Yearly Payment:	209,307	Total FRVS PD:		14.3280

(1) 80% Capital (\$1,618,197) amortized at 13.0000 % for 20 years Interest of \$209,307 divided by annual available days (24455) divided by Occup. Adj. (0.90) = \$9.5098

(2) 20% ROE (\$404,549) times the ROE factor (0.022880) divided by annual available days (24455) divided by Occup. Adj. (0.90) = \$0.4205

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	67	Effective PBS Limitation	1,909,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.9203	49.9203	0.8685	49.0518
Direct Care	76.1596	76.1596	1.3250	74.8346
Indirect Care	52.2630	52.2630	0.9093	51.3537
Property	13.6500	14.3280	0.2493	14.0787
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8845
Supplemental Rate Add-on				9.9025
Totals	191.9929	192.6709	3.3521	220.1058

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,158,305	0.00	6.1657	3.0000	3.1657	67	5.55	1,158,305	1,463,347	
1980/07		0.10	6.9764	3.0000	3.9764	67	5.55	1,158,305	1,519,091	
1981/01		0.10	7.8004	3.0000	4.8004	67	9.70	1,158,305	1,577,180	
1981/07		0.20	7.3892	3.0000	4.3892	67	9.70	1,158,305	1,617,983	
1982/01	1,650	0.20	7.0652	3.0000	4.0652	67	5.55	1,159,955	1,661,332	
1982/07		0.30	6.3629	3.0000	3.3629	67	5.55	1,159,955	1,699,455	
1983/04	17,926	0.30	5.9917	3.0000	2.9917	67	9.70	1,177,881	1,744,144	
1983/07		0.40	6.9495	3.0000	3.9495	67	9.70	1,177,881	1,813,154	
1984/01	835	0.40	5.2447	3.0000	2.2447	67	14.40	1,178,716	1,836,671	
1984/07		0.50	4.1626	3.0000	1.1626	67	14.40	1,178,716	1,871,913	
1985/01		0.50	2.3097	2.3097		67	14.40	1,178,716	1,893,353	
1985/10		0.60	0.8522	0.8522		67	14.40	1,178,716	1,909,500	
1986/01		0.60	0.8299	0.8299		67	14.40	1,178,716	1,925,379	
1986/07		0.70	0.2974	0.2974		67	17.11	1,178,716	1,921,694	
1987/01		0.70	1.0091	1.0091		67	22.52	1,178,716	1,956,065	
1987/07		0.80	0.9007	0.9007		67	22.52	1,178,716	1,971,341	
1988/01		0.80	0.9007	0.9007		67	22.52	1,178,716	1,987,354	
1988/07		0.90	0.5899	0.5899		67	33.45	1,182,522	1,986,282	
1989/01	8,757	0.90	0.5899	0.5899		67	40.07	1,195,853	1,998,007	
1989/07		1.00	0.5899	0.5899		67	40.07	1,200,992	2,011,541	
1990/01		1.00	0.5899	0.5899		67	45.40	1,206,840	2,021,658	
1990/07		1.00	0.5899	0.5899		67	45.40	1,212,717	2,033,584	
1991/01		1.00	0.5899	0.5899		67	45.40	1,218,622	2,045,510	
1991/07		1.00	1.4932	1.4932		67	58.83	1,236,818	2,076,062	
1992/01		1.00	2.0117	2.0117		67	65.30	1,261,699	2,117,803	
1992/07		1.00	1.8152	1.8152		67	65.30	1,284,601	2,156,261	
1993/01	24,993	1.00	1.7710	1.7710		67	72.79	1,332,344	2,194,451	
1993/07		1.00	1.5329	1.5329		67	72.79	1,352,768	2,228,085	
1994/01		1.00	1.6983	1.6983		67	72.79	1,375,742	2,265,940	
1994/07		1.00	1.5991	1.5991		67	77.29	1,397,741	2,302,187	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		67	75.88	1,419,842	2,338,568	
1995/07		1.00	1.5250	1.5250		67	75.88	1,441,495	2,374,212	
1996/01		1.00	1.7228	1.7228		67	75.88	1,466,329	2,415,149	
1996/07	10,990	1.00	1.3294	1.3294		67	70.43	1,477,319	2,447,242	5
1997/01		1.00	1.4109	1.4109		67	70.43	1,517,931	2,481,747	
1997/07		1.00	1.0917	1.0917		67	70.43	1,534,502	2,508,815	
1998/01		1.00	1.1663	1.1663		67	70.43	1,552,399	2,538,094	
1998/07		1.00	1.0794	1.0794		67	70.43	1,569,156	2,565,497	
1999/01	12,265	1.00	1.4499	1.4499		67	68.65	1,604,172	2,602,682	
1999/07		1.00	1.2299	1.2299		67	68.65	1,623,902	2,634,708	
2000/01	18,174	1.00	1.3356	1.3356		67	72.83	1,663,765	2,669,883	
2000/07	21,845	0.95	1.1129	1.1129		67	67.48	1,703,201	2,699,564	
2001/01		0.95	1.2976	1.2976		67	67.48	1,724,196	2,734,605	
2001/07		0.90	0.9615	0.9615		67	67.48	1,739,117	2,760,869	
2002/01		0.90	1.0301	1.0301		67	63.62	1,755,240	2,789,277	
2002/07		0.85	0.8337	0.8337		67	59.45	1,767,678	2,812,526	
2003/01		0.85	1.3271	1.3271		67	65.07	1,787,617	2,849,845	
2003/07		0.80	1.1664	1.1664		67	65.07	1,804,297	2,883,077	
2004/01		0.80	1.1103	1.1103		67	65.07	1,820,323	2,915,103	
2004/07		0.75	0.8378	0.8378		67	65.07	1,831,762	2,939,558	
2005/01		0.75	0.8595	0.8595		67	65.07	1,843,570	2,964,817	
2005/07		0.70	0.7364	0.7364		67	66.17	1,853,074	2,986,659	
2006/01		0.70	0.9068	0.9068		67	66.17	1,864,837	3,013,727	
2006/07		0.65	0.8133	0.8133		67	66.81	1,874,695	3,038,249	
2007/01		0.65	1.0133	1.0133		67	66.81	1,887,042	3,069,002	
2007/07		0.60	1.1050	1.1050		67	62.67	1,899,553	3,102,904	
2008/01		0.60	0.8556	0.8556		67	62.67	1,909,305	3,129,436	
2008/07		0.55	0.6104	0.6104		67	66.25	1,915,715	3,148,531	
2009/01		0.55	1.3268	1.3268		67	66.25	1,929,694	3,190,339	
2009/07	24,325	0.50	0.6841	0.6841		67	65.03	1,960,620	3,212,181	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		67	67.86	1,969,094	3,239,919	
2010/07		0.45	0.7107	0.7107		67	67.86	1,975,391	3,262,967	
2011/01		0.45	0.9198	0.9198		67	67.86	1,983,567	3,292,983	
2011/07		0.40	0.9028	0.9028		67	67.86	1,990,730	3,322,731	
2012/01		0.40	0.3865	0.3865		67	67.86	1,993,808	3,335,595	
2012/07		0.35	0.9417	0.9417		67	59.52	2,000,380	3,367,018	
2013/01		0.35	0.4901	0.4901		67	59.52	2,003,811	3,383,500	
2013/07		0.30	0.6196	0.6196		67	55.60	2,007,536	3,404,471	
2014/01		0.30	0.8564	0.8564		67	55.60	2,012,693	3,433,616	
2014/07		0.25	1.2383	1.2383		67	59.49	2,018,924	3,476,161	
2015/01		0.25	0.7571	0.7571		67	60.45	2,022,746	3,502,492	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

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214.01

Coastal Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
820 N CLYDE MORRIS BLVD	1/1/2014-6/30/2014	Number of Beds: 120	Superior: 0
DAYTONA BEACH, FL 32117	Days in CR 181	Maximum: 21,720	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 21,338	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,122	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,943	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	79.40294%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	98.24125%	Cost: 1.02853242
Open Date: 02/05/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/05/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 02/06/1987	Low Occupancy Adjustment Factor:	125.44965%	DC Sem Index: 1.25449501
Med # Active Date: 01/10/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 283134			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	724,406	1,198,058	872,339	440,687		3,235,490	
1a	Audit Adjustments							
2	Cost Per Diem	42.7555	70.7111	51.4867	26.0100		190.9633	
3	Cost Per Diem Inflated	43.9754	72.3841	52.9557				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.9754	72.3841	52.9557	26.0100		195.3252	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.7888		69.7710				
7	Provider Target Rate	50.5755		72.3261				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	47.8025		60.3404				
10b	Base for line 10a	46.1138		58.2087				
11	Lesser of 5,7,8,10, 10a	43.9754	72.3841	52.9557	13.6500		182.9652	
12/13	Medical Adjustment Rate		2.3943	1.7517				
14	Prospective Per Diem 11	43.9754	74.7784	54.7074	13.6500		187.1112	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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214.01

Rate Semester 01/01/2015 through 08/31/2015

Coastal Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/19/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,487,516 5.8977
RS to Start Calcs:	1987/01	<60% of Base:	True	20% ROE(2):	1,121,879 0.6640
Indexed Asset Value	5,609,395	Interest Rate:	5.2500%	Insurance Cost(3):	16,412 0.7691
FRVS Base Asset:	2,020,491	Chase Rate:	5.2500%	Taxes Cost(3):	22,877 1.0721
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	18,846 0.8832
ROE Factor	0.023330	Interest Only:	True	Replacement(3&4):	24,327 0.0000
		Yearly Payment:	232,487	Total FRVS PD:	9.2861

- (1) 80% Capital (\$4,487,516) amortized at 5.2500 % for 20 years Interest of \$232,487 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.8977
- (2) 20% ROE (\$1,121,879) times the ROE factor (0.023330) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6640
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	52,276
Comparison Bed	84	Effective PBS Limitation	2,409,288

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.9754	43.9754	0.7651	43.2103
Direct Care	74.7784	74.7784	1.3010	73.4774
Indirect Care	54.7074	54.7074	0.9518	53.7556
Property	13.6500	9.2861	0.1616	9.1245
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5386
Supplemental Rate Add-on				9.9025
Totals	187.1112	182.7473	3.1795	214.0089

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 021261-00 - 2015/01

214.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	2,020,491	0.00	1.0091	1.0091		84	67.82	2,020,491	2,452,380	
1987/07		0.10	0.9007	0.9007		84	67.82	2,022,311	2,471,532	
1988/01		0.10	0.9007	0.9007		84	67.82	2,024,133	2,491,608	
1988/07		0.20	0.5899	0.5899		84	67.82	2,026,521	2,490,264	
1989/01		0.20	0.5899	0.5899		84	67.82	2,028,912	2,504,964	
1989/07		0.30	0.5899	0.5899		84	76.68	2,032,503	2,521,932	
1990/01		0.30	0.5899	0.5899		84	76.68	2,036,101	2,534,616	
1990/07		0.40	0.5899	0.5899		84	77.17	2,040,906	2,549,568	
1991/01		0.40	0.5899	0.5899		84	72.02	2,045,723	2,564,520	
1991/07		0.50	1.4932	1.4932		84	72.02	2,060,996	2,602,824	
1992/01	717,139	0.50	2.0117	2.0117		120	65.73	2,798,867	3,793,080	
1992/07		0.60	1.8152	1.8152		120	65.73	2,829,349	3,861,960	
1993/01	25,134	0.60	1.7710	1.7710		120	72.66	2,884,548	3,930,360	
1993/07		0.70	1.5329	1.5329		120	72.66	2,915,499	3,990,600	
1994/01		0.70	1.6983	1.6983		120	72.57	2,950,158	4,058,400	
1994/07		0.80	1.5991	1.5991		120	72.57	2,987,899	4,123,320	
1995/01		0.80	1.5812	1.5812		120	79.62	3,025,696	4,188,480	
1995/07		0.90	1.5250	1.5250		120	79.62	3,067,224	4,252,320	
1996/01		0.90	1.7228	1.7228		120	73.42	3,114,781	4,325,640	
1996/07		1.00	1.3294	1.3294		120	73.42	3,156,189	4,383,120	
1997/01		1.00	1.4109	1.4109		120	76.63	3,200,720	4,444,920	
1997/07		1.00	1.0917	1.0917		120	76.63	3,235,662	4,493,400	
1998/01	8,577	1.00	1.1663	1.1663		120	83.50	3,281,977	4,545,840	
1998/07	26,474	1.00	1.0794	1.0794		120	83.50	3,343,877	4,594,920	
1999/01	1,479	1.00	1.4499	1.4499		120	83.50	3,393,839	4,661,520	
1999/07	920	1.00	1.2299	1.2299		120	83.50	3,436,500	4,718,880	
2000/01		1.00	1.3356	1.3356		120	83.50	3,482,398	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.50	3,521,154	4,835,040	
2001/01	752,264	1.00	1.2976	1.2976		120	91.03	4,319,108	4,897,800	
2001/07		1.00	0.9615	0.9615		120	91.03	4,360,636	4,944,840	



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0 021261-00 - 2015/01

214.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		120	77.26	4,405,555	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.26	4,442,284	5,037,360	
2003/01	108,979	1.00	1.3271	1.3271		120	73.53	4,610,217	5,104,200	
2003/07		1.00	1.1664	1.1664		120	73.53	4,610,217	5,163,720	5
2004/01		1.00	1.1103	1.1103		120	69.12	4,715,775	5,221,080	
2004/07		1.00	0.8378	0.8378		120	69.12	4,755,284	5,264,880	
2005/01		1.00	0.8595	0.8595		120	80.36	4,796,156	5,310,120	
2005/07		1.00	0.7364	0.7364		120	80.36	4,831,475	5,349,240	
2006/01		1.00	0.9068	0.9068		120	80.36	4,875,287	5,397,720	
2006/07		1.00	0.8133	0.8133		120	80.36	4,914,938	5,441,640	
2007/01		1.00	1.0133	1.0133		120	80.36	4,964,741	5,496,720	
2007/07		0.95	1.1050	1.1050		120	79.35	5,016,861	5,557,440	
2008/01		0.95	0.8556	0.8556		120	79.35	5,057,638	5,604,960	
2008/07		0.90	0.6104	0.6104		120	79.35	5,085,425	5,639,160	
2009/01		0.90	1.3268	1.3268		120	85.39	5,146,150	5,714,040	
2009/07		0.85	0.6841	0.6841		120	85.39	5,176,075	5,753,160	
2010/01	64,103	0.85	0.8643	0.8643		120	85.16	5,278,207	5,802,840	
2010/07		0.80	0.7107	0.7107		120	85.16	5,308,219	5,844,120	
2011/01		0.80	0.9198	0.9198		120	85.16	5,347,277	5,897,880	
2011/07		0.75	0.9028	0.9028		120	85.16	5,383,483	5,951,160	
2012/01		0.75	0.3865	0.3865		120	85.16	5,399,090	5,974,200	
2012/07		0.70	0.9417	0.9417		120	85.16	5,434,681	6,030,480	
2013/01	36,723	0.70	0.4901	0.4901		120	82.70	5,490,050	6,060,000	
2013/07		0.65	0.6196	0.6196		120	82.70	5,512,158	6,097,560	
2014/01		0.65	0.8564	0.8564		120	78.80	5,542,844	6,149,760	
2014/07		0.60	1.2383	1.2383		120	78.80	5,584,027	6,225,960	
2015/01		0.60	0.7571	0.7571		120	79.40	5,609,395	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 022138-00 - 2015/01

253.39

Carlton Shores Health and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1350 S NOVA RD	1/1/2013-12/31/2013	Number of Beds: 99	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 365	Maximum: 36,135	Standard: 243
County: Volusia [64]	First Used : 2014/07	Max Annualized: 36,135	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 33,340	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,860	Inflation
Current Class North Small	Initial CR? False	Medicaid: 12,259	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	36.76965%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.26512%	Cost: 1.04340134
Open Date: 02/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1987	Low Occupancy Adjustment Factor:	117.81840%	DC Sem Index: 1.25449501
Med # Active Date: 05/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 223905			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	823,671	1,141,789	861,610	331,238	15,395	3,173,703	
1a	Audit Adjustments							
2	Cost Per Diem	67.1891	93.1388	70.2839	27.0200	1.2558	258.8876	
3	Cost Per Diem Inflated	70.1052	96.1664	73.3343				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	70.1052	96.1664	73.3343	27.0200	1.2558	267.8817	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	85.2643		85.6690				
7	Provider Target Rate	88.3868		88.8063				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	59.7468		70.7853				
10b	Base for line 10a	57.6361		68.2847				
11	Lesser of 5,7,8,10, 10a	55.8134	96.1664	67.8397	13.6500	1.2558	234.7253	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.8134	96.1664	67.8397	13.6500	1.2558	234.7253	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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253.39

Rate Semester 01/01/2015 through 08/31/2015

Carlton Shores Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	3,565,754 8.8659
Indexed Asset Value	4,457,193	<60% of Base:	False	20% ROE(2):	891,439 0.5140
FRVS Base Asset:	813,756	Interest Rate:	5.2500%	Insurance Cost(3):	102,003 3.0595
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	52,759 1.5825
ROE Factor	0.018750	Amortization Rate:	5.2500%	Home Office(3):	34,384 1.0313
		Interest Only:	False	Replacement(3&4):	99,135 0.0000
		Yearly Payment:	288,332	Total FRVS PD:	15.0532

- (1) 80% Capital (\$3,565,754) amortized at 5.2500 % for 20 years Principal & Interest of \$288,332 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$8.8659
- (2) 20% ROE (\$891,439) times the ROE factor (0.018750) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.5140
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	25,365
Comparison Date:	07/01/1982	Current RS PBS:	52,276
Comparison Bed	55	Effective PBS Limitation	1,395,075

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	96.1664	96.1664	1.6731	94.4933
Indirect Care	67.8397	67.8397	1.1802	66.6595
Property	13.6500	15.0532	0.2619	14.7913
ROE	1.2558	1.2472	0.0217	1.2255
ROE Adjustment	-1.2472	-1.2472	-0.0217	-1.2255
Quality Assess-Medicaid Share				12.7031
Supplemental Rate Add-on				9.9025
Totals	233.4781	234.8727	4.0862	253.3921

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	813,756	0.00	2.6288	2.6288		55		813,756	1,431,760	
1983/07		0.10	3.9578	3.0000	0.9578	55		813,756	1,488,410	
1984/01		0.10	2.2530	2.2530		55		813,756	1,507,715	
1984/07		0.20	1.9179	1.9179		55		813,756	1,536,645	
1985/01		0.20	1.1471	1.1471		55		813,756	1,554,245	
1985/10		0.30	0.8522	0.8522		55		813,756	1,567,500	
1986/01		0.30	0.8299	0.8299		55		813,756	1,580,535	
1986/07		0.40	0.2974	0.2974		55		813,756	1,577,510	
1987/01		0.40	1.0091	1.0091		55		813,756	1,605,725	
1987/07		0.50	0.9007	0.9007		55	21.59	813,756	1,618,265	
1988/01		0.50	0.9007	0.9007		55	21.59	813,756	1,631,410	
1988/07		0.60	0.5899	0.5899		55	21.59	813,756	1,630,530	
1989/01		0.60	0.5899	0.5899		55	21.59	813,756	1,640,155	
1989/07		0.70	0.5899	0.5899		55	21.59	813,756	1,651,265	
1990/01		0.70	0.5899	0.5899		55	21.59	813,756	1,659,570	
1990/07		0.80	0.5899	0.5899		55	21.59	813,756	1,669,360	
1991/01		0.80	0.5899	0.5899		55	31.04	815,923	1,679,150	
1991/07		0.90	1.4932	1.4932		55	31.04	822,111	1,704,230	
1992/01	10,753	0.90	2.0117	2.0117		55	31.04	841,264	1,738,495	
1992/07		1.00	1.8152	1.8152		55	53.20	856,035	1,770,065	
1993/01		1.00	1.7710	1.7710		55	61.63	871,195	1,801,415	
1993/07		1.00	1.5329	1.5329		55	61.63	884,550	1,829,025	
1994/01	61,005	1.00	1.6983	1.6983		55	65.67	960,577	1,860,100	
1994/07		1.00	1.5991	1.5991		55	65.67	975,938	1,889,855	
1995/01	986,338	1.00	1.5812	1.5812		84	61.96	1,977,708	2,931,936	
1995/07		1.00	1.5250	1.5250		84	61.96	2,007,868	2,976,624	
1996/01	283,296	1.00	1.7228	1.7228		84	54.16	2,325,227	3,027,948	
1996/07		1.00	1.3294	1.3294		84	54.16	2,355,666	3,068,184	
1997/01		1.00	1.4109	1.4109		84	54.16	2,388,394	3,111,444	
1997/07		1.00	1.0917	1.0917		84	61.22	2,414,468	3,145,380	



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253.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	67,343	1.00	1.1663	1.1663		84	61.86	2,509,971	3,182,088	
1998/07		1.00	1.0794	1.0794		84	61.86	2,537,064	3,216,444	
1999/01		1.00	1.4499	1.4499		84	61.86	2,573,849	3,263,064	
1999/07		1.00	1.2299	1.2299		84	61.86	2,605,505	3,303,216	
2000/01		1.00	1.3356	1.3356		84	61.86	2,640,304	3,347,316	
2000/07		1.00	1.1129	1.1129		84	61.86	2,669,688	3,384,528	
2001/01		1.00	1.2976	1.2976		84	60.01	2,669,688	3,428,460	5
2001/07		1.00	0.9615	0.9615		84	60.01	2,730,332	3,461,388	
2002/01		1.00	1.0301	1.0301		84	70.76	2,758,457	3,497,004	
2002/07		1.00	0.8337	0.8337		84	70.76	2,781,454	3,526,152	
2003/01	15,518	1.00	1.3271	1.3271		84	60.21	2,833,885	3,572,940	
2003/07		0.95	1.1664	1.1664		84	60.21	2,865,287	3,614,604	
2004/01		0.95	1.1103	1.1103		84	50.97	2,893,296	3,654,756	
2004/07		0.90	0.8378	0.8378		84	50.97	2,913,513	3,685,416	
2005/01		0.90	0.8595	0.8595		84	51.06	2,934,437	3,717,084	
2005/07		0.85	0.7364	0.7364		84	51.06	2,951,488	3,744,468	
2006/01	13,095	0.85	0.9068	0.9068		84	58.44	2,987,333	3,778,404	
2006/07		0.80	0.8133	0.8133		84	58.44	3,006,769	3,809,148	
2007/01	75,978	0.80	1.0133	1.0133		84	50.08	3,104,940	3,847,704	
2007/07		0.75	1.1050	1.1050		84	50.08	3,128,372	3,890,208	
2008/01		0.75	0.8556	0.8556		84	43.82	3,144,366	3,923,472	
2008/07		0.70	0.6104	0.6104		84	43.82	3,155,071	3,947,412	
2009/01	68,824	0.70	1.3268	1.3268		84	45.56	3,248,170	3,999,828	
2009/07		0.65	0.6841	0.6841		84	45.56	3,260,135	4,027,212	
2010/01	56,230	0.65	0.8643	0.8643		84	54.13	3,334,391	4,061,988	
2010/07	23,340	0.60	0.7107	0.7107		84	54.13	3,371,724	4,090,884	
2011/01		0.60	0.9198	0.9198		84	54.13	3,390,038	4,128,516	
2011/07		0.55	0.9028	0.9028		84	54.13	3,406,603	4,165,812	
2012/01		0.55	0.3865	0.3865		84	54.13	3,413,731	4,181,940	
2012/07		0.50	0.9417	0.9417		84	54.13	3,429,552	4,221,336	



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253.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	133,115	0.50	0.4901	0.4901		84	48.22	3,570,037	4,242,000	
2013/07		0.45	0.6196	0.6196		84	48.22	3,578,763	4,268,292	
2014/01	743,895	0.45	0.8564	0.8564		99	37.37	4,332,029	5,073,552	
2014/07	101,814	0.40	1.2383	1.2383		99	36.77	4,448,188	5,136,417	
2015/01		0.40	0.7571	0.7571		99	36.77	4,457,193	5,175,324	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 022138123120130101201304282014114223



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 022987-00 - 2015/01

215.75

Blountstown Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
16690 SW CHIPOLA RD	1/1/2013-12/31/2013	Number of Beds: 96	Superior: 0
BLOUNTSTOWN, FL 32424	Days in CR 365	Maximum: 35,040	Standard: 243
County: Calhoun [7]	First Used : 2014/07	Max Annualized: 35,040	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 32,661	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,683	Inflation
Current Class North Small	Initial CR? False	Medicaid: 24,226	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	74.17409%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.21062%	Cost: 1.04340134
Open Date: 08/01/1996	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1996	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/01/1996	Low Occupancy Adjustment Factor:	119.02576%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 264067			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,190,651	1,765,290	1,038,589	577,790		4,572,320
1a	Audit Adjustments						
2	Cost Per Diem	49.1477	72.8676	42.8708	23.8500		188.7361
3	Cost Per Diem Inflated	51.2808	75.2362	44.7315			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2808	75.2362	44.7315	23.8500		195.0985
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5611		56.4813			
7	Provider Target Rate	52.4127		58.5497			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500		
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441			
10	Target Rate Class Ceiling	55.8134		67.8397			
10a	New Provider Target Limitation	52.0911		61.4900			
10b	Base for line 10a	50.2509		59.3177			
11	Lesser of 5,7,8,10, 10a	51.2808	75.2362	44.7315	13.6500		184.8985
12/13	Medical Adjustment Rate		2.0461	1.2165			
14	Prospective Per Diem 11	51.2808	77.2823	45.9480	13.6500		188.1611
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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215.75

Rate Semester 01/01/2015 through 08/31/2015

Blountstown Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,991,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable	80% Capital(1):	3,040,937	7.7972
Indexed Asset Value	3,801,171	<60% of Base:	False	20% ROE(2):	760,234	0.4520
FRVS Base Asset:	2,919,807	Interest Rate:	6.9500%	Insurance Cost(3):	15,610	0.4779
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	59,440	1.8199
ROE Factor	0.018750	Amortization Rate:	5.2500%	Home Office(3):	12,471	0.3818
		Interest Only:	False	Replacement(3&4):	25,241	0.0000
		Yearly Payment:	245,894	Total FRVS PD:		10.9288

- (1) 80% Capital (\$3,040,937) amortized at 5.2500 % for 20 years Principal & Interest of \$245,894 divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$7.7972
- (2) 20% ROE (\$760,234) times the ROE factor (0.018750) divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$0.4520
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	52,276
Comparison Bed	81	Effective PBS Limitation	2,919,807

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.2808	51.2808	0.8922	50.3886
Direct Care	77.2823	77.2823	1.3445	75.9378
Indirect Care	45.9480	45.9480	0.7994	45.1486
Property	13.6500	10.9288	0.1901	10.7387
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.6331
Supplemental Rate Add-on				9.9025
Totals	188.1611	185.4399	3.2262	215.7493

Medicaid Trend Adjustment



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215.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	3,362,906	0.00	1.3294	1.3294		81	60.49	2,919,807	2,919,807	1
1997/01	10,586	0.10	1.4109	1.4109		81	60.49	2,934,513	3,000,321	
1997/07	3,735	0.10	1.0917	1.0917		81	60.49	2,941,452	3,033,045	
1998/01		0.20	1.1663	1.1663		81	79.51	2,948,314	3,068,442	
1998/07		0.20	1.0794	1.0794		81	79.51	2,954,679	3,101,571	
1999/01		0.30	1.4499	1.4499		81	79.51	2,967,532	3,146,526	
1999/07		0.30	1.2299	1.2299		81	79.51	2,978,482	3,185,244	
2000/01		0.40	1.3356	1.3356		81	79.51	2,994,393	3,227,769	
2000/07		0.40	1.1129	1.1129		92	76.83	3,007,724	3,706,864	
2001/01		0.50	1.2976	1.2976		92	76.83	3,027,238	3,754,980	
2001/07		0.50	0.9615	0.9615		92	76.83	3,041,793	3,791,044	
2002/01		0.60	1.0301	1.0301		92	76.83	3,060,594	3,830,052	
2002/07		0.60	0.8337	0.8337		92	82.18	3,075,903	3,861,976	
2003/01		0.70	1.3271	1.3271		96	86.56	3,104,478	4,083,360	
2003/07		0.70	1.1664	1.1664		96	86.56	3,129,826	4,130,976	
2004/01		0.80	1.1103	1.1103		96	86.56	3,157,625	4,176,864	
2004/07		0.80	0.8378	0.8378		96	86.56	3,178,787	4,211,904	
2005/01		0.90	0.8595	0.8595		96	86.56	3,203,378	4,248,096	
2005/07		0.90	0.7364	0.7364		96	86.56	3,224,610	4,279,392	
2006/01		1.00	0.9068	0.9068		96	86.56	3,253,851	4,318,176	
2006/07		1.00	0.8133	0.8133		96	86.56	3,280,315	4,353,312	
2007/01		1.00	1.0133	1.0133		96	83.50	3,313,554	4,397,376	
2007/07		1.00	1.1050	1.1050		96	83.50	3,350,169	4,445,952	
2008/01		1.00	0.8556	0.8556		96	83.50	3,378,833	4,483,968	
2008/07		1.00	0.6104	0.6104		96	83.50	3,399,457	4,511,328	
2009/01		1.00	1.3268	1.3268		96	83.50	3,444,561	4,571,232	
2009/07		1.00	0.6841	0.6841		96	72.66	3,468,125	4,602,528	
2010/01		1.00	0.8643	0.8643		96	72.66	3,498,100	4,642,272	
2010/07		1.00	0.7107	0.7107		96	74.00	3,522,961	4,675,296	
2011/01		1.00	0.9198	0.9198		96	74.50	3,555,365	4,718,304	



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215.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		96	74.50	3,587,463	4,760,928	
2012/01		1.00	0.3865	0.3865		96	74.50	3,601,329	4,779,360	
2012/07		1.00	0.9417	0.9417		96	74.50	3,635,243	4,824,384	
2013/01		1.00	0.4901	0.4901		96	74.50	3,653,059	4,848,000	
2013/07		1.00	0.6196	0.6196		96	74.50	3,675,693	4,878,048	
2014/01		1.00	0.8564	0.8564		96	72.72	3,707,172	4,919,808	
2014/07	19,531	1.00	1.2383	1.2383		96	74.17	3,772,609	4,980,768	
2015/01		1.00	0.7571	0.7571		96	74.17	3,801,171	5,018,496	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 022987123120130101201304282014093018



Florida Agency for Health Care Administration
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209.40

The Home Association, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1203 E 22ND AVE	7/1/2012-6/30/2013	Number of Beds: 96	Superior: 0
TAMPA, FL 33605	Days in CR 365	Maximum: 35,040	Standard: 243
County: Hillsborough [29]	First Used : 2014/07	Max Annualized: 35,040	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 31,649	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,157	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 23,260	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	73.49363%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.32249%	Cost: 1.05607860
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	115.33775%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 201154			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,035,600	1,731,277	899,086	338,898		4,004,861	
1a	Audit Adjustments							
2	Cost Per Diem	44.5228	74.4315	38.6537	14.5700		172.1780	
3	Cost Per Diem Inflated	47.0196	77.2643	40.8213				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.0196	77.2643	40.8213	14.5700		179.6752	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.0285		63.3459				
7	Provider Target Rate	68.4465		65.6657				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	66.5194		70.9557				
10b	Base for line 10a	64.1695		68.4490				
11	Lesser of 5,7,8,10, 10a	47.0196	77.2643	40.8213	13.6500		178.7552	
12/13	Medical Adjustment Rate		2.0421	1.0789				
14	Prospective Per Diem 11	47.0196	79.3064	41.9002	13.6500		181.8762	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

The Home Association, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None	80% Capital(1):	1,804,386 7.1136
Indexed Asset Value	2,255,483	<60% of Base:	True	20% ROE(2):	451,097 0.2057
FRVS Base Asset:	1,040,890	Interest Rate:	12.5000%	Insurance Cost(3):	3,129 0.0989
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	1,955 0.0618
ROE Factor	0.014380	Amortization Rate:	12.5000%	Home Office(3):	25,149 0.7946
		Interest Only:	True	Replacement(3&4):	31,449 0.0000
		Yearly Payment:	224,335	Total FRVS PD:	8.2746

(1) 80% Capital (\$1,804,386) amortized at 12.5000 % for 20 years Interest of \$224,335 divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$7.1136

(2) 20% ROE (\$451,097) times the ROE factor (0.014380) divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$0.2057

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	96	Effective PBS Limitation	2,736,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.0196	47.0196	0.8180	46.2016
Direct Care	79.3064	79.3064	1.3797	77.9267
Indirect Care	41.9002	41.9002	0.7290	41.1712
Property	13.6500	8.2746	0.1440	8.1306
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.0629
Supplemental Rate Add-on				9.9025
Totals	181.8762	176.5008	3.0707	209.3955

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	350,514	0.00				96	100.00	350,514	985,056	
1972/01	23,325	0.10	3.9787	3.0000	0.9787	96	100.00	374,891	1,024,224	
1972/07		0.10	5.9113	3.0000	2.9113	96	100.00	376,016	1,074,720	
1973/01		0.20	8.0622	3.0000	5.0622	96	100.00	378,272	1,130,112	
1973/07	3,623	0.20	10.7186	3.0000	7.7186	96	100.00	384,165	1,194,048	
1974/01		0.30	12.9457	3.0000	9.9457	96	100.00	387,622	1,256,448	
1974/07	10,068	0.30	13.0494	3.0000	10.0494	96	100.00	401,179	1,295,424	
1975/01		0.40	13.1399	3.0000	10.1399	96	100.00	405,993	1,335,456	
1975/07	14,690	0.40	14.2033	3.0000	11.2033	96	100.00	425,555	1,389,792	
1976/01		0.50	15.2478	3.0000	12.2478	96	100.00	431,938	1,445,952	
1976/07	31,177	0.50	15.7330	3.0000	12.7330	96	100.00	469,594	1,496,352	
1977/01		0.60	16.4836	3.0000	13.4836	96	100.00	478,047	1,552,512	
1977/07	31,172	0.60	18.5412	3.0000	15.5412	96	100.00	517,824	1,630,944	
1978/01		0.70	20.2809	3.0000	17.2809	96	100.00	528,698	1,708,320	
1978/07	27,160	0.70	22.8203	3.0000	19.8203	96	100.00	566,961	1,802,880	
1979/01	15,599	0.80	24.9476	3.0000	21.9476	96	100.00	596,167	1,895,328	
1979/07		0.80	26.1458	3.0000	23.1458	96	100.00	610,475	1,974,912	
1980/01		0.90	29.3115	3.0000	26.3115	96	83.11	626,958	2,096,736	
1980/07	86,542	0.90	30.1222	3.0000	27.1222	96	83.11	730,428	2,176,608	
1981/01		1.00	30.9462	3.0000	27.9462	96	72.56	752,341	2,259,840	
1981/07	22,659	1.00	30.5350	3.0000	27.5350	96	72.56	797,570	2,318,304	
1982/01		1.00	30.2110	3.0000	27.2110	96	85.53	821,497	2,380,416	
1982/07		1.00	29.5087	3.0000	26.5087	96	100.00	846,142	2,435,040	
1983/04		1.00	29.1375	3.0000	26.1375	96	100.00	871,526	2,499,072	
1983/07	13,347	1.00	30.0953	3.0000	27.0953	96	85.10	911,019	2,597,952	
1984/01		1.00	28.3905	3.0000	25.3905	96	86.36	938,350	2,631,648	
1984/07	4,317	1.00	27.3084	3.0000	24.3084	96	85.10	970,818	2,682,144	
1985/01	10,630	1.00	25.4555	3.0000	22.4555	96	85.10	1,010,573	2,712,864	
1985/10		1.00	23.3077	3.0000	20.3077	96	86.35	1,040,890	2,736,000	
1986/01		1.00	21.1376	3.0000	18.1376	96	86.35	1,072,117	2,758,752	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	96	82.74	1,104,281	2,753,472	
1987/01		1.00	16.4441	3.0000	13.4441	96	82.74	1,137,409	2,802,720	
1987/07		1.00	14.3448	3.0000	11.3448	96	86.80	1,171,531	2,824,608	
1988/01		1.00	12.2455	3.0000	9.2455	96	86.80	1,206,677	2,847,552	
1988/07	46,416	1.00	9.8354	3.0000	6.8354	96	80.62	1,289,293	2,846,016	
1989/01		1.00	7.4253	3.0000	4.4253	96	80.62	1,327,972	2,862,816	
1989/07		1.00	5.0152	3.0000	2.0152	96	75.01	1,367,811	2,882,208	
1990/01		1.00	2.6051	2.6051		96	75.01	1,403,444	2,896,704	
1990/07		1.00	0.5899	0.5899		96	70.77	1,411,723	2,913,792	
1991/01		1.00	0.5899	0.5899		96	70.77	1,411,723	2,930,880	5
1991/07		1.00	1.4932	1.4932		96	70.77	1,420,051	2,974,656	5
1992/01	44,789	0.95	2.0117	2.0117		96	69.04	1,513,588	3,034,464	
1992/07		0.95	1.8152	1.8152		96	69.61	1,539,688	3,089,568	
1993/01		0.90	1.7710	1.7710		96	69.61	1,564,229	3,144,288	
1993/07		0.90	1.5329	1.5329		96	72.22	1,585,809	3,192,480	
1994/01		0.85	1.6983	1.6983		96	72.22	1,608,702	3,246,720	
1994/07	20,362	0.85	1.5991	1.5991		96	80.22	1,650,929	3,298,656	
1995/01		0.80	1.5812	1.5812		96	80.22	1,671,813	3,350,784	
1995/07		0.80	1.5250	1.5250		96	83.50	1,692,209	3,401,856	
1996/01		0.75	1.7228	1.7228		96	83.50	1,714,074	3,460,512	
1996/07	58,006	0.75	1.3294	1.3294		96	88.94	1,789,171	3,506,496	
1997/01		0.70	1.4109	1.4109		96	88.94	1,806,841	3,555,936	
1997/07	67,155	0.70	1.0917	1.0917		96	87.51	1,887,804	3,594,720	
1998/01		0.65	1.1663	1.1663		96	87.51	1,902,115	3,636,672	
1998/07	25,934	0.65	1.0794	1.0794		96	83.28	1,941,394	3,675,936	
1999/01		0.60	1.4499	1.4499		96	83.28	1,958,282	3,729,216	
1999/07		0.60	1.2299	1.2299		96	88.20	1,958,282	3,775,104	5
2000/01		0.55	1.3356	1.3356		96	88.20	1,987,224	3,825,504	
2000/07	35,336	0.55	1.1129	1.1129		96	90.12	2,034,724	3,868,032	
2001/01		0.50	1.2976	1.2976		96	90.12	2,047,925	3,918,240	



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209.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	24,529	0.50	0.9615	0.9615		96	84.86	2,082,300	3,955,872	
2002/01		0.45	1.0301	1.0301		96	84.86	2,091,951	3,996,576	
2002/07		0.45	0.8337	0.8337		96	81.06	2,099,800	4,029,888	
2003/01		0.40	1.3271	1.3271		96	81.06	2,110,946	4,083,360	
2003/07	17,634	0.40	1.1664	1.1664		96	81.60	2,138,430	4,130,976	
2004/01		0.35	1.1103	1.1103		96	81.60	2,146,740	4,176,864	
2004/07		0.35	0.8378	0.8378		96	78.89	2,153,034	4,211,904	
2005/01		0.30	0.8595	0.8595		96	78.89	2,158,587	4,248,096	
2005/07		0.30	0.7364	0.7364		96	78.89	2,163,355	4,279,392	
2006/01		0.25	0.9068	0.9068		96	82.46	2,168,259	4,318,176	
2006/07		0.25	0.8133	0.8133		96	82.46	2,172,667	4,353,312	
2007/01	28,160	0.20	1.0133	1.0133		96	75.67	2,205,231	4,397,376	
2007/07	34,142	0.20	1.1050	1.1050		96	64.25	2,244,247	4,445,952	
2008/01		0.15	0.8556	0.8556		96	64.25	2,247,126	4,483,968	
2008/07		0.15	0.6104	0.6104		96	64.25	2,249,184	4,511,328	
2009/01		0.10	1.3268	1.3268		96	68.78	2,249,184	4,571,232	5
2009/07		0.10	0.6841	0.6841		96	68.78	2,253,709	4,602,528	
2010/01		0.05	0.8643	0.8643		96	68.78	2,254,683	4,642,272	
2010/07		0.05	0.7107	0.7107		96	68.78	2,255,483	4,675,296	
2011/01		0.00	0.9198	0.9198		96	68.78	2,255,483	4,718,304	
2011/07		0.00	0.9028	0.9028		96	68.78	2,255,483	4,760,928	
2012/01		0.00	0.3865	0.3865		96	68.78	2,255,483	4,779,360	
2012/07		0.00	0.9417	0.9417		96	73.69	2,255,483	4,824,384	
2013/01		0.00	0.4901	0.4901		96	73.69	2,255,483	4,848,000	
2013/07		0.00	0.6196	0.6196		96	74.62	2,255,483	4,878,048	
2014/01		0.00	0.8564	0.8564		96	74.62	2,255,483	4,919,808	
2014/07		0.00	1.2383	1.2383		96	73.49	2,255,483	4,980,768	
2015/01		0.00	0.7571	0.7571		96	73.49	2,255,483	5,018,496	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 023067-00 - 2015/01

258.71

Okeechobee Healthcare Facility

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1646 HIGHWAY 441 N	10/1/2012-9/30/2013	Number of Beds: 180	Superior: 0
OKEECHOBEE, FL 34972	Days in CR 365	Maximum: 65,700	Standard: 243
County: Okeechobee [47]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 63,089	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,492	Inflation
Current Class South Large	Initial CR? False	Medicaid: 45,040	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	71.39121%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.02588%	Cost: 1.04757614
Open Date: 12/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 12/01/1984	Low Occupancy Adjustment Factor:	122.62072%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 009495			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,243,939	4,677,464	3,009,075	593,627		10,524,105	
1a	Audit Adjustments							
2	Cost Per Diem	49.8210	103.8513	66.8089	13.1800		233.6612	
3	Cost Per Diem Inflated	52.1913	107.5369	69.9874				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.1913	107.5369	69.9874	13.1800		242.8956	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.0578		56.6225				
7	Provider Target Rate	68.4769		58.6961				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.1913	99.8648	58.6961	13.1800		223.9322	
12/13	Medical Adjustment Rate		2.4033	1.4125				
14	Prospective Per Diem 11	52.1913	102.2681	60.1086	13.1800		227.7480	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Okeechobee Healthcare Facility

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	6,107,008 13.2170
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,526,752 0.4304
Indexed Asset Value	7,633,760	Interest Rate:	11.5000%	Insurance Cost(3):	94,890 1.5041
FRVS Base Asset:	2,565,000	Chase Rate:	10.0000%	Taxes Cost(3):	96,530 1.5301
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	39,045 0.6189
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	236,952 0.0000
		Yearly Payment:	781,523	Total FRVS PD:	17.3005

- (1) 80% Capital (\$6,107,008) amortized at 11.5000 % for 20 years Principal & Interest of \$781,523 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$13.2170
- (2) 20% ROE (\$1,526,752) times the ROE factor (0.016670) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4304
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.1913	52.1913	0.9080	51.2833
Direct Care	102.2681	102.2681	1.7792	100.4889
Indirect Care	60.1086	60.1086	1.0457	59.0629
Property	13.1800	17.3005	0.3010	16.9995
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.9746
Supplemental Rate Add-on				9.9025
Totals	227.7480	231.8685	4.0339	258.7117

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,732,442	0.00	1.9179	1.9179		90	71.32	3,732,442	2,514,510	
1985/01	49,012	0.10	1.1471	1.1471		90	71.32	3,785,735	2,543,310	
1985/10		0.10	0.8522	0.8522		90	71.32	2,565,000	2,565,000	1
1986/01		0.20	0.8299	0.8299		90	70.94	2,569,258	2,586,330	
1986/07		0.20	0.2974	0.2974		90	70.94	2,570,787	2,581,380	
1987/01		0.30	1.0091	1.0091		90	70.94	2,578,569	2,627,550	
1987/07		0.30	0.9007	0.9007		90	75.12	2,585,536	2,648,070	
1988/01		0.40	0.9007	0.9007		90	75.12	2,594,852	2,669,580	
1988/07	540,930	0.40	0.5899	0.5899		120	83.69	3,141,906	3,557,520	
1989/01		0.50	0.5899	0.5899		120	83.69	3,151,175	3,578,520	
1989/07	909,477	0.50	0.5899	0.5899		150	81.80	4,069,948	4,503,450	
1990/01	123,509	0.60	0.5899	0.5899		155	81.80	4,207,861	4,676,970	
1990/07		0.60	0.5899	0.5899		155	81.80	4,222,753	4,704,560	
1991/01		0.70	0.5899	0.5899		155	81.80	4,240,189	4,732,150	
1991/07		0.70	1.4932	1.4932		155	81.80	4,240,189	4,802,830	5
1992/01		0.80	2.0117	2.0117		155	81.80	4,353,462	4,899,395	
1992/07		0.80	1.8152	1.8152		155	81.80	4,353,462	4,988,365	5
1993/01		0.90	1.7710	1.7710		155	83.68	4,416,683	5,076,715	5
1993/07		0.90	1.5329	1.5329		155	81.93	4,548,985	5,154,525	
1994/01		1.00	1.6983	1.6983		155	81.93	4,626,240	5,242,100	
1994/07		1.00	1.5991	1.5991		155	81.93	4,700,218	5,325,955	
1995/01		1.00	1.5812	1.5812		155	79.19	4,774,538	5,410,120	
1995/07		1.00	1.5250	1.5250		155	76.43	4,847,350	5,492,580	
1996/01		1.00	1.7228	1.7228		155	76.43	4,930,860	5,587,285	
1996/07		1.00	1.3294	1.3294		155	76.43	4,996,411	5,661,530	
1997/01		1.00	1.4109	1.4109		155	75.50	5,066,905	5,741,355	
1997/07	432,564	1.00	1.0917	1.0917		167	69.48	5,554,784	6,253,315	
1998/01		1.00	1.1663	1.1663		167	69.48	5,619,569	6,326,294	
1998/07		1.00	1.0794	1.0794		167	69.48	5,680,227	6,394,597	
1999/01	37,692	1.00	1.4499	1.4499		167	71.39	5,800,277	6,487,282	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		167	71.39	5,871,615	6,567,108	
2000/01		1.00	1.3356	1.3356		167	76.78	5,950,036	6,654,783	
2000/07		1.00	1.1129	1.1129		167	76.78	6,016,254	6,728,764	
2001/01		1.00	1.2976	1.2976		167	75.94	6,094,321	6,816,105	
2001/07		1.00	0.9615	0.9615		167	78.53	6,152,918	6,881,569	
2002/01		1.00	1.0301	1.0301		167	74.48	6,216,299	6,952,377	
2002/07		1.00	0.8337	0.8337		167	74.48	6,268,124	7,010,326	
2003/01		1.00	1.3271	1.3271		167	76.69	6,351,308	7,103,345	
2003/07		1.00	1.1664	1.1664		167	76.69	6,425,390	7,186,177	
2004/01		1.00	1.1103	1.1103		167	76.69	6,496,731	7,266,003	
2004/07		1.00	0.8378	0.8378		167	75.86	6,551,161	7,326,958	
2005/01		0.95	0.8595	0.8595		167	74.87	6,604,651	7,389,917	
2005/07		0.95	0.7364	0.7364		167	74.87	6,650,857	7,444,359	
2006/01		0.90	0.9068	0.9068		167	75.28	6,705,135	7,511,827	
2006/07		0.90	0.8133	0.8133		167	75.28	6,754,217	7,572,949	
2007/01		0.85	1.0133	1.0133		167	75.28	6,812,391	7,649,602	
2007/07	31,340	0.85	1.1050	1.1050		167	79.69	6,907,720	7,734,104	
2008/01		0.80	0.8556	0.8556		167	78.34	6,955,003	7,800,236	
2008/07		0.80	0.6104	0.6104		167	78.34	6,988,964	7,847,831	
2009/01		0.75	1.3268	1.3268		167	78.34	7,058,511	7,952,039	
2009/07		0.75	0.6841	0.6841		167	75.39	7,094,728	8,006,481	
2010/01	73,491	0.70	0.8643	0.8643		180	72.76	7,211,142	8,704,260	
2010/07		0.70	0.7107	0.7107		180	72.76	7,247,017	8,766,180	
2011/01	90,125	0.65	0.9198	0.9198		180	70.74	7,380,472	8,846,820	
2011/07		0.65	0.9028	0.9028		180	70.74	7,423,781	8,926,740	
2012/01		0.60	0.3865	0.3865		180	70.74	7,440,997	8,961,300	
2012/07		0.60	0.9417	0.9417		180	66.72	7,483,039	9,045,720	
2013/01		0.55	0.4901	0.4901		180	70.23	7,503,213	9,090,000	
2013/07		0.55	0.6196	0.6196		180	70.23	7,528,784	9,146,340	
2014/01		0.50	0.8564	0.8564		180	70.23	7,561,022	9,224,640	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	71.39	7,607,840	9,338,940	
2015/01		0.45	0.7571	0.7571		180	71.39	7,633,760	9,409,680	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 023067093020131001201204282014110557



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Key West Health & Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5860 W JUNIOR COLLEGE RD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
KEY WEST, FL 33040	Days in CR 365	Maximum: 43,800	Standard: 243
County: Monroe [44]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 27,551	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,917	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,084	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	65.63827%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	62.90183%	Cost: 1.05607860
Open Date: 03/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 03/01/1984	Low Occupancy Adjustment Factor:	80.32280%	DC Sem Index: 1.25449501
Med # Active Date: 08/12/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 207756			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	760,318	1,568,726	854,398	476,152		3,659,594	
1a	Audit Adjustments							
2	Cost Per Diem	42.0437	86.7467	47.2461	26.3300		202.3665	
3	Cost Per Diem Inflated	44.4015	90.0482	49.8956				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.4015	90.0482	49.8956	26.3300		210.6753	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	167.2367		138.3193				
7	Provider Target Rate	173.3611		143.3847				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	57.7154		66.3069				
10b	Base for line 10a	55.6765		63.9645				
11	Lesser of 5,7,8,10, 10a	44.4015	90.0482	49.8956	13.6500		197.9953	
12/13	Medical Adjustment Rate		1.5842	0.8778				
14	Prospective Per Diem 11	44.4015	91.6324	50.7734	13.6500		200.4573	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Key West Health & Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/12/2010	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,591,437.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,001,508	10.0480
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,250,377	0.4561
Indexed Asset Value	6,251,885	Interest Rate:	5.0000%	Insurance Cost(3):	36,024	1.3075
FRVS Base Asset:	2,696,041	Chase Rate:	3.2500%	Taxes Cost(3):	259	0.0094
Occup Adj Factor	0.9000	Amortization Rate:	5.0000%	Home Office(3):	25,938	0.9415
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	396,093	Total FRVS PD:		12.7625

- (1) 80% Capital (\$5,001,508) amortized at 5.0000 % for 20 years Principal & Interest of \$396,093 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0480
- (2) 20% ROE (\$1,250,377) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4561
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.4015	44.4015	0.7725	43.6290
Direct Care	91.6324	91.6324	1.5942	90.0382
Indirect Care	50.7734	50.7734	0.8833	49.8901
Property	13.6500	12.7625	0.2220	12.5405
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1096
Supplemental Rate Add-on				9.9025
Totals	200.4573	199.5698	3.4720	228.1099

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,683,225	0.00	1.2952	1.2952		120	77.69	2,683,225	3,289,560	
1984/07		0.10	1.9179	1.9179		120	77.69	2,688,371	3,352,680	
1985/01		0.10	1.1471	1.1471		120	95.04	2,691,455	3,391,080	
1985/10		0.20	0.8522	0.8522		120	77.51	2,696,041	3,420,000	
1986/01		0.20	0.8299	0.8299		120	77.51	2,700,516	3,448,440	
1986/07		0.30	0.2974	0.2974		120	74.91	2,702,925	3,441,840	
1987/01		0.30	1.0091	1.0091		120	74.91	2,711,107	3,503,400	
1987/07		0.40	0.9007	0.9007		120	74.87	2,720,875	3,530,760	
1988/01		0.40	0.9007	0.9007		120	74.87	2,730,678	3,559,440	
1988/07		0.50	0.5899	0.5899		120	72.98	2,738,734	3,557,520	
1989/01		0.50	0.5899	0.5899		120	72.98	2,746,813	3,578,520	
1989/07		0.60	0.5899	0.5899		120	74.85	2,756,534	3,602,760	
1990/01		0.60	0.5899	0.5899		120	74.85	2,766,289	3,620,880	
1990/07		0.70	0.5899	0.5899		120	86.79	2,777,711	3,642,240	
1991/01		0.70	0.5899	0.5899		120	86.79	2,789,180	3,663,600	
1991/07	23,180	0.80	1.4932	1.4932		120	90.62	2,812,360	3,718,320	5
1992/01		0.80	2.0117	2.0117		120	90.62	2,845,680	3,793,080	5
1992/07		0.90	1.8152	1.8152		120	88.44	2,938,716	3,861,960	
1993/01		0.90	1.7710	1.7710		120	88.44	2,985,556	3,930,360	
1993/07		1.00	1.5329	1.5329		120	82.48	2,985,556	3,990,600	5
1994/01		1.00	1.6983	1.6983		120	82.48	3,082,803	4,058,400	
1994/07	26,468	1.00	1.5991	1.5991		120	78.83	3,158,568	4,123,320	
1995/01		1.00	1.5812	1.5812		120	78.83	3,208,511	4,188,480	
1995/07		1.00	1.5250	1.5250		120	78.83	3,257,441	4,252,320	
1996/01		1.00	1.7228	1.7228		120	78.65	3,313,560	4,325,640	
1996/07		1.00	1.3294	1.3294		120	75.89	3,357,610	4,383,120	
1997/01		1.00	1.4109	1.4109		120	75.89	3,404,983	4,444,920	
1997/07		1.00	1.0917	1.0917		120	76.83	3,404,983	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	76.83	3,442,155	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	76.83	3,482,301	4,594,920	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	74.62	3,570,924	4,661,520	
1999/07		1.00	1.2299	1.2299		120	74.62	3,614,843	4,718,880	
2000/01		1.00	1.3356	1.3356		120	77.22	3,663,123	4,781,880	
2000/07		1.00	1.1129	1.1129		120	77.22	3,703,890	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.58	3,751,952	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.73	3,788,027	4,944,840	
2002/01		1.00	1.0301	1.0301		120	76.27	3,827,047	4,995,720	
2002/07		1.00	0.8337	0.8337		120	76.27	3,858,953	5,037,360	
2003/01		1.00	1.3271	1.3271		120	76.27	3,910,165	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.53	3,955,773	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.53	3,999,694	5,221,080	
2004/07		0.95	0.8378	0.8378		120	68.90	4,031,528	5,264,880	
2005/01		0.95	0.8595	0.8595		120	68.90	4,064,445	5,310,120	
2005/07		0.90	0.7364	0.7364		120	75.80	4,091,384	5,349,240	
2006/01		0.90	0.9068	0.9068		120	75.80	4,124,774	5,397,720	
2006/07		0.85	0.8133	0.8133		120	68.11	4,153,289	5,441,640	
2007/01		0.85	1.0133	1.0133		120	68.11	4,189,061	5,496,720	
2007/07		0.80	1.1050	1.1050		120	68.10	4,226,092	5,557,440	
2008/01		0.80	0.8556	0.8556		120	61.56	4,255,020	5,604,960	
2008/07		0.75	0.6104	0.6104		120	61.56	4,274,499	5,639,160	11
2009/01		0.75	0.6104	0.6104		120	78.83	4,274,499	5,714,040	11
2009/07		0.75	0.6104	0.6104		120	1.00	4,274,499	5,753,160	11
2010/01		0.75	0.6104	0.6104		120	1.00	4,274,499	5,802,840	11
2010/07	1,113,661	0.75	0.7107	0.7107		120	46.13	5,388,160	5,802,840	13
2011/01	350,072	0.75	0.9198	0.9198		120	46.13	5,769,410	5,897,880	
2011/07		0.70	0.9028	0.9028		120	46.13	5,799,992	5,951,160	
2012/01		0.70	0.3865	0.3865		120	46.13	5,813,156	5,974,200	
2012/07		0.65	0.9417	0.9417		120	46.13	5,843,000	6,030,480	
2013/01		0.65	0.4901	0.4901		120	46.13	5,858,614	6,060,000	
2013/07	310,732	0.60	0.6196	0.6196		120	50.02	6,097,560	6,097,560	8



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 024167-00 - 2015/01
228.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.60	0.8564	0.8564		120	50.02	6,126,053	6,149,760	
2014/07	103,954	0.55	1.2383	1.2383		120	65.64	6,225,960	6,225,960	8
2015/01		0.55	0.7571	0.7571		120	65.64	6,251,885	6,273,120	

Message Code:

- | |
|---|
| <ul style="list-style-type: none"> 5 Uncorrected Licensure Deficiency 8 Limited to Current RS Per Bed Standard 11 Not in Medicaid 13 Re-Entry to Medicaid and Limited to Current RS Per Bed Std |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 024167063020130701201211052013142813



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 026536-00 - 2015/01

257.65

West Broward Rehabilitation and Healthcare

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7751 W BROWARD BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PLANTATION, FL 33324	Days in CR 365	Maximum: 43,800	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 38,220	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 7,883	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,638	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	67.08006%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.26027%	Cost: 1.04340134
Open Date: 11/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 11/01/1971	Low Occupancy Adjustment Factor:	111.42743%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 002419			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,478,029	2,272,579	1,445,068	819,903		6,015,579
1a	Audit Adjustments						
2	Cost Per Diem	57.6499	88.6410	56.3643	31.9800		234.6352
3	Cost Per Diem Inflated	60.1520	91.5224	58.8106			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.1520	91.5224	58.8106	31.9800		242.4650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.1392		69.8887			
7	Provider Target Rate	71.6711		72.4481			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	59.7841		66.8919			
10b	Base for line 10a	57.6721		64.5288			
11	Lesser of 5,7,8,10, 10a	56.7419	91.5224	58.8106	13.6500		220.7249
12/13	Medical Adjustment Rate		1.7586	1.1300			
14	Prospective Per Diem 11	56.7419	93.2810	59.9406	13.6500		223.6135
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 026536-00 - 2015/01

257.65

Rate Semester 01/01/2015 through 08/31/2015

West Broward Rehabilitation and Healthcare

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 10/01/1985		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	4,670,491 15.1621
Indexed Asset Value	5,838,114	<60% of Base:	False	20% ROE(2):	1,167,623 0.5554
FRVS Base Asset:	2,206,339	Interest Rate:	13.0000%	Insurance Cost(3):	65,040 1.7017
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	74,097 1.9387
ROE Factor	0.018750	Amortization Rate:	11.5000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	422,234 0.0000
		Yearly Payment:	597,690	Total FRVS PD:	19.3579

- (1) 80% Capital (\$4,670,491) amortized at 11.5000 % for 20 years Principal & Interest of \$597,690 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.1621
- (2) 20% ROE (\$1,167,623) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5554
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	07/01/1985	Current RS PBS:	28,500
Comparison Bed	120	Effective PBS Limitation	52,276
			3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	93.2810	93.2810	1.6229	91.6581
Indirect Care	59.9406	59.9406	1.0428	58.8978
Property	13.6500	19.3579	0.3368	19.0211
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.4144
Supplemental Rate Add-on				9.9025
Totals	223.6135	229.3214	3.9897	257.6486

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 026536-00 - 2015/01

257.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	806,040	0.00				120	100.00	806,040	1,231,320	
1972/01	4,277	0.10	3.9787	3.0000	0.9787	120	100.00	812,735	1,280,280	
1972/07	1,184	0.10	5.9113	3.0000	2.9113	120	100.00	816,357	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	821,255	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	826,183	1,492,560	
1974/01	52,927	0.30	12.9457	3.0000	9.9457	120	100.00	886,546	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	894,525	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	905,259	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	916,122	1,737,240	
1976/01	20,198	0.50	15.2478	3.0000	12.2478	120	100.00	950,062	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	964,313	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	981,671	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	999,341	2,038,680	
1978/01	2,765	0.70	20.2809	3.0000	17.2809	120	100.00	1,023,092	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	1,044,577	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	1,069,647	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	1,095,319	2,468,640	
1980/01	14,402	0.90	29.3115	3.0000	26.3115	120	49.89	1,136,547	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	49.89	1,164,383	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	50.38	1,196,380	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	50.38	1,229,257	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	50.37	1,263,030	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	50.37	1,297,731	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	46.03	1,330,313	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	46.03	1,363,714	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	42.79	1,395,543	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	42.79	1,428,115	3,352,680	
1985/01	680,042	1.00	25.4555	3.0000	22.4555	120	42.79	2,141,489	3,391,080	
1985/10	14,868	1.00	23.3077	3.0000	20.3077	120	42.79	2,206,339	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	42.79	2,257,835	3,448,440	



Florida Agency for Health Care Administration
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0 026536-00 - 2015/01

257.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	46.16	2,314,683	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	46.16	2,372,963	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	46.16	2,432,710	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	46.16	2,493,961	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	46.16	2,556,754	3,557,520	
1989/01	436,631	1.00	7.4253	3.0000	4.4253	120	46.16	3,057,759	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	46.16	3,134,748	3,602,760	
1990/01		1.00	2.6051	2.6051		120	46.16	3,203,286	3,620,880	
1990/07		1.00	0.5899	0.5899		120	58.49	3,203,286	3,642,240	5
1991/01		1.00	0.5899	0.5899		120	58.49	3,241,190	3,663,600	
1991/07		1.00	1.4932	1.4932		120	64.87	3,289,587	3,718,320	
1992/01		0.95	2.0117	2.0117		120	64.87	3,352,454	3,793,080	
1992/07		0.95	1.8152	1.8152		120	68.57	3,410,264	3,861,960	
1993/01		0.90	1.7710	1.7710		120	68.57	3,464,620	3,930,360	
1993/07		0.90	1.5329	1.5329		120	68.57	3,512,418	3,990,600	
1994/01		0.85	1.6983	1.6983		120	68.57	3,563,123	4,058,400	
1994/07		0.85	1.5991	1.5991		120	68.57	3,611,553	4,123,320	
1995/01		0.80	1.5812	1.5812		120	80.24	3,657,239	4,188,480	
1995/07		0.80	1.5250	1.5250		120	63.33	3,701,857	4,252,320	
1996/01		0.75	1.7228	1.7228		120	63.33	3,749,689	4,325,640	
1996/07		0.75	1.3294	1.3294		120	63.33	3,787,077	4,383,120	
1997/01		0.70	1.4109	1.4109		120	63.33	3,824,478	4,444,920	
1997/07		0.70	1.0917	1.0917		120	63.33	3,824,478	4,493,400	5
1998/01		0.65	1.1663	1.1663		120	63.33	3,882,920	4,545,840	
1998/07		0.65	1.0794	1.0794		120	62.82	3,910,163	4,594,920	
1999/01		0.60	1.4499	1.4499		120	62.82	3,944,178	4,661,520	
1999/07		0.60	1.2299	1.2299		120	62.82	3,973,282	4,718,880	
2000/01	364,569	0.55	1.3356	1.3356		120	72.93	4,337,851	4,781,880	5
2000/07		0.55	1.1129	1.1129		120	72.93	4,393,770	4,835,040	
2001/01		0.50	1.2976	1.2976		120	72.93	4,422,277	4,897,800	



Florida Agency for Health Care Administration
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0 026536-00 - 2015/01

257.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	72.93	4,443,539	4,944,840	
2002/01		0.45	1.0301	1.0301		120	72.93	4,464,135	4,995,720	
2002/07		0.45	0.8337	0.8337		120	72.93	4,480,884	5,037,360	
2003/01		0.40	1.3271	1.3271		120	75.59	4,504,669	5,104,200	
2003/07		0.40	1.1664	1.1664		120	75.59	4,525,688	5,163,720	
2004/01		0.35	1.1103	1.1103		120	75.59	4,543,275	5,221,080	
2004/07		0.35	0.8378	0.8378		120	72.84	4,556,596	5,264,880	
2005/01		0.30	0.8595	0.8595		120	72.84	4,568,347	5,310,120	
2005/07		0.30	0.7364	0.7364		120	61.97	4,578,438	5,349,240	
2006/01		0.25	0.9068	0.9068		120	65.72	4,588,817	5,397,720	
2006/07		0.25	0.8133	0.8133		120	65.72	4,598,146	5,441,640	
2007/01		0.20	1.0133	1.0133		120	67.06	4,607,466	5,496,720	
2007/07		0.20	1.1050	1.1050		120	67.06	4,617,648	5,557,440	
2008/01		0.15	0.8556	0.8556		120	64.08	4,623,572	5,604,960	
2008/07	41,338	0.15	0.6104	0.6104		120	64.08	4,669,145	5,639,160	
2009/01		0.10	1.3268	1.3268		120	64.08	4,675,341	5,714,040	
2009/07		0.10	0.6841	0.6841		120	64.08	4,678,539	5,753,160	
2010/01		0.05	0.8643	0.8643		120	72.87	4,680,560	5,802,840	
2010/07		0.05	0.7107	0.7107		120	72.87	4,682,222	5,844,120	
2011/01		0.00	0.9198	0.9198		120	72.87	4,682,222	5,897,880	
2011/07		0.00	0.9028	0.9028		120	72.87	4,682,222	5,951,160	
2012/01		0.00	0.3865	0.3865		120	72.87	4,682,222	5,974,200	
2012/07		0.00	0.9417	0.9417		120	72.87	4,682,222	6,030,480	
2013/01	1,155,892	0.00	0.4901	0.4901		120	70.06	5,838,114	6,060,000	
2013/07		0.00	0.6196	0.6196		120	70.06	5,838,114	6,097,560	
2014/01		0.00	0.8564	0.8564		120	69.73	5,838,114	6,149,760	
2014/07		0.00	1.2383	1.2383		120	69.73	5,838,114	6,225,960	
2015/01		0.00	0.7571	0.7571		120	67.08	5,838,114	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 030479-00 - 2015/01

232.02

The Health Center of Windermere

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4875 CASON COVE DRIVE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
ORLANDO, FL 32811	Days in CR 365	Maximum: 43,800	Standard: 243
County: Orange [48]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 41,410	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,083	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,660	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	37.81695%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.54338%	Cost: 1.05607860
Open Date: 04/04/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/04/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 05/20/1997	Low Occupancy Adjustment Factor:	120.72763%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 228877			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	864,457	1,271,084	908,686	591,008		3,635,235	
1a	Audit Adjustments							
2	Cost Per Diem	55.2016	81.1676	58.0259	37.7400		232.1351	
3	Cost Per Diem Inflated	58.2972	84.2568	61.2799				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.2972	84.2568	61.2799	37.7400		241.5739	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.9866		63.7153				
7	Provider Target Rate	66.3298		66.0486				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	54.9276		61.9669				
10b	Base for line 10a	52.9872		59.7778				
11	Lesser of 5,7,8,10, 10a	54.1549	84.2568	61.2799	13.6500		213.3416	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1549	84.2568	61.2799	13.6500		213.3416	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 030479-00 - 2015/01

232.02

Rate Semester 01/01/2015 through 08/31/2015

The Health Center of Windermere

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/20/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,365,958 9.3296
RS to Start Calcs:	1997/01	<60% of Base:	True	20% ROE(2):	1,091,490 0.3982
Indexed Asset Value	5,457,448	Interest Rate:	8.5000%	Insurance Cost(3):	55,592 1.3425
FRVS Base Asset:	4,383,120	Chase Rate:	8.5000%	Taxes Cost(3):	90,335 2.1815
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	367,773	Total FRVS PD:	13.2518

- (1) 80% Capital (\$4,365,958) amortized at 8.5000 % for 20 years Interest of \$367,773 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3296
- (2) 20% ROE (\$1,091,490) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3982
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	84.2568	84.2568	1.4659	82.7909
Indirect Care	61.2799	61.2799	1.0661	60.2138
Property	13.6500	13.2518	0.2305	13.0213
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				12.8766
Supplemental Rate Add-on				9.9025
Totals	213.3416	212.9434	3.7047	232.0178

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 030479-00 - 2015/01

232.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	9,886,001	0.00	1.4109	1.4109		120	52.09	4,383,120	4,383,120	1
1997/07	18,051	0.10	1.0917	1.0917		120	52.09	4,405,704	4,493,400	
1998/01	7,568	0.10	1.1663	1.1663		120	52.09	4,418,137	4,545,840	
1998/07		0.20	1.0794	1.0794		120	52.09	4,427,171	4,594,920	
1999/01		0.20	1.4499	1.4499		120	52.09	4,439,331	4,661,520	
1999/07		0.30	1.2299	1.2299		120	52.09	4,454,845	4,718,880	
2000/01		0.30	1.3356	1.3356		120	70.51	4,472,696	4,781,880	
2000/07		0.40	1.1129	1.1129		120	70.96	4,492,608	4,835,040	
2001/01		0.40	1.2976	1.2976		120	70.96	4,515,925	4,897,800	
2001/07		0.50	0.9615	0.9615		120	70.96	4,537,638	4,944,840	
2002/01		0.50	1.0301	1.0301		120	70.96	4,561,011	4,995,720	
2002/07		0.60	0.8337	0.8337		120	70.96	4,583,825	5,037,360	
2003/01		0.60	1.3271	1.3271		120	64.18	4,620,326	5,104,200	
2003/07		0.70	1.1664	1.1664		120	64.18	4,658,051	5,163,720	
2004/01		0.70	1.1103	1.1103		120	64.18	4,694,253	5,221,080	
2004/07		0.80	0.8378	0.8378		120	64.63	4,725,714	5,264,880	
2005/01		0.80	0.8595	0.8595		120	64.63	4,758,208	5,310,120	
2005/07		0.90	0.7364	0.7364		120	65.74	4,789,745	5,349,240	
2006/01		0.90	0.9068	0.9068		120	65.74	4,828,834	5,397,720	
2006/07		1.00	0.8133	0.8133		120	60.65	4,868,107	5,441,640	
2007/01		1.00	1.0133	1.0133		120	60.65	4,917,436	5,496,720	
2007/07		1.00	1.1050	1.1050		120	45.65	4,962,536	5,557,440	
2008/01		1.00	0.8556	0.8556		120	42.60	4,995,423	5,604,960	
2008/07		1.00	0.6104	0.6104		120	42.60	5,019,040	5,639,160	
2009/01		1.00	1.3268	1.3268		120	42.60	5,070,619	5,714,040	
2009/07		1.00	0.6841	0.6841		120	44.82	5,098,887	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.82	5,134,800	5,802,840	
2010/07		1.00	0.7107	0.7107		120	42.16	5,162,774	5,844,120	
2011/01		1.00	0.9198	0.9198		120	40.20	5,197,483	5,897,880	
2011/07		1.00	0.9028	0.9028		120	40.20	5,231,779	5,951,160	



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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

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232.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		120	40.20	5,246,559	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.20	5,282,671	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.20	5,301,595	6,060,000	
2013/07	27,487	1.00	0.6196	0.6196		120	37.93	5,351,736	6,097,560	
2014/01		1.00	0.8564	0.8564		120	37.93	5,383,344	6,149,760	
2014/07		1.00	1.2383	1.2383		120	37.82	5,429,183	6,225,960	
2015/01		1.00	0.7571	0.7571		120	37.82	5,457,448	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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241.93

The Health Center of Plant City

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
701 N WILDER RD	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
PLANT CITY, FL 33566-7547	Days in CR 365	Maximum: 65,700	Standard: 243
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 63,039	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,472	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 40,795	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	64.71391%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.94977%	Cost: 1.05607860
Open Date: 09/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 09/27/1985	Low Occupancy Adjustment Factor:	122.52353%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226343			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,002,251	3,426,273	2,303,592	969,697		8,701,813	
1a	Audit Adjustments							
2	Cost Per Diem	49.0808	83.9876	56.4675	23.7700		213.3059	
3	Cost Per Diem Inflated	51.8332	87.1841	59.6341				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.8332	87.1841	59.6341	23.7700		222.4214	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.5822		65.3602				
7	Provider Target Rate	60.7275		67.7538				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	57.0285		61.9669				
10b	Base for line 10a	55.0138		59.7778				
11	Lesser of 5,7,8,10, 10a	51.8332	87.1841	59.6341	13.6500		212.3014	
12/13	Medical Adjustment Rate		1.4432	0.9871				
14	Prospective Per Diem 11	51.8332	88.6273	60.6212	13.6500		214.7317	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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241.93

Rate Semester 01/01/2015 through 08/31/2015

The Health Center of Plant City

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,050,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,866,870 9.2742
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,716,717 0.4175
Indexed Asset Value	8,583,587	Interest Rate:	5.1000%	Insurance Cost(3):	80,529 1.2774
FRVS Base Asset:	3,420,000	Chase Rate:	6.0000%	Taxes Cost(3):	141,286 2.2412
Occup Adj Factor	0.9000	Amortization Rate:	5.1000%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	548,382	Total FRVS PD:	13.2103

- (1) 80% Capital (\$6,866,870) amortized at 5.1000 % for 20 years Principal & Interest of \$548,382 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.2742
- (2) 20% ROE (\$1,716,717) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4175
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.8332	51.8332	0.9018	50.9314
Direct Care	88.6273	88.6273	1.5419	87.0854
Indirect Care	60.6212	60.6212	1.0547	59.5665
Property	13.6500	13.2103	0.2298	12.9805
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4660
Supplemental Rate Add-on				9.9025
Totals	214.7317	214.2920	3.7282	241.9323

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	4,351,908	0.00	0.8522	0.8522		120	64.53	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	64.53	3,422,839	3,448,440	
1986/07		0.10	0.2974	0.2974		120	64.53	3,423,856	3,441,840	
1987/01		0.20	1.0091	1.0091		120	64.53	3,430,765	3,503,400	
1987/07		0.20	0.9007	0.9007		120	64.53	3,436,944	3,530,760	
1988/01		0.30	0.9007	0.9007		120	69.83	3,446,231	3,559,440	
1988/07		0.30	0.5899	0.5899		120	69.83	3,452,331	3,557,520	
1989/01		0.40	0.5899	0.5899		120	69.87	3,460,479	3,578,520	
1989/07		0.40	0.5899	0.5899		120	73.50	3,468,646	3,602,760	
1990/01		0.50	0.5899	0.5899		120	73.50	3,478,879	3,620,880	
1990/07		0.50	0.5899	0.5899		120	73.50	3,489,142	3,642,240	
1991/01		0.60	0.5899	0.5899		120	75.20	3,501,490	3,663,600	
1991/07		0.60	1.4932	1.4932		120	75.20	3,532,860	3,718,320	
1992/01		0.70	2.0117	2.0117		120	75.20	3,582,610	3,793,080	
1992/07		0.70	1.8152	1.8152		120	75.20	3,628,131	3,861,960	
1993/01		0.80	1.7710	1.7710		120	75.20	3,679,534	3,930,360	
1993/07	19,474	0.80	1.5329	1.5329		120	75.10	3,744,130	3,990,600	
1994/01		0.90	1.6983	1.6983		120	75.10	3,801,359	4,058,400	
1994/07		0.90	1.5991	1.5991		120	75.10	3,856,068	4,123,320	
1995/01	66,798	1.00	1.5812	1.5812		120	72.00	3,983,838	4,188,480	
1995/07		1.00	1.5250	1.5250		120	72.00	4,044,592	4,252,320	
1996/01	39,887	1.00	1.7228	1.7228		120	68.50	4,154,159	4,325,640	
1996/07		1.00	1.3294	1.3294		120	68.50	4,209,384	4,383,120	
1997/01	3,818,688	1.00	1.4109	1.4109		171	63.18	6,334,011	6,334,011	8
1997/07		1.00	1.0917	1.0917		171	63.18	6,403,095	6,403,095	8
1998/01		1.00	1.1663	1.1663		171	62.33	6,477,774	6,477,822	
1998/07		1.00	1.0794	1.0794		171	62.33	6,547,695	6,547,761	
1999/01	38,579	1.00	1.4499	1.4499		171	66.90	6,642,666	6,642,666	8
1999/07		1.00	1.2299	1.2299		171	66.90	6,724,364	6,724,404	
2000/01		1.00	1.3356	1.3356		171	62.80	6,814,175	6,814,179	



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241.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		180	68.43	6,890,010	7,252,560	
2001/01		1.00	1.2976	1.2976		180	68.43	6,979,415	7,346,700	
2001/07		1.00	0.9615	0.9615		180	68.43	7,046,522	7,417,260	
2002/01		1.00	1.0301	1.0301		180	68.43	7,119,108	7,493,580	
2002/07		1.00	0.8337	0.8337		180	68.43	7,178,460	7,556,040	
2003/01		1.00	1.3271	1.3271		180	77.38	7,273,725	7,656,300	
2003/07		1.00	1.1664	1.1664		180	77.38	7,358,566	7,745,580	
2004/01		1.00	1.1103	1.1103		180	77.38	7,440,268	7,831,620	
2004/07		1.00	0.8378	0.8378		180	74.38	7,502,603	7,897,320	
2005/01		1.00	0.8595	0.8595		180	74.38	7,567,088	7,965,180	
2005/07		1.00	0.7364	0.7364		180	75.39	7,622,812	8,023,860	
2006/01		0.95	0.9068	0.9068		180	75.39	7,688,483	8,096,580	
2006/07		0.95	0.8133	0.8133		180	72.68	7,747,884	8,162,460	
2007/01		0.90	1.0133	1.0133		180	72.68	7,818,545	8,245,080	
2007/07		0.90	1.1050	1.1050		180	69.33	7,896,300	8,336,160	
2008/01		0.85	0.8556	0.8556		180	69.33	7,953,730	8,407,440	
2008/07		0.85	0.6104	0.6104		180	64.66	7,994,994	8,458,740	
2009/01		0.80	1.3268	1.3268		180	64.66	8,079,853	8,571,060	
2009/07		0.80	0.6841	0.6841		180	64.10	8,124,074	8,629,740	
2010/01		0.75	0.8643	0.8643		180	64.10	8,176,734	8,704,260	
2010/07		0.75	0.7107	0.7107		180	61.99	8,220,316	8,766,180	
2011/01		0.70	0.9198	0.9198		180	65.38	8,273,247	8,846,820	
2011/07		0.70	0.9028	0.9028		180	65.38	8,325,534	8,926,740	
2012/01		0.65	0.3865	0.3865		180	65.38	8,346,448	8,961,300	
2012/07		0.65	0.9417	0.9417		180	65.38	8,397,537	9,045,720	
2013/01		0.60	0.4901	0.4901		180	65.38	8,422,234	9,090,000	
2013/07		0.60	0.6196	0.6196		180	66.28	8,453,548	9,146,340	
2014/01		0.55	0.8564	0.8564		180	64.71	8,493,364	9,224,640	
2014/07		0.55	1.2383	1.2383		180	64.71	8,551,212	9,338,940	
2015/01		0.50	0.7571	0.7571		180	64.71	8,583,587	9,409,680	

Message Code:

1 Per Bed Standard Limitation

8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 030484063020130701201210292013124027



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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237.28

The Health Center of Pensacola, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8475 UNIVERSITY PARKWAY	7/1/2013-6/30/2014	Number of Beds: 180	Superior: 0
PENSACOLA, FL 32514	Days in CR 365	Maximum: 65,700	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 59,775	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,282	Inflation
Current Class North Large	Initial CR? False	Medicaid: 31,794	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	53.18946%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.98174%	Cost: 1.03741261
Open Date: 05/28/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/28/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 05/28/1987	Low Occupancy Adjustment Factor:	116.17958%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 229571			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,422,934	2,811,497	1,768,872	827,916		6,831,219	
1a	Audit Adjustments							
2	Cost Per Diem	44.7548	88.4285	55.6354	26.0400		214.8587	
3	Cost Per Diem Inflated	46.4292	90.7057	57.7169				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.4292	90.7057	57.7169	26.0400		220.8918	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.6046		56.4199				
7	Provider Target Rate	52.4578		58.4860				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.8197		59.2542				
10b	Base for line 10a	48.0597		57.1609				
11	Lesser of 5,7,8,10, 10a	46.4292	90.7057	57.7169	13.6500		208.5018	
12/13	Medical Adjustment Rate		0.3255	0.2071				
14	Prospective Per Diem 11	46.4292	91.0312	57.9240	13.6500		209.0344	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

The Health Center of Pensacola, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/28/1987	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	8,086,035.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,301,021	15.0425
RS to Start Calcs:	1987/01	<60% of Base:	False	20% ROE(2):	1,825,255	0.7010
Indexed Asset Value	9,126,276	Interest Rate:	10.7500%	Insurance Cost(3):	58,682	0.9817
FRVS Base Asset:	3,441,840	Chase Rate:	7.7500%	Taxes Cost(3):	53,775	0.8996
Occup Adj Factor	0.9000	Amortization Rate:	10.7500%	Home Office(3):	0	0.0000
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	889,465	Total FRVS PD:		17.6248

- (1) 80% Capital (\$7,301,021) amortized at 10.7500 % for 20 years Principal & Interest of \$889,465 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$15.0425
- (2) 20% ROE (\$1,825,255) times the ROE factor (0.022710) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.7010
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.4292	46.4292	0.8078	45.6214
Direct Care	91.0312	91.0312	1.5837	89.4475
Indirect Care	57.9240	57.9240	1.0077	56.9163
Property	13.6500	17.6248	0.3066	17.3182
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.0716
Supplemental Rate Add-on				9.9025
Totals	209.0344	213.0092	3.7058	237.2775

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	4,274,199	0.00	1.0091	1.0091		120	67.20	3,441,840	3,441,840	1
1987/07		0.10	0.9007	0.9007		120	67.20	3,444,941	3,530,760	
1988/01		0.10	0.9007	0.9007		120	67.20	3,448,045	3,559,440	
1988/07		0.20	0.5899	0.5899		120	67.20	3,452,114	3,557,520	
1989/01		0.20	0.5899	0.5899		120	67.20	3,456,187	3,578,520	
1989/07		0.30	0.5899	0.5899		120	67.20	3,462,304	3,602,760	
1990/01		0.30	0.5899	0.5899		120	67.20	3,468,432	3,620,880	
1990/07		0.40	0.5899	0.5899		120	67.20	3,476,617	3,642,240	
1991/01		0.40	0.5899	0.5899		120	71.21	3,484,822	3,663,600	
1991/07		0.50	1.4932	1.4932		120	75.23	3,510,840	3,718,320	
1992/01		0.50	2.0117	2.0117		120	75.23	3,546,156	3,793,080	
1992/07		0.60	1.8152	1.8152		120	76.57	3,584,777	3,861,960	
1993/01		0.60	1.7710	1.7710		120	76.57	3,622,869	3,930,360	
1993/07	42,638	0.70	1.5329	1.5329		120	78.54	3,704,380	3,990,600	
1994/01		0.70	1.6983	1.6983		120	78.54	3,748,418	4,058,400	
1994/07	25,240	0.80	1.5991	1.5991		120	74.09	3,821,612	4,123,320	
1995/01		0.80	1.5812	1.5812		120	74.09	3,869,955	4,188,480	
1995/07	39,036	0.90	1.5250	1.5250		120	70.73	3,962,106	4,252,320	
1996/01		0.90	1.7228	1.7228		120	70.73	4,023,538	4,325,640	
1996/07	28,795	1.00	1.3294	1.3294		120	70.94	4,105,822	4,383,120	
1997/01		1.00	1.4109	1.4109		120	70.94	4,163,751	4,444,920	
1997/07	3,257,106	1.00	1.0917	1.0917		180	70.33	7,466,313	6,740,100	6
1998/01		1.00	1.1663	1.1663		180	70.33	7,466,313	6,818,760	3
1998/07		1.00	1.0794	1.0794		180	64.26	7,466,313	6,892,380	3
1999/01		1.00	1.4499	1.4499		180	73.50	7,466,313	6,992,280	3
1999/07		1.00	1.2299	1.2299		180	73.50	7,466,313	7,078,320	3
2000/01		1.00	1.3356	1.3356		180	73.50	7,466,313	7,172,820	3
2000/07		1.00	1.1129	1.1129		180	71.54	7,466,313	7,252,560	3
2001/01		1.00	1.2976	1.2976		180	71.54	7,466,313	7,346,700	3
2001/07		1.00	0.9615	0.9615		180	71.54	7,466,313	7,417,260	3



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		180	71.54	7,493,580	7,493,580	8
2002/07		1.00	0.8337	0.8337		180	71.54	7,556,040	7,556,040	8
2003/01		1.00	1.3271	1.3271		180	65.49	7,656,300	7,656,300	8
2003/07		1.00	1.1664	1.1664		180	65.49	7,745,580	7,745,580	8
2004/01		1.00	1.1103	1.1103		180	65.49	7,831,579	7,831,620	
2004/07		1.00	0.8378	0.8378		180	58.58	7,897,192	7,897,320	
2005/01		1.00	0.8595	0.8595		180	58.58	7,965,068	7,965,180	
2005/07		1.00	0.7364	0.7364		180	52.22	8,020,758	8,023,860	
2006/01		1.00	0.9068	0.9068		180	55.04	8,093,490	8,096,580	
2006/07		1.00	0.8133	0.8133		180	55.04	8,159,314	8,162,460	
2007/01		1.00	1.0133	1.0133		180	55.04	8,241,992	8,245,080	
2007/07		0.95	1.1050	1.1050		180	56.19	8,328,516	8,336,160	
2008/01		0.95	0.8556	0.8556		180	56.19	8,396,210	8,407,440	
2008/07		0.90	0.6104	0.6104		180	56.32	8,442,339	8,458,740	
2009/01		0.90	1.3268	1.3268		180	56.32	8,543,149	8,571,060	
2009/07		0.85	0.6841	0.6841		180	54.92	8,592,755	8,629,740	
2010/01		0.85	0.8643	0.8643		180	54.92	8,655,794	8,704,260	
2010/07		0.80	0.7107	0.7107		180	55.61	8,705,011	8,766,180	
2011/01		0.80	0.9198	0.9198		180	55.84	8,769,062	8,846,820	
2011/07		0.75	0.9028	0.9028		180	55.84	8,828,437	8,926,740	
2012/01		0.75	0.3865	0.3865		180	55.84	8,854,031	8,961,300	
2012/07		0.70	0.9417	0.9417		180	55.84	8,912,397	9,045,720	
2013/01		0.70	0.4901	0.4901		180	55.84	8,942,975	9,090,000	
2013/07		0.65	0.6196	0.6196		180	50.35	8,975,944	9,146,340	
2014/01		0.65	0.8564	0.8564		180	50.35	9,021,688	9,224,640	
2014/07		0.60	1.2383	1.2383		180	53.06	9,086,355	9,338,940	
2015/01		0.60	0.7571	0.7571		180	53.19	9,126,276	9,409,680	

Message Code:

- | | |
|---|---|
| 1 | Per Bed Standard Limitation |
| 3 | Index Cost Limitation - January 1996 |
| 6 | Not Limited to Current Per Bed Standard |
| 8 | Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
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Parkway Health & Rehab

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
800 SE CENTRAL PKWY	7/1/2013-6/30/2014	Number of Beds: 177	Superior: 0
STUART, FL 34994	Days in CR 365	Maximum: 64,605	Standard: 243
County: Martin [43]	First Used : 2015/01	Max Annualized: 64,605	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 61,322	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,062	Inflation
Current Class South Large	Initial CR? False	Medicaid: 30,005	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	48.93024%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.91835%	Cost: 1.03741261
Open Date: 10/10/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/10/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 03/22/1990	Low Occupancy Adjustment Factor:	121.20645%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 228885			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,409,779	2,795,121	1,808,369	1,004,567		7,017,836	
1a	Audit Adjustments							
2	Cost Per Diem	46.9848	93.1552	60.2689	33.4800		233.8889	
3	Cost Per Diem Inflated	48.7426	95.5542	62.5237				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.7426	95.5542	62.5237	33.4800		240.3005	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.3261		69.8667				
7	Provider Target Rate	62.5353		72.4253				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	53.7185		68.0776				
10b	Base for line 10a	51.8208		65.6726				
11	Lesser of 5,7,8,10, 10a	48.7426	95.5542	62.5237	13.6500		220.4705	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.7426	95.5542	62.5237	13.6500		220.4705	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Parkway Health & Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/22/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	10,937,005.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,219,826	8.5342
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,304,956	0.5097
Indexed Asset Value	6,524,782	Interest Rate:	7.2800%	Insurance Cost(3):	123,599	2.0156
FRVS Base Asset:	3,101,384	Chase Rate:	9.5000%	Taxes Cost(3):	174,082	2.8388
Occup Adj Factor	0.9000	Amortization Rate:	7.2800%	Home Office(3):	0	0.0000
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	496,214	Total FRVS PD:		13.8983

- (1) 80% Capital (\$5,219,826) amortized at 7.2800 % for 20 years Principal & Interest of \$496,214 divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$8.5342
- (2) 20% ROE (\$1,304,956) times the ROE factor (0.022710) divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$0.5097
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	52,276
Comparison Bed	104	Effective PBS Limitation	3,101,384

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.7426	48.7426	0.8480	47.8946
Direct Care	95.5542	95.5542	1.6624	93.8918
Indirect Care	62.5237	62.5237	1.0878	61.4359
Property	13.6500	13.8983	0.2418	13.6565
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.4074
Supplemental Rate Add-on				9.9025
Totals	220.4705	220.7188	3.8400	246.1887

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	5,018,379	0.00	0.5899	0.5899		104	11.28	3,101,384	3,101,384	1
1990/01		0.10	0.5899	0.5899		104	11.28	3,101,384	3,138,096	
1990/07		0.10	0.5899	0.5899		104	11.28	3,101,384	3,156,608	
1991/01		0.20	0.5899	0.5899		104	11.28	3,101,384	3,175,120	
1991/07		0.20	1.4932	1.4932		104	11.28	3,101,384	3,222,544	
1992/01		0.30	2.0117	2.0117		104	11.28	3,101,384	3,287,336	
1992/07		0.30	1.8152	1.8152		104	24.87	3,101,384	3,347,032	
1993/01		0.40	1.7710	1.7710		104	24.87	3,101,384	3,406,312	
1993/07		0.40	1.5329	1.5329		104	26.88	3,110,678	3,458,520	
1994/01		0.50	1.6983	1.6983		104	26.88	3,123,588	3,517,280	
1994/07	23,064	0.50	1.5991	1.5991		104	24.12	3,146,652	3,573,544	
1995/01		0.60	1.5812	1.5812		104	24.12	3,146,652	3,630,016	
1995/07	106,281	0.60	1.5250	1.5250		118	22.64	3,252,933	4,181,448	
1996/01		0.70	1.7228	1.7228		118	23.84	3,252,933	4,253,546	
1996/07		0.70	1.3294	1.3294		118	23.84	3,252,933	4,310,068	
1997/01		0.80	1.4109	1.4109		118	23.84	3,252,933	4,370,838	
1997/07	19,011	0.80	1.0917	1.0917		118	26.82	3,285,798	4,418,510	
1998/01		0.90	1.1663	1.1663		118	26.82	3,302,617	4,470,076	
1998/07	28,552	0.90	1.0794	1.0794		106	29.93	3,348,629	4,058,846	
1999/01		1.00	1.4499	1.4499		106	29.93	3,375,050	4,117,676	
1999/07		1.00	1.2299	1.2299		106	25.52	3,394,311	4,168,344	
2000/01		1.00	1.3356	1.3356		106	25.52	3,415,346	4,223,994	
2000/07	1,799,677	1.00	1.1129	1.1129		177	41.15	5,243,461	7,131,684	
2001/01		1.00	1.2976	1.2976		177	41.15	5,294,367	7,224,255	
2001/07		1.00	0.9615	0.9615		177	41.15	5,332,453	7,293,639	
2002/01		1.00	1.0301	1.0301		177	41.15	5,373,550	7,368,687	
2002/07		1.00	0.8337	0.8337		177	41.15	5,407,068	7,430,106	
2003/01		1.00	1.3271	1.3271		177	41.15	5,460,755	7,528,695	
2003/07		1.00	1.1664	1.1664		177	51.56	5,520,465	7,616,487	
2004/01		1.00	1.1103	1.1103		177	51.56	5,577,925	7,701,093	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		177	53.08	5,623,025	7,765,698	
2005/01		1.00	0.8595	0.8595		177	53.08	5,669,668	7,832,427	
2005/07		1.00	0.7364	0.7364		177	53.08	5,709,962	7,890,129	
2006/01		1.00	0.9068	0.9068		177	49.32	5,756,393	7,961,637	
2006/07		1.00	0.8133	0.8133		177	49.32	5,798,375	8,026,419	
2007/01		1.00	1.0133	1.0133		177	48.26	5,849,930	8,107,662	
2007/07		1.00	1.1050	1.1050		177	48.26	5,906,650	8,197,224	
2008/01		1.00	0.8556	0.8556		177	51.53	5,953,999	8,267,316	
2008/07		1.00	0.6104	0.6104		177	51.53	5,988,049	8,317,761	
2009/01		1.00	1.3268	1.3268		177	53.04	6,064,667	8,428,209	
2009/07		1.00	0.6841	0.6841		177	53.04	6,104,677	8,485,911	
2010/01		0.95	0.8643	0.8643		177	53.00	6,152,980	8,559,189	
2010/07		0.95	0.7107	0.7107		177	57.87	6,194,525	8,620,077	
2011/01		0.90	0.9198	0.9198		177	44.45	6,235,967	8,699,373	
2011/07		0.90	0.9028	0.9028		177	44.45	6,276,915	8,777,961	
2012/01		0.85	0.3865	0.3865		177	44.45	6,293,579	8,811,945	
2012/07		0.85	0.9417	0.9417		177	44.45	6,334,290	8,894,958	
2013/01		0.80	0.4901	0.4901		177	44.45	6,354,363	8,938,500	
2013/07		0.80	0.6196	0.6196		177	47.01	6,381,286	8,993,901	
2014/01		0.75	0.8564	0.8564		177	47.01	6,416,319	9,070,896	
2014/07	26,250	0.75	1.2383	1.2383		177	47.62	6,494,162	9,183,291	
2015/01		0.70	0.7571	0.7571		177	48.93	6,524,782	9,252,852	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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The Health Center of Merritt Island

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
500 CROCKETT BLVD	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
MERRITT ISLAND, FL 32953	Days in CR 365	Maximum: 65,700	Standard: 243
County: Brevard [5]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 61,868	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,428	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,402	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	45.90742%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.16743%	Cost: 1.05607860
Open Date: 06/01/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 08/01/1990	Low Occupancy Adjustment Factor:	120.24756%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226700			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,332,824	2,439,326	1,716,086	972,769		6,461,005	
1a	Audit Adjustments							
2	Cost Per Diem	46.9271	85.8857	60.4213	34.2500		227.4841	
3	Cost Per Diem Inflated	49.5587	89.1545	63.8096				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.5587	89.1545	63.8096	34.2500		236.7728	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.6201		67.9060				
7	Provider Target Rate	56.6203		70.3928				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.8993		67.2814				
10b	Base for line 10a	51.0305		64.9045				
11	Lesser of 5,7,8,10, 10a	49.5587	89.1545	63.5578	13.6500		215.9210	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.5587	89.1545	63.5578	13.6500		215.9210	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

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FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,886,699.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable	80% Capital(1):	6,517,956	10.6319
Indexed Asset Value	8,147,445	<60% of Base:	False	20% ROE(2):	1,629,489	0.3963
FRVS Base Asset:	3,602,760	Interest Rate:	7.4700%	Insurance Cost(3):	95,896	1.5500
Occup Adj Factor	0.9000	Chase Rate:	8.8800%	Taxes Cost(3):	73,324	1.1852
ROE Factor	0.014380	Amortization Rate:	7.4700%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	628,665	Total FRVS PD:		13.7634

- (1) 80% Capital (\$6,517,956) amortized at 7.4700 % for 20 years Principal & Interest of \$628,665 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.6319
 (2) 20% ROE (\$1,629,489) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3963
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.5587	49.5587	0.8622	48.6965
Direct Care	89.1545	89.1545	1.5511	87.6034
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	13.6500	13.7634	0.2395	13.5239
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.0735
Supplemental Rate Add-on				9.9025
Totals	215.9210	216.0344	3.7586	240.2518

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,927,188	0.00	0.5899	0.5899		120		3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	59.27	3,604,886	3,642,240	
1991/01		0.10	0.5899	0.5899		120	59.27	3,607,013	3,663,600	
1991/07		0.20	1.4932	1.4932		120	59.27	3,617,784	3,718,320	
1992/01		0.20	2.0117	2.0117		120	59.27	3,632,338	3,793,080	
1992/07		0.30	1.8152	1.8152		120	59.27	3,652,120	3,861,960	
1993/01		0.30	1.7710	1.7710		120	59.27	3,671,524	3,930,360	
1993/07		0.40	1.5329	1.5329		120	61.83	3,694,038	3,990,600	
1994/01	40,954	0.40	1.6983	1.6983		120	57.67	3,760,086	4,058,400	
1994/07		0.50	1.5991	1.5991		120	57.67	3,790,152	4,123,320	
1995/01		0.50	1.5812	1.5812		120	57.67	3,820,117	4,188,480	
1995/07	29,624	0.60	1.5250	1.5250		120	57.86	3,884,695	4,252,320	
1996/01		0.60	1.7228	1.7228		120	55.19	3,924,851	4,325,640	
1996/07		0.70	1.3294	1.3294		120	55.19	3,961,376	4,383,120	
1997/01		0.70	1.4109	1.4109		120	55.19	4,000,499	4,444,920	
1997/07	27,818	0.80	1.0917	1.0917		120	52.10	4,061,415	4,493,400	
1998/01		0.80	1.1663	1.1663		120	52.10	4,097,310	4,545,840	
1998/07	18,429	0.90	1.0794	1.0794		120	50.97	4,152,628	4,594,920	
1999/01		0.90	1.4499	1.4499		120	50.97	4,202,845	4,661,520	
1999/07	2,222,460	1.00	1.2299	1.2299		180	46.04	6,468,575	7,078,320	
2000/01		1.00	1.3356	1.3356		180	46.04	6,540,895	7,172,820	
2000/07		1.00	1.1129	1.1129		180	51.47	6,609,017	7,252,560	
2001/01		1.00	1.2976	1.2976		180	51.47	6,689,271	7,346,700	
2001/07		1.00	0.9615	0.9615		180	51.47	6,749,460	7,417,260	
2002/01		1.00	1.0301	1.0301		180	51.47	6,814,524	7,493,580	
2002/07		1.00	0.8337	0.8337		180	51.47	6,867,690	7,556,040	
2003/01		1.00	1.3271	1.3271		180	51.47	6,952,982	7,656,300	
2003/07		1.00	1.1664	1.1664		180	48.81	7,024,954	7,745,580	
2004/01		1.00	1.1103	1.1103		180	48.81	7,094,174	7,831,620	
2004/07		1.00	0.8378	0.8378		180	50.88	7,149,157	7,897,320	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		180	50.88	7,206,001	7,965,180	
2005/07		1.00	0.7364	0.7364		180	42.29	7,246,803	8,023,860	
2006/01		1.00	0.9068	0.9068		180	42.29	7,297,331	8,096,580	
2006/07		1.00	0.8133	0.8133		180	42.29	7,342,965	8,162,460	
2007/01		1.00	1.0133	1.0133		180	41.44	7,399,027	8,245,080	
2007/07		1.00	1.1050	1.1050		180	43.58	7,463,810	8,336,160	
2008/01		1.00	0.8556	0.8556		180	43.58	7,514,411	8,407,440	
2008/07		1.00	0.6104	0.6104		180	46.40	7,553,107	8,458,740	
2009/01		1.00	1.3268	1.3268		180	46.40	7,637,652	8,571,060	
2009/07		1.00	0.6841	0.6841		180	46.40	7,681,731	8,629,740	
2010/01		1.00	0.8643	0.8643		180	40.49	7,730,608	8,704,260	
2010/07		0.95	0.7107	0.7107		180	40.49	7,769,035	8,766,180	
2011/01		0.95	0.9198	0.9198		180	42.92	7,822,011	8,846,820	
2011/07		0.90	0.9028	0.9028		180	42.92	7,871,606	8,926,740	
2012/01		0.90	0.3865	0.3865		180	42.92	7,892,977	8,961,300	
2012/07		0.85	0.9417	0.9417		180	42.92	7,942,277	9,045,720	
2013/01		0.85	0.4901	0.4901		180	42.92	7,968,097	9,090,000	
2013/07		0.80	0.6196	0.6196		180	45.80	8,000,988	9,146,340	
2014/01		0.80	0.8564	0.8564		180	45.80	8,046,634	9,224,640	
2014/07		0.75	1.2383	1.2383		180	45.91	8,109,012	9,338,940	
2015/01		0.75	0.7571	0.7571		180	45.91	8,147,445	9,409,680	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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The Health Center of Lake City

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
560 SW MCFARLANE AVE	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
LAKE CITY, FL 32025	Days in CR 365	Maximum: 43,800	Standard: 243
County: Columbia [12]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 41,294	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,424	Inflation
Current Class North Large	Initial CR? False	Medicaid: 21,563	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	52.21824%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.27854%	Cost: 1.03741261
Open Date: 05/26/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/26/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 05/26/1992	Low Occupancy Adjustment Factor:	120.38945%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 226173			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,034,613	1,841,523	1,231,530	775,190		4,882,856	
1a	Audit Adjustments							
2	Cost Per Diem	47.9809	85.4020	57.1131	35.9500		226.4460	
3	Cost Per Diem Inflated	49.7760	87.6013	59.2499				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.7760	87.6013	59.2499	35.9500		232.5772	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.9458		63.5487				
7	Provider Target Rate	60.0678		65.8759				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	51.0371		58.7743				
10b	Base for line 10a	49.2341		56.6980				
11	Lesser of 5,7,8,10, 10a	49.7760	87.6013	58.7743	13.6500		209.8016	
12/13	Medical Adjustment Rate		0.2186	0.1467				
14	Prospective Per Diem 11	49.7760	87.8199	58.9210	13.6500		210.1669	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

The Health Center of Lake City

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,815,265.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,482,010	13.8516
RS to Start Calcs:	1992/01	<60% of Base:	False	20% ROE(2):	1,120,502	0.6455
Indexed Asset Value	5,602,512	Interest Rate:	10.7500%	Insurance Cost(3):	50,381	1.2201
FRVS Base Asset:	1,859,160	Chase Rate:	7.7500%	Taxes Cost(3):	84,514	2.0466
Occup Adj Factor	0.9000	Amortization Rate:	10.7500%	Home Office(3):	0	0.0000
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	546,032	Total FRVS PD:		17.7638

- (1) 80% Capital (\$4,482,010) amortized at 10.7500 % for 20 years Principal & Interest of \$546,032 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.8516
- (2) 20% ROE (\$1,120,502) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6455
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7760	49.7760	0.8660	48.9100
Direct Care	87.8199	87.8199	1.5279	86.2920
Indirect Care	58.9210	58.9210	1.0251	57.8959
Property	13.6500	17.7638	0.3090	17.4548
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.2666
Supplemental Rate Add-on				9.9025
Totals	210.1669	214.2807	3.7280	236.7218

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	2,622,574	0.00	2.0117	2.0117		60	74.33	1,859,160	1,859,160	1
1992/07		0.10	1.8152	1.8152		60	74.33	1,862,534	1,930,980	
1993/01		0.10	1.7710	1.7710		60	74.33	1,865,833	1,965,180	
1993/07		0.20	1.5329	1.5329		60	74.33	1,871,554	1,995,300	
1994/01		0.20	1.6983	1.6983		60	74.33	1,877,912	2,029,200	
1994/07		0.30	1.5991	1.5991		60	74.33	1,886,920	2,061,660	
1995/01		0.30	1.5812	1.5812		60	74.33	1,895,872	2,094,240	
1995/07	2,066,436	0.40	1.5250	1.5250		120	79.45	3,973,873	4,252,320	
1996/01		0.40	1.7228	1.7228		120	72.93	4,001,257	4,325,640	
1996/07		0.50	1.3294	1.3294		120	72.93	4,027,853	4,383,120	
1997/01		0.50	1.4109	1.4109		120	72.93	4,056,270	4,444,920	
1997/07		0.60	1.0917	1.0917		120	70.52	4,082,839	4,493,400	
1998/01		0.60	1.1663	1.1663		120	70.52	4,111,411	4,545,840	
1998/07		0.70	1.0794	1.0794		120	71.82	4,142,477	4,594,920	
1999/01		0.70	1.4499	1.4499		120	71.65	4,184,519	4,661,520	
1999/07		0.80	1.2299	1.2299		120	71.65	4,225,690	4,718,880	
2000/01		0.80	1.3356	1.3356		120	71.65	4,270,841	4,781,880	
2000/07		0.90	1.1129	1.1129		120	65.40	4,313,618	4,835,040	
2001/01		0.90	1.2976	1.2976		120	65.40	4,363,992	4,897,800	
2001/07		1.00	0.9615	0.9615		120	65.40	4,405,952	4,944,840	
2002/01		1.00	1.0301	1.0301		120	65.40	4,451,338	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.40	4,488,449	5,037,360	
2003/01	26,421	1.00	1.3271	1.3271		120	59.01	4,574,436	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.01	4,627,792	5,163,720	
2004/01		1.00	1.1103	1.1103		120	57.05	4,679,174	5,221,080	
2004/07		1.00	0.8378	0.8378		120	57.05	4,718,376	5,264,880	
2005/01		1.00	0.8595	0.8595		120	57.05	4,758,930	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.85	4,793,975	5,349,240	
2006/01		1.00	0.9068	0.9068		120	62.85	4,837,447	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.87	4,876,790	5,441,640	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		1.00	1.0133	1.0133		120	66.87	4,926,207	5,496,720	
2007/07		1.00	1.1050	1.1050		120	65.38	4,980,642	5,557,440	
2008/01		1.00	0.8556	0.8556		120	65.38	5,023,256	5,604,960	
2008/07		1.00	0.6104	0.6104		120	66.92	5,053,918	5,639,160	
2009/01		1.00	1.3268	1.3268		120	63.93	5,120,973	5,714,040	
2009/07		1.00	0.6841	0.6841		120	63.93	5,156,006	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.93	5,200,569	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.41	5,237,529	5,844,120	
2011/01		1.00	0.9198	0.9198		120	52.75	5,283,733	5,897,880	
2011/07		1.00	0.9028	0.9028		120	52.75	5,329,483	5,951,160	
2012/01		1.00	0.3865	0.3865		120	52.75	5,349,239	5,974,200	
2012/07		0.95	0.9417	0.9417		120	52.75	5,395,136	6,030,480	
2013/01		0.95	0.4901	0.4901		120	52.75	5,419,228	6,060,000	
2013/07	22,108	0.90	0.6196	0.6196		120	51.63	5,469,702	6,097,560	
2014/01		0.90	0.8564	0.8564		120	54.24	5,511,280	6,149,760	
2014/07		0.85	1.2383	1.2383		120	54.24	5,568,490	6,225,960	
2015/01		0.85	0.7571	0.7571		120	52.22	5,602,512	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 030530-00 - 2015/01

249.73

Imperial Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
900 IMPERIAL GOLF COURSE BLVD	7/1/2012-6/30/2013	Number of Beds: 113	Superior: 0
NAPLES, FL 34110	Days in CR 365	Maximum: 41,245	Standard: 243
County: Collier [11]	First Used : 2014/07	Max Annualized: 41,245	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 37,254	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,901	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,658	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	44.71466%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.32368%	Cost: 1.05607860
Open Date: 06/01/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 06/01/1991	Low Occupancy Adjustment Factor:	115.33927%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226378			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	911,358	1,504,257	1,057,286	679,980		4,152,881	
1a	Audit Adjustments							
2	Cost Per Diem	54.7099	90.3024	63.4702	40.8200		249.3025	
3	Cost Per Diem Inflated	57.7780	93.7393	67.0295				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.7780	93.7393	67.0295	40.8200		259.3668	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.8973		67.2573				
7	Provider Target Rate	68.3105		69.7203				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	60.2057		69.6408				
10b	Base for line 10a	58.0788		67.1806				
11	Lesser of 5,7,8,10, 10a	56.7419	93.7393	65.5807	13.6500		229.7119	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	93.7393	65.5807	13.6500		229.7119	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Imperial Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,464,928.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable	80% Capital(1):	3,563,943	9.7930
Indexed Asset Value	4,454,929	<60% of Base:	False	20% ROE(2):	890,986	0.3452
FRVS Base Asset:	1,821,120	Interest Rate:	8.2640%	Insurance Cost(3):	51,827	1.3912
Occup Adj Factor	0.9000	Chase Rate:	6.2170%	Taxes Cost(3):	42,231	1.1336
ROE Factor	0.014380	Amortization Rate:	8.2170%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	363,520	Total FRVS PD:		12.6630

- (1) 80% Capital (\$3,563,943) amortized at 8.2170 % for 20 years Principal & Interest of \$363,520 divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$9.7930
- (2) 20% ROE (\$890,986) times the ROE factor (0.014380) divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$0.3452
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	93.7393	93.7393	1.6308	92.1085
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	12.6630	0.2203	12.4427
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.0840
Supplemental Rate Add-on				9.9025
Totals	229.7119	228.7249	3.9792	249.7322

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	3,798,960	0.00	0.5899	0.5899		60	36.78	1,821,120	1,821,120	1
1991/07		0.10	1.4932	1.4932		60	36.78	1,822,938	1,859,160	
1992/01		0.10	2.0117	2.0117		60	36.78	1,825,391	1,896,540	
1992/07		0.20	1.8152	1.8152		60	36.78	1,829,822	1,930,980	
1993/01		0.20	1.7710	1.7710		60	36.78	1,834,156	1,965,180	
1993/07		0.30	1.5329	1.5329		60	36.78	1,839,797	1,995,300	
1994/01		0.30	1.6983	1.6983		60	49.10	1,848,165	2,029,200	
1994/07	63,639	0.40	1.5991	1.5991		60	49.10	1,922,357	2,061,660	
1995/01		0.40	1.5812	1.5812		60	49.10	1,933,212	2,094,240	
1995/07		0.50	1.5250	1.5250		60	49.10	1,946,371	2,126,160	
1996/01		0.50	1.7228	1.7228		60	49.10	1,961,339	2,162,820	
1996/07		0.60	1.3294	1.3294		60	49.10	1,975,305	2,191,560	
1997/01	38,502	0.60	1.4109	1.4109		60	48.37	2,028,512	2,222,460	
1997/07		0.70	1.0917	1.0917		60	48.37	2,042,145	2,246,700	
1998/01	18,995	0.70	1.1663	1.1663		60	41.77	2,073,802	2,272,920	
1998/07		0.80	1.0794	1.0794		60	41.77	2,087,402	2,297,460	
1999/01		0.80	1.4499	1.4499		60	42.45	2,106,089	2,330,760	
1999/07		0.90	1.2299	1.2299		60	42.45	2,124,082	2,359,440	
2000/01	908,525	0.90	1.3356	1.3356		90	38.38	3,050,423	3,586,410	
2000/07		1.00	1.1129	1.1129		113	59.12	3,084,371	4,552,996	
2001/01	419,492	1.00	1.2976	1.2976		113	59.12	3,543,886	4,612,095	
2001/07		1.00	0.9615	0.9615		113	59.12	3,577,960	4,656,391	
2002/01		1.00	1.0301	1.0301		113	59.12	3,614,817	4,704,303	
2002/07		1.00	0.8337	0.8337		113	59.12	3,614,817	4,743,514	5
2003/01		1.00	1.3271	1.3271		113	59.12	3,693,326	4,806,455	
2003/07	25,942	1.00	1.1664	1.1664		113	57.45	3,762,347	4,862,503	
2004/01		1.00	1.1103	1.1103		113	57.45	3,804,120	4,916,517	
2004/07		1.00	0.8378	0.8378		113	57.45	3,835,991	4,957,762	
2005/01		1.00	0.8595	0.8595		113	59.01	3,868,961	5,000,363	
2005/07		1.00	0.7364	0.7364		113	59.01	3,897,452	5,037,201	



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249.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		113	58.61	3,932,794	5,082,853	
2006/07		1.00	0.8133	0.8133		113	58.61	3,964,779	5,124,211	
2007/01		1.00	1.0133	1.0133		113	52.48	4,003,113	5,176,078	
2007/07		1.00	1.1050	1.1050		113	52.48	4,045,321	5,233,256	
2008/01		1.00	0.8556	0.8556		113	49.10	4,076,220	5,278,004	
2008/07		1.00	0.6104	0.6104		113	49.10	4,098,432	5,310,209	
2009/01		1.00	1.3268	1.3268		113	43.34	4,141,282	5,380,721	
2009/07		1.00	0.6841	0.6841		113	43.34	4,163,606	5,417,559	
2010/01		1.00	0.8643	0.8643		113	47.45	4,194,652	5,464,341	
2010/07		1.00	0.7107	0.7107		113	51.05	4,222,322	5,503,213	
2011/01		1.00	0.9198	0.9198		113	41.37	4,251,534	5,553,837	
2011/07		0.95	0.9028	0.9028		113	41.37	4,278,963	5,604,009	
2012/01		0.95	0.3865	0.3865		113	41.37	4,290,782	5,625,705	
2012/07		0.90	0.9417	0.9417		113	41.37	4,318,135	5,678,702	
2013/01		0.90	0.4901	0.4901		113	41.37	4,332,462	5,706,500	
2013/07	22,154	0.85	0.6196	0.6196		113	43.35	4,372,602	5,741,869	
2014/01		0.85	0.8564	0.8564		113	43.35	4,397,688	5,791,024	
2014/07		0.80	1.2383	1.2383		113	44.71	4,433,101	5,862,779	
2015/01		0.80	0.7571	0.7571		113	44.71	4,454,929	5,907,188	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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241.10

The Health Center of Daytona Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
550 NATIONAL HEALTHCARE DRIVE	7/1/2013-6/30/2014	Number of Beds: 73	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 365	Maximum: 26,645	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 26,645	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 24,495	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,043	Inflation
Current Class North Small	Initial CR? False	Medicaid: 7,954	FY Index: 1.32215372
Class at 1/94: North Small	Medical Utilization	32.47193%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.93094%	Cost: 1.03741261
Open Date: 07/11/1996	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/11/1996	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 07/11/1996	Low Occupancy Adjustment Factor:	117.39167%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 229091			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	430,215	677,398	503,241	267,254		1,878,108	
1a	Audit Adjustments							
2	Cost Per Diem	54.0879	85.1644	63.2689	33.5999		236.1211	
3	Cost Per Diem Inflated	56.1115	87.3576	65.6360				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.1115	87.3576	65.6360	33.5999		242.7050	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.8311		84.4546				
7	Provider Target Rate	77.5715		87.5474				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	59.2131		71.5665				
10b	Base for line 10a	57.1213		69.0383				
11	Lesser of 5,7,8,10, 10a	55.8134	87.3576	65.6360	13.6500		222.4570	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.8134	87.3576	65.6360	13.6500		222.4570	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

The Health Center of Daytona Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/11/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	None	80% Capital(1):	2,052,673	6.9964
Indexed Asset Value	2,565,841	<60% of Base:	True	20% ROE(2):	513,168	0.4860
FRVS Base Asset:	2,162,820	Interest Rate:	8.2500%	Insurance Cost(3):	39,652	1.6188
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	59,936	2.4469
ROE Factor	0.022710	Amortization Rate:	8.2500%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	167,777	Total FRVS PD:		11.5481

(1) 80% Capital (\$2,052,673) amortized at 8.2500 % for 20 years Interest of \$167,777 divided by annual available days (26645) divided by Occup. Adj. (0.90) = \$6.9964

(2) 20% ROE (\$513,168) times the ROE factor (0.022710) divided by annual available days (26645) divided by Occup. Adj. (0.90) = \$0.4860

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,162,820

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	87.3576	87.3576	1.5198	85.8378
Indirect Care	65.6360	65.6360	1.1419	64.4941
Property	13.6500	11.5481	0.2009	11.3472
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.6786
Supplemental Rate Add-on				9.9025
Totals	222.4570	220.3551	3.8336	241.1026

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 030535-00 - 2015/01

241.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	7,380,823	0.00	1.3294	1.3294		60	46.99	2,162,820	2,162,820	1
1997/01		0.10	1.4109	1.4109		60	46.99	2,165,427	2,222,460	
1997/07		0.10	1.0917	1.0917		60	46.99	2,167,447	2,246,700	
1998/01		0.20	1.1663	1.1663		60	46.99	2,171,767	2,272,920	
1998/07		0.20	1.0794	1.0794		60	46.99	2,175,773	2,297,460	
1999/01		0.30	1.4499	1.4499		60	46.99	2,183,859	2,330,760	
1999/07		0.30	1.2299	1.2299		60	59.05	2,191,917	2,359,440	
2000/01		0.40	1.3356	1.3356		60	54.63	2,203,547	2,390,940	
2000/07		0.40	1.1129	1.1129		60	36.21	2,210,006	2,417,520	
2001/01		0.50	1.2976	1.2976		60	36.21	2,219,446	2,448,900	
2001/07		0.50	0.9615	0.9615		60	36.21	2,226,471	2,472,420	
2002/01		0.60	1.0301	1.0301		60	36.21	2,235,531	2,497,860	
2002/07		0.60	0.8337	0.8337		60	36.21	2,242,893	2,518,680	
2003/01		0.70	1.3271	1.3271		60	37.69	2,257,172	2,552,100	
2003/07		0.70	1.1664	1.1664		60	37.69	2,269,801	2,581,860	
2004/01	93,812	0.80	1.1103	1.1103		73	32.59	2,375,559	3,176,157	
2004/07		0.80	0.8378	0.8378		73	32.59	2,384,993	3,202,802	
2005/01		0.90	0.8595	0.8595		73	32.47	2,395,885	3,230,323	
2005/07		0.90	0.7364	0.7364		73	32.47	2,405,260	3,254,121	
2006/01		1.00	0.9068	0.9068		73	28.64	2,416,618	3,283,613	
2006/07		1.00	0.8133	0.8133		73	28.64	2,426,853	3,310,331	
2007/01		1.00	1.0133	1.0133		73	28.64	2,439,658	3,343,838	
2007/07		1.00	1.1050	1.1050		73	27.82	2,453,294	3,380,776	
2008/01		1.00	0.8556	0.8556		73	23.53	2,453,294	3,409,684	
2008/07		1.00	0.6104	0.6104		73	23.53	2,453,294	3,430,489	
2009/01		1.00	1.3268	1.3268		73	22.43	2,453,294	3,476,041	
2009/07		1.00	0.6841	0.6841		73	22.43	2,453,294	3,499,839	
2010/01		1.00	0.8643	0.8643		73	22.43	2,453,294	3,530,061	
2010/07		1.00	0.7107	0.7107		73	20.18	2,453,294	3,555,173	
2011/01		1.00	0.9198	0.9198		73	25.12	2,463,600	3,587,877	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 030535-00 - 2015/01

241.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		73	25.12	2,473,758	3,620,289	
2012/01		1.00	0.3865	0.3865		73	25.12	2,478,125	3,634,305	
2012/07		1.00	0.9417	0.9417		73	25.12	2,488,783	3,668,542	
2013/01		1.00	0.4901	0.4901		73	25.12	2,494,354	3,686,500	
2013/07	25,223	1.00	0.6196	0.6196		73	27.10	2,527,192	3,709,349	
2014/01		1.00	0.8564	0.8564		73	28.22	2,538,297	3,741,104	
2014/07		1.00	1.2383	1.2383		73	28.22	2,554,424	3,787,459	
2015/01		1.00	0.7571	0.7571		73	32.47	2,565,841	3,816,148	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 030537-00 - 2015/01

254.66

Health Center of Coconut Creek

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4125 WEST SAMPLE RD	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
COCONUT CREEK, FL 33073	Days in CR 365	Maximum: 43,800	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 42,766	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,092	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,928	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	44.25946%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.63927%	Cost: 1.03741261
Open Date: 12/09/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/09/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 12/09/1997	Low Occupancy Adjustment Factor:	124.68095%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 226581			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	970,258	1,789,975	1,196,703	754,092		4,711,028	
1a	Audit Adjustments							
2	Cost Per Diem	51.2605	94.5676	63.2240	39.8400		248.8921	
3	Cost Per Diem Inflated	53.1783	97.0029	65.5894				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.1783	97.0029	65.5894	39.8400		255.6106	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.6649		72.4107				
7	Provider Target Rate	71.1795		75.0624				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	59.6448		69.5160				
10b	Base for line 10a	57.5377		67.0602				
11	Lesser of 5,7,8,10, 10a	53.1783	97.0029	65.5807	13.6500		229.4119	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.1783	97.0029	65.5807	13.6500		229.4119	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 030537-00 - 2015/01

254.66

Rate Semester 01/01/2015 through 08/31/2015

Health Center of Coconut Creek

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/09/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,295,443 9.1789
RS to Start Calcs:	1997/07	<60% of Base:	True	20% ROE(2):	1,073,861 0.6187
Indexed Asset Value	5,369,304	Interest Rate:	8.5000%	Insurance Cost(3):	65,683 1.5359
FRVS Base Asset:	4,444,920	Chase Rate:	8.5000%	Taxes Cost(3):	243,429 5.6921
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	0 0.0000
ROE Factor	0.022710	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	361,833	Total FRVS PD:	17.0256

- (1) 80% Capital (\$4,295,443) amortized at 8.5000 % for 20 years Interest of \$361,833 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1789
- (2) 20% ROE (\$1,073,861) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6187
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.1783	53.1783	0.9252	52.2531
Direct Care	97.0029	97.0029	1.6876	95.3153
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	17.0256	0.2962	16.7294
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.0168
Supplemental Rate Add-on				9.9025
Totals	229.4119	232.7875	4.0499	254.6569

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 030537-00 - 2015/01

254.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	12,588,956	0.00	1.0917	1.0917		120	14.24	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	14.24	4,444,920	4,545,840	
1998/07		0.10	1.0794	1.0794		120	14.24	4,444,920	4,594,920	
1999/01		0.20	1.4499	1.4499		120	14.24	4,444,920	4,661,520	
1999/07		0.20	1.2299	1.2299		120	14.24	4,444,920	4,718,880	
2000/01		0.30	1.3356	1.3356		120	14.24	4,444,920	4,781,880	
2000/07		0.30	1.1129	1.1129		120	48.32	4,457,959	4,835,040	
2001/01		0.40	1.2976	1.2976		120	48.32	4,478,286	4,897,800	
2001/07		0.40	0.9615	0.9615		120	48.32	4,493,418	4,944,840	
2002/01		0.50	1.0301	1.0301		120	48.32	4,513,752	4,995,720	
2002/07		0.50	0.8337	0.8337		120	48.32	4,530,284	5,037,360	
2003/01		0.60	1.3271	1.3271		120	48.32	4,561,977	5,104,200	
2003/07		0.60	1.1664	1.1664		120	44.21	4,587,639	5,163,720	
2004/01		0.70	1.1103	1.1103		120	44.21	4,616,299	5,221,080	
2004/07		0.70	0.8378	0.8378		120	43.16	4,637,545	5,264,880	
2005/01		0.80	0.8595	0.8595		120	43.16	4,662,568	5,310,120	
2005/07		0.80	0.7364	0.7364		120	43.16	4,684,122	5,349,240	
2006/01		0.90	0.9068	0.9068		120	47.58	4,717,192	5,397,720	
2006/07		0.90	0.8133	0.8133		120	47.58	4,747,063	5,441,640	
2007/01	20,253	1.00	1.0133	1.0133		120	44.02	4,805,815	5,496,720	
2007/07		1.00	1.1050	1.1050		120	39.28	4,843,741	5,557,440	
2008/01		1.00	0.8556	0.8556		120	39.28	4,873,339	5,604,960	
2008/07		1.00	0.6104	0.6104		120	39.98	4,894,962	5,639,160	
2009/01		1.00	1.3268	1.3268		120	39.98	4,942,172	5,714,040	
2009/07		1.00	0.6841	0.6841		120	39.98	4,966,748	5,753,160	
2010/01		1.00	0.8643	0.8643		120	34.23	4,993,465	5,802,840	
2010/07		1.00	0.7107	0.7107		120	34.23	5,015,552	5,844,120	
2011/01		1.00	0.9198	0.9198		120	41.55	5,050,403	5,897,880	
2011/07		1.00	0.9028	0.9028		120	41.55	5,084,848	5,951,160	
2012/01		1.00	0.3865	0.3865		120	41.55	5,099,695	5,974,200	



Florida Agency for Health Care Administration
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 030537-00 - 2015/01

254.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	41.55	5,135,975	6,030,480	
2013/01		1.00	0.4901	0.4901		120	41.55	5,154,991	6,060,000	
2013/07	33,665	1.00	0.6196	0.6196		120	46.14	5,215,451	6,097,560	
2014/01		1.00	0.8564	0.8564		120	46.14	5,252,921	6,149,760	
2014/07	32,315	1.00	1.2383	1.2383		120	43.59	5,336,789	6,225,960	
2015/01		1.00	0.7571	0.7571		120	44.26	5,369,304	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 030537063020140701201310302014143756



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 030540-00 - 2015/01

246.12

Charlotte Harbor Healthcare

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4000 KINGS HWY	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
PORT CHARLOTTE, FL 33980	Days in CR 365	Maximum: 65,700	Standard: 243
County: Charlotte [8]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 61,993	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 17,531	Inflation
Current Class South Large	Initial CR? False	Medicaid: 31,012	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	50.02500%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.35769%	Cost: 1.05607860
Open Date: 04/25/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/25/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 06/02/1994	Low Occupancy Adjustment Factor:	120.49052%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226327			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,587,515	2,753,509	1,731,960	932,531		7,005,515	
1a	Audit Adjustments							
2	Cost Per Diem	51.1903	88.7885	55.8481	30.0700		225.8969	
3	Cost Per Diem Inflated	54.0610	92.1678	58.9800				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.0610	92.1678	58.9800	30.0700		235.2788	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.9302		64.2270				
7	Provider Target Rate	64.1981		66.5791				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	61.6104		64.1684				
10b	Base for line 10a	59.4339		61.9015				
11	Lesser of 5,7,8,10, 10a	54.0610	92.1678	58.9800	13.6500		218.8588	
12/13	Medical Adjustment Rate		0.0026	0.0017				
14	Prospective Per Diem 11	54.0610	92.1704	58.9817	13.6500		218.8631	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 030540-00 - 2015/01

246.12

Rate Semester 01/01/2015 through 08/31/2015

Charlotte Harbor Healthcare

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/02/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	11,057,639.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable	80% Capital(1):	6,544,823	11.1098
Indexed Asset Value	8,181,029	<60% of Base:	False	20% ROE(2):	1,636,206	0.3979
FRVS Base Asset:	5,985,900	Interest Rate:	8.0000%	Insurance Cost(3):	66,458	1.0720
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	203,475	3.2822
ROE Factor	0.014380	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	656,922	Total FRVS PD:		15.8619

- (1) 80% Capital (\$6,544,823) amortized at 8.0000 % for 20 years Principal & Interest of \$656,922 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.1098
 (2) 20% ROE (\$1,636,206) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3979
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,255
Comparison Date:	07/01/1993	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,985,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.0610	54.0610	0.9405	53.1205
Direct Care	92.1704	92.1704	1.6035	90.5669
Indirect Care	58.9817	58.9817	1.0261	57.9556
Property	13.6500	15.8619	0.2760	15.5859
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.9895
Supplemental Rate Add-on				9.9025
Totals	218.8631	221.0750	3.8461	246.1209

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 030540-00 - 2015/01

246.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	11,402,537	0.00	1.6983	1.6983		180	44.00	5,985,900	5,985,900	1
1994/07		0.10	1.5991	1.5991		180	44.00	5,993,557	6,184,980	
1995/01		0.10	1.5812	1.5812		180	44.00	6,001,138	6,282,720	
1995/07		0.20	1.5250	1.5250		180	44.00	6,015,781	6,378,480	
1996/01		0.20	1.7228	1.7228		180	44.00	6,032,365	6,488,460	
1996/07		0.30	1.3294	1.3294		180	44.00	6,051,611	6,574,680	
1997/01		0.30	1.4109	1.4109		180	44.00	6,072,104	6,667,380	
1997/07	31,936	0.40	1.0917	1.0917		180	60.81	6,130,557	6,740,100	
1998/01		0.40	1.1663	1.1663		180	60.81	6,159,156	6,818,760	
1998/07	49,949	0.50	1.0794	1.0794		180	65.61	6,242,346	6,892,380	
1999/01		0.50	1.4499	1.4499		180	65.61	6,287,603	6,992,280	
1999/07		0.60	1.2299	1.2299		180	73.41	6,333,999	7,078,320	
2000/01		0.60	1.3356	1.3356		180	73.41	6,384,760	7,172,820	
2000/07		0.70	1.1129	1.1129		180	68.22	6,434,497	7,252,560	
2001/01		0.70	1.2976	1.2976		180	68.22	6,492,942	7,346,700	
2001/07		0.80	0.9615	0.9615		180	68.22	6,542,886	7,417,260	
2002/01		0.80	1.0301	1.0301		180	68.22	6,596,806	7,493,580	
2002/07		0.90	0.8337	0.8337		180	68.22	6,646,302	7,556,040	
2003/01		0.90	1.3271	1.3271		180	68.22	6,725,685	7,656,300	
2003/07	30,092	1.00	1.1664	1.1664		180	65.72	6,834,225	7,745,580	
2004/01		1.00	1.1103	1.1103		180	64.62	6,910,105	7,831,620	
2004/07		1.00	0.8378	0.8378		180	64.62	6,967,998	7,897,320	
2005/01		1.00	0.8595	0.8595		180	64.62	7,027,888	7,965,180	
2005/07		1.00	0.7364	0.7364		180	60.08	7,079,641	8,023,860	
2006/01		1.00	0.9068	0.9068		180	60.08	7,143,839	8,096,580	
2006/07		1.00	0.8133	0.8133		180	56.00	7,201,940	8,162,460	
2007/01		1.00	1.0133	1.0133		180	56.00	7,274,917	8,245,080	
2007/07		1.00	1.1050	1.1050		180	52.94	7,352,294	8,336,160	
2008/01		1.00	0.8556	0.8556		180	50.45	7,409,996	8,407,440	
2008/07		1.00	0.6104	0.6104		180	50.45	7,451,485	8,458,740	



Florida Agency for Health Care Administration
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0 030540-00 - 2015/01

246.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		180	44.02	7,530,614	8,571,060	
2009/07		1.00	0.6841	0.6841		180	44.02	7,571,846	8,629,740	
2010/01		1.00	0.8643	0.8643		180	44.02	7,571,846	8,704,260	5
2010/07		1.00	0.7107	0.7107		180	47.20	7,670,726	8,766,180	
2011/01		1.00	0.9198	0.9198		180	46.24	7,730,044	8,846,820	
2011/07		1.00	0.9028	0.9028		180	46.24	7,788,716	8,926,740	
2012/01		1.00	0.3865	0.3865		180	46.24	7,814,025	8,961,300	
2012/07		1.00	0.9417	0.9417		180	46.24	7,875,890	9,045,720	
2013/01		1.00	0.4901	0.4901		180	46.24	7,908,342	9,090,000	
2013/07	31,079	1.00	0.6196	0.6196		180	47.98	7,982,167	9,146,340	
2014/01		1.00	0.8564	0.8564		180	47.98	8,041,801	9,224,640	
2014/07		0.95	1.2383	1.2383		180	50.03	8,127,856	9,338,940	
2015/01		0.95	0.7571	0.7571		180	50.03	8,181,029	9,409,680	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 030546-00 - 2015/01

236.97

Bayonet Point Health & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7210 BEACON WOODS DR	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
HUDSON, FL 34667-1974	Days in CR 365	Maximum: 65,700	Standard: 243
County: Pasco [51]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 56,771	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 12,447	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 31,444	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	55.38743%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.40944%	Cost: 1.05607860
Open Date: 07/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 07/17/1986	Low Occupancy Adjustment Factor:	110.34096%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 226076			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,411,354	2,673,459	1,744,562	1,255,244		7,084,619	
1a	Audit Adjustments							
2	Cost Per Diem	44.8847	85.0229	55.4816	39.9200		225.3092	
3	Cost Per Diem Inflated	47.4018	88.2588	58.5929				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.4018	88.2588	58.5929	39.9200		234.1735	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.8373		64.3102				
7	Provider Target Rate	60.9920		66.6653				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.5924		63.7714				
10b	Base for line 10a	50.7345		61.5185				
11	Lesser of 5,7,8,10, 10a	47.4018	88.2588	58.5929	13.6500		207.9035	
12/13	Medical Adjustment Rate		0.5349	0.3551				
14	Prospective Per Diem 11	47.4018	88.7937	58.9480	13.6500		208.7935	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 030546-00 - 2015/01

236.97

Rate Semester 01/01/2015 through 08/31/2015

Bayonet Point Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,437,087.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed	80% Capital(1):	7,322,948	12.8688
Indexed Asset Value	9,153,685	<60% of Base:	False	20% ROE(2):	1,830,737	0.4452
FRVS Base Asset:	3,242,820	Interest Rate:	8.4700%	Insurance Cost(3):	93,481	1.6466
Occup Adj Factor	0.9000	Chase Rate:	8.7500%	Taxes Cost(3):	89,934	1.5842
ROE Factor	0.014380	Amortization Rate:	8.4700%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	15,380	0.0000
		Yearly Payment:	760,935	Total FRVS PD:		16.5448

- (1) 80% Capital (\$7,322,948) amortized at 8.4700 % for 20 years Principal & Interest of \$760,935 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.8688
 (2) 20% ROE (\$1,830,737) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4452
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,172,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.4018	47.4018	0.8247	46.5771
Direct Care	88.7937	88.7937	1.5448	87.2489
Indirect Care	58.9480	58.9480	1.0256	57.9224
Property	13.6500	16.5448	0.2878	16.2570
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0593
Supplemental Rate Add-on				9.9025
Totals	208.7935	211.6883	3.6829	236.9672

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	3,242,820	0.00	0.2974	0.2974		120	42.23	3,242,820	3,441,840	
1987/01		0.10	1.0091	1.0091		120	42.23	3,245,332	3,503,400	
1987/07		0.10	0.9007	0.9007		120	42.23	3,247,577	3,530,760	
1988/01		0.20	0.9007	0.9007		120	42.23	3,252,068	3,559,440	
1988/07		0.20	0.5899	0.5899		120	42.23	3,255,014	3,557,520	
1989/01	53,049	0.30	0.5899	0.5899		120	42.23	3,312,487	3,578,520	
1989/07		0.30	0.5899	0.5899		120	61.65	3,318,350	3,602,760	
1990/01		0.40	0.5899	0.5899		120	59.68	3,326,181	3,620,880	
1990/07		0.40	0.5899	0.5899		120	59.68	3,334,031	3,642,240	
1991/01		0.50	0.5899	0.5899		120	59.68	3,343,866	3,663,600	
1991/07		0.50	1.4932	1.4932		120	59.68	3,368,831	3,718,320	
1992/01		0.60	2.0117	2.0117		120	59.68	3,409,493	3,793,080	
1992/07		0.60	1.8152	1.8152		120	59.68	3,446,626	3,861,960	
1993/01	93,221	0.70	1.7710	1.7710		120	57.51	3,582,575	3,930,360	
1993/07		0.70	1.5329	1.5329		120	57.51	3,621,016	3,990,600	
1994/01		0.80	1.6983	1.6983		120	51.38	3,666,973	4,058,400	
1994/07		0.80	1.5991	1.5991		120	51.38	3,710,797	4,123,320	
1995/01	48,973	0.90	1.5812	1.5812		120	46.86	3,804,763	4,188,480	
1995/07		0.90	1.5250	1.5250		120	46.86	3,849,255	4,252,320	
1996/01	4,376,201	1.00	1.7228	1.7228		180	44.91	8,279,605	6,488,460	
1996/07		1.00	1.3294	1.3294		180	44.91	8,279,605	6,574,680	3
1997/01	41,004	1.00	1.4109	1.4109		180	43.59	8,279,605	6,667,380	3
1997/07		1.00	1.0917	1.0917		180	43.59	8,279,605	6,740,100	3
1998/01	66,009	1.00	1.1663	1.1663		180	44.02	8,279,605	6,818,760	3
1998/07		1.00	1.0794	1.0794		180	44.02	8,279,605	6,892,380	3
1999/01	73,870	1.00	1.4499	1.4499		180	44.45	8,279,605	6,992,280	3
1999/07		1.00	1.2299	1.2299		180	44.45	8,279,605	7,078,320	3
2000/01		1.00	1.3356	1.3356		180	44.94	8,279,605	7,172,820	3
2000/07		1.00	1.1129	1.1129		180	44.55	8,279,605	7,252,560	3
2001/01		1.00	1.2976	1.2976		180	44.55	8,279,605	7,346,700	3



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236.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		180	44.55	8,279,605	7,417,260	3
2002/01		1.00	1.0301	1.0301		180	44.55	8,279,605	7,493,580	3
2002/07		1.00	0.8337	0.8337		180	44.55	8,279,605	7,556,040	3
2003/01		1.00	1.3271	1.3271		180	44.55	8,279,605	7,656,300	3
2003/07		1.00	1.1664	1.1664		180	52.88	8,279,605	7,745,580	3
2004/01		1.00	1.1103	1.1103		180	52.88	8,279,605	7,831,620	3
2004/07		1.00	0.8378	0.8378		180	51.56	8,279,605	7,897,320	3
2005/01		1.00	0.8595	0.8595		180	51.56	8,279,605	7,965,180	3
2005/07		1.00	0.7364	0.7364		180	53.16	8,279,605	8,023,860	3
2006/01		1.00	0.9068	0.9068		180	53.16	8,279,605	8,096,580	3
2006/07		1.00	0.8133	0.8133		180	50.96	8,279,605	8,162,460	3
2007/01		0.95	1.0133	1.0133		180	50.96	8,279,605	8,245,080	3
2007/07		0.95	1.1050	1.1050		180	53.17	8,336,160	8,336,160	8
2008/01		0.90	0.8556	0.8556		180	53.17	8,398,213	8,407,440	
2008/07		0.90	0.6104	0.6104		180	52.85	8,442,549	8,458,740	
2009/01		0.85	1.3268	1.3268		180	52.85	8,534,042	8,571,060	
2009/07	30,008	0.85	0.6841	0.6841		180	48.85	8,608,126	8,629,740	
2010/01		0.80	0.8643	0.8643		180	48.85	8,660,988	8,704,260	
2010/07		0.80	0.7107	0.7107		180	49.19	8,705,032	8,766,180	
2011/01		0.75	0.9198	0.9198		180	56.20	8,765,088	8,846,820	
2011/07		0.75	0.9028	0.9028		180	56.20	8,824,436	8,926,740	
2012/01		0.70	0.3865	0.3865		180	56.20	8,848,315	8,961,300	
2012/07		0.70	0.9417	0.9417		180	56.20	8,906,643	9,045,720	
2013/01		0.65	0.4901	0.4901		180	56.20	8,935,020	9,090,000	
2013/07	31,242	0.65	0.6196	0.6196		180	60.71	9,002,243	9,146,340	
2014/01		0.60	0.8564	0.8564		180	60.71	9,048,497	9,224,640	
2014/07		0.60	1.2383	1.2383		180	55.39	9,115,727	9,338,940	
2015/01		0.55	0.7571	0.7571		180	55.39	9,153,685	9,409,680	

Message Code:

- | |
|--|
| 3 Index Cost Limitation - January 1996 |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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273.54

The Aristocrat

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10949 PARNU STREET	7/1/2013-6/30/2014	Number of Beds: 60	Superior: 0
NAPLES, FL 34109	Days in CR 365	Maximum: 21,900	Standard: 240
County: Collier [11]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 3
Region: South Area: 8	Last Used: 2015/01	Total Patient: 19,094	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,665	Inflation
Current Class South Small	Initial CR? False	Medicaid: 7,537	FY Index: 1.32215372
Class at 1/94: South Small	Medical Utilization	39.47313%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.18721%	Cost: 1.03741261
Open Date: 02/01/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/09/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 06/09/1994	Low Occupancy Adjustment Factor:	111.33414%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 225291			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	435,990	730,871	571,850	150,514		1,889,225	
1a	Audit Adjustments							
2	Cost Per Diem	57.8466	96.9710	75.8724	19.9700		250.6600	
3	Cost Per Diem Inflated	60.0108	99.4682	78.7110				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.0108	99.4682	78.7110	19.9700		258.1600	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	80.5698		84.1113				
7	Provider Target Rate	83.5203		87.1915				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	72.8523		86.0311				
10b	Base for line 10a	70.2786		82.9919				
11	Lesser of 5,7,8,10, 10a	60.0108	99.4682	78.7110	13.6500		251.8400	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	60.0108	99.4682	78.7110	13.6500		251.8400	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

The Aristocrat

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/09/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,375,800.00	Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable	80% Capital(1):	2,214,304 9.8146
Indexed Asset Value	2,767,880	<60% of Base:	False	20% ROE(2):	553,576 0.6378
FRVS Base Asset:	1,930,980	Interest Rate:	6.2000%	Insurance Cost(3):	33,138 1.7355
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	32,703 1.7127
ROE Factor	0.022710	Amortization Rate:	6.2000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	193,446	Total FRVS PD:	13.9006

- (1) 80% Capital (\$2,214,304) amortized at 6.2000 % for 20 years Principal & Interest of \$193,446 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$9.8146
- (2) 20% ROE (\$553,576) times the ROE factor (0.022710) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6378
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,930,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	60.0108	60.0108	1.0440	58.9668
Direct Care	99.4682	99.4682	1.7305	97.7377
Indirect Care	78.7110	78.7110	1.3694	77.3416
Property	13.6500	13.9006	0.2418	13.6588
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.9279
Supplemental Rate Add-on				9.9025
Totals	251.8400	252.0906	4.3857	273.5353

Medicaid Trend Adjustment



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273.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	4,974,593	0.00	1.6983	1.6983		60	10.05	1,930,980	1,930,980	1
1994/07		0.10	1.5991	1.5991		60	10.05	1,930,980	2,061,660	
1995/01		0.10	1.5812	1.5812		60	10.05	1,930,980	2,094,240	
1995/07		0.20	1.5250	1.5250		60	10.05	1,930,980	2,126,160	
1996/01		0.20	1.7228	1.7228		60	10.05	1,930,980	2,162,820	
1996/07	209,222	0.30	1.3294	1.3294		60	33.72	2,144,923	2,191,560	
1997/01		0.30	1.4109	1.4109		60	33.72	2,150,490	2,222,460	
1997/07		0.40	1.0917	1.0917		60	33.72	2,156,248	2,246,700	
1998/01		0.40	1.1663	1.1663		60	33.72	2,162,415	2,272,920	
1998/07		0.50	1.0794	1.0794		60	33.72	2,169,570	2,297,460	
1999/01		0.50	1.4499	1.4499		60	33.72	2,179,214	2,330,760	
1999/07		0.60	1.2299	1.2299		60	37.73	2,179,214	2,359,440	5
2000/01		0.60	1.3356	1.3356		60	37.73	2,202,286	2,390,940	
2000/07		0.70	1.1129	1.1129		60	52.45	2,218,646	2,417,520	
2001/01		0.70	1.2976	1.2976		60	52.45	2,237,864	2,448,900	
2001/07		0.80	0.9615	0.9615		60	52.45	2,254,280	2,472,420	
2002/01		0.80	1.0301	1.0301		60	52.45	2,271,996	2,497,860	
2002/07		0.90	0.8337	0.8337		60	52.45	2,288,252	2,518,680	
2003/01		0.90	1.3271	1.3271		60	52.45	2,314,316	2,552,100	
2003/07		1.00	1.1664	1.1664		60	52.45	2,340,059	2,581,860	
2004/01	13,780	1.00	1.1103	1.1103		60	51.38	2,378,111	2,610,540	
2004/07		1.00	0.8378	0.8378		60	51.38	2,396,723	2,632,440	
2005/01		1.00	0.8595	0.8595		60	55.90	2,417,323	2,655,060	
2005/07		1.00	0.7364	0.7364		60	55.90	2,435,124	2,674,620	
2006/01		1.00	0.9068	0.9068		60	55.07	2,457,206	2,698,860	
2006/07		1.00	0.8133	0.8133		60	55.07	2,477,190	2,720,820	
2007/01		1.00	1.0133	1.0133		60	45.67	2,498,033	2,748,360	
2007/07		1.00	1.1050	1.1050		60	45.67	2,520,954	2,778,720	
2008/01		1.00	0.8556	0.8556		60	45.67	2,538,864	2,802,480	
2008/07		1.00	0.6104	0.6104		60	37.58	2,549,453	2,819,580	



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273.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		60	41.40	2,574,915	2,857,020	
2009/07		1.00	0.6841	0.6841		60	41.40	2,588,174	2,876,580	
2010/01		1.00	0.8643	0.8643		60	45.71	2,606,765	2,901,420	
2010/07		1.00	0.7107	0.7107		60	41.99	2,620,909	2,922,060	
2011/01		1.00	0.9198	0.9198		60	41.95	2,639,296	2,948,940	
2011/07		1.00	0.9028	0.9028		60	41.95	2,657,470	2,975,580	
2012/01		1.00	0.3865	0.3865		60	41.95	2,665,304	2,987,100	
2012/07		1.00	0.9417	0.9417		60	41.95	2,684,448	3,015,240	
2013/01		1.00	0.4901	0.4901		60	41.95	2,694,483	3,030,000	
2013/07	21,345	1.00	0.6196	0.6196		60	38.65	2,727,560	3,048,780	
2014/01		1.00	0.8564	0.8564		60	38.65	2,743,975	3,074,880	
2014/07		0.95	1.2383	1.2383		60	40.73	2,767,880	3,112,980	
2015/01		0.95	0.7571	0.7571		60	39.47	2,767,880	3,136,560	5

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 032049-00 - 2015/01

242.80

Clyde E. Lassen State Veterans' Nursing Home

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Government CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4650 STATE RD 16	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
SAINT AUGUSTINE, FL 32092	Days in CR 365	Maximum: 43,800	Standard: 243
County: St Johns [55]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 43,625	Total: 243
Control: Government	Unaudited	Medicare: 1,629	Inflation
Current Class North Large	Initial CR? False	Medicaid: 14,166	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	32.47221%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.60046%	Cost: 1.03741261
Open Date: 09/13/2010	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/13/2010	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 11/16/2010	Low Occupancy Adjustment Factor:	127.18530%	DC Sem Index: 1.25449501
Med # Active Date: 11/16/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	690,593	1,840,656	784,493	276,095		3,591,837	
1a	Audit Adjustments							
2	Cost Per Diem	48.7500	129.9348	55.3786	19.4900		253.5534	
3	Cost Per Diem Inflated	50.5739	133.2809	57.4505				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.5739	133.2809	57.4505	19.4900		260.7953	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	148.7681		146.9214				
7	Provider Target Rate	154.2161		152.3018				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	51.9632		60.2263				
10b	Base for line 10a	50.1275		58.0987				
11	Lesser of 5,7,8,10, 10a	50.5739	96.4319	57.4505	13.6500		218.1063	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.5739	96.4319	57.4505	13.6500		218.1063	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 032049-00 - 2015/01

242.80

Rate Semester 01/01/2015 through 08/31/2015

Clyde E. Lassen State Veterans' Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/16/2010	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	2010/07	Type:	None	80% Capital(1):	4,723,578 3.8303
Indexed Asset Value	5,904,472	<60% of Base:	True	20% ROE(2):	1,180,894 0.6803
FRVS Base Asset:	5,802,840	Interest Rate:	0.0000%	Insurance Cost(3):	3,370 0.0772
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
ROE Factor	0.022710	Amortization Rate:	3.2500%	Home Office(3):	47,476 1.0883
		Interest Only:	True	Replacement(3&4):	12,905 0.0000
		Yearly Payment:	150,991	Total FRVS PD:	5.6761

- (1) 80% Capital (\$4,723,578) amortized at 3.2500 % for 20 years Interest of \$150,991 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$3.8303
- (2) 20% ROE (\$1,180,894) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6803
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	48,357
Comparison Date:	01/01/2010	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,802,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.5739	50.5739	0.8799	49.6940
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	57.4505	57.4505	0.9995	56.4510
Property	13.6500	5.6761	0.0988	5.5773
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.4213
Supplemental Rate Add-on				9.9025
Totals	218.1063	210.1324	3.6559	242.8003

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 032049-00 - 2015/01

242.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07	27,990,240	0.00	0.7107	0.7107		120	5.99	5,802,840	5,802,840	1
2011/01	4,358	0.10	0.9198	0.9198		120	5.99	5,807,198	5,897,880	
2011/07		0.10	0.9028	0.9028		120	5.99	5,807,198	5,951,160	
2012/01		0.20	0.3865	0.3865		120	5.99	5,807,198	5,974,200	
2012/07		0.20	0.9417	0.9417		120	5.99	5,807,198	6,030,480	
2013/01		0.30	0.4901	0.4901		120	5.99	5,807,198	6,060,000	
2013/07	22,635	0.30	0.6196	0.6196		120	32.10	5,836,134	6,097,560	
2014/01		0.40	0.8564	0.8564		120	32.10	5,847,804	6,149,760	
2014/07	24,110	0.40	1.2383	1.2383		120	36.82	5,891,304	6,225,960	
2015/01		0.50	0.7571	0.7571		120	32.47	5,904,472	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 032482-00 - 2015/01

242.62

Unity Health and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1404 NW 22ND STREET	1/1/2014-8/31/2014	Number of Beds: 294	Superior: 0
MIAMI, FL 33142	Days in CR 243	Maximum: 71,442	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 107,310	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 65,310	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,174	Inflation
Current Class South Large	Initial CR? False	Medicaid: 56,865	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	87.06936%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.41681%	Cost: 1.02673601
Open Date: 01/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	116.73515%	DC Sem Index: 1.25449501
Med # Active Date: 05/13/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 227544			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,023,814	5,606,798	3,238,019	578,886	18,820	12,466,337	
1a	Audit Adjustments							
2	Cost Per Diem	53.1753	98.5984	56.9422	10.1800	0.3310	219.2269	
3	Cost Per Diem Inflated	54.5970	100.8627	58.4646				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.5970	100.8627	58.4646	10.1800	0.3310	224.4353	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5183		58.3829				
7	Provider Target Rate	56.5148		60.5209				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.5970	99.8648	58.4646	10.1800	0.3310	223.4374	
12/13	Medical Adjustment Rate		4.1647	2.4382				
14	Prospective Per Diem 11	54.5970	104.0295	60.9028	10.1800	0.3310	230.0403	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 032482-00 - 2015/01

242.62

Rate Semester 01/01/2015 through 08/31/2015

Unity Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,562,567.00	Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable	80% Capital(1):	8,615,842 11.1374
Indexed Asset Value	10,769,803	<60% of Base:	False	20% ROE(2):	2,153,961 0.5192
FRVS Base Asset:	5,044,343	Interest Rate:	11.1200%	Insurance Cost(3):	83,328 1.2759
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	48,300 0.7395
ROE Factor	0.023280	Amortization Rate:	11.1200%	Home Office(3):	42,656 0.6531
		Interest Only:	False	Replacement(3&4):	84,107 0.0000
		Yearly Payment:	1,075,637	Total FRVS PD:	14.3251

- (1) 80% Capital (\$8,615,842) amortized at 11.1200 % for 20 years Principal & Interest of \$1,075,637 divided by annual available days (107310) divided by Occup. Adj. (0.90) = \$11.1374
- (2) 20% ROE (\$2,153,961) times the ROE factor (0.023280) divided by annual available days (107310) divided by Occup. Adj. (0.90) = \$0.5192
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	298	Effective PBS Limitation	8,493,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.5970	54.5970	0.9499	53.6471
Direct Care	104.0295	104.0295	1.8099	102.2196
Indirect Care	60.9028	60.9028	1.0596	59.8432
Property	10.1800	14.3251	0.2492	14.0759
ROE	0.3310	0.3307	0.0058	0.3249
ROE Adjustment	-0.3307	-0.3307	-0.0058	-0.3249
Quality Assess-Medicaid Share				2.9295
Supplemental Rate Add-on				9.9025
Totals	229.7096	233.8544	4.0686	242.6178

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

0 032482-00 - 2015/01

242.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	5,020,364	0.00	1.2952	1.2952		298	99.60	5,020,364	8,169,074	
1984/07		0.10	1.9179	1.9179		298	99.60	5,029,993	8,325,822	
1985/01		0.10	1.1471	1.1471		298	97.94	5,035,762	8,421,182	
1985/10		0.20	0.8522	0.8522		298	98.45	5,044,343	8,493,000	
1986/01		0.20	0.8299	0.8299		298	98.45	5,052,717	8,563,626	
1986/07		0.30	0.2974	0.2974		298	98.45	5,057,224	8,547,236	
1987/01		0.30	1.0091	1.0091		298	98.45	5,072,532	8,700,110	
1987/07		0.40	0.9007	0.9007		298	98.07	5,090,808	8,768,054	
1988/01		0.40	0.9007	0.9007		298	98.07	5,109,150	8,839,276	
1988/07	58,538	0.50	0.5899	0.5899		298	98.07	5,182,760	8,834,508	
1989/01		0.50	0.5899	0.5899		298	96.87	5,198,049	8,886,658	
1989/07		0.60	0.5899	0.5899		298	93.97	5,216,445	8,946,854	
1990/01		0.60	0.5899	0.5899		298	93.97	5,234,906	8,991,852	
1990/07		0.70	0.5899	0.5899		298	91.51	5,234,906	9,044,896	5
1991/01		0.70	0.5899	0.5899		298	91.51	5,256,521	9,097,940	5
1991/07		0.80	1.4932	1.4932		298	91.59	5,278,225	9,233,828	5
1992/01		0.80	2.0117	2.0117		298	91.59	5,341,279	9,419,482	5
1992/07		0.90	1.8152	1.8152		298	90.88	5,515,907	9,590,534	
1993/01		0.90	1.7710	1.7710		298	90.88	5,603,825	9,760,394	
1993/07		1.00	1.5329	1.5329		298	90.18	5,603,825	9,909,990	5
1994/01		1.00	1.6983	1.6983		298	90.18	5,689,726	10,078,360	5
1994/07	76,889	1.00	1.5991	1.5991		298	87.56	5,955,774	10,239,578	
1995/01		1.00	1.5812	1.5812		298	87.56	6,049,947	10,401,392	
1995/07	89,716	1.00	1.5250	1.5250		298	84.16	6,231,925	10,559,928	
1996/01		1.00	1.7228	1.7228		298	84.16	6,339,289	10,742,006	
1996/07	83,886	1.00	1.3294	1.3294		298	85.02	6,507,450	10,884,748	
1997/01		1.00	1.4109	1.4109		298	85.02	6,599,264	11,038,218	
1997/07		1.00	1.0917	1.0917		298	85.88	6,671,308	11,158,610	
1998/01		1.00	1.1663	1.1663		298	85.88	6,749,115	11,288,836	
1998/07		1.00	1.0794	1.0794		294	86.33	6,821,965	11,257,554	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

0 032482-00 - 2015/01

242.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		294	86.33	6,920,877	11,420,724	
1999/07	588,897	1.00	1.2299	1.2299		294	87.04	7,594,894	11,561,256	
2000/01		1.00	1.3356	1.3356		294	87.04	7,696,331	11,715,606	
2000/07		1.00	1.1129	1.1129		294	87.32	7,781,983	11,845,848	
2001/01		1.00	1.2976	1.2976		294	87.32	7,882,962	11,999,610	
2001/07		1.00	0.9615	0.9615		294	87.32	7,958,757	12,114,858	
2002/01		1.00	1.0301	1.0301		294	87.32	8,040,740	12,239,514	
2002/07		1.00	0.8337	0.8337		294	87.32	8,040,740	12,341,532	5
2003/01		1.00	1.3271	1.3271		294	87.24	8,215,374	12,505,290	
2003/07		1.00	1.1664	1.1664		294	87.24	8,311,198	12,651,114	
2004/01		1.00	1.1103	1.1103		294	86.85	8,403,477	12,791,646	
2004/07		0.95	0.8378	0.8378		294	86.85	8,470,360	12,898,956	
2005/01		0.95	0.8595	0.8595		294	86.85	8,539,520	13,009,794	
2005/07	140,652	0.90	0.7364	0.7364		294	86.55	8,736,772	13,105,638	
2006/01		0.90	0.9068	0.9068		294	86.55	8,736,772	13,224,414	5
2006/07		0.85	0.8133	0.8133		294	86.55	8,868,963	13,332,018	
2007/01	78,885	0.85	1.0133	1.0133		294	87.05	9,024,236	13,466,964	
2007/07		0.80	1.1050	1.1050		294	89.19	9,104,010	13,615,728	
2008/01		0.80	0.8556	0.8556		294	89.19	9,166,327	13,732,152	
2008/07	126,721	0.75	0.6104	0.6104		294	90.39	9,335,011	13,815,942	
2009/01		0.75	1.3268	1.3268		294	90.39	9,335,011	13,999,398	5
2009/07		0.70	0.6841	0.6841		294	90.39	9,473,054	14,095,242	
2010/01	233,914	0.70	0.8643	0.8643		294	90.29	9,764,280	14,216,958	
2010/07	47,649	0.65	0.7107	0.7107		294	90.71	9,857,040	14,318,094	
2011/01		0.65	0.9198	0.9198		294	90.71	9,915,975	14,449,806	
2011/07	50,315	0.60	0.9028	0.9028		294	89.64	10,020,005	14,580,342	
2012/01		0.60	0.3865	0.3865		294	89.64	10,043,241	14,636,790	
2012/07	256,947	0.55	0.9417	0.9417		294	87.54	10,352,202	14,774,676	
2013/01		0.55	0.4901	0.4901		294	87.54	10,380,112	14,847,000	
2013/07		0.50	0.6196	0.6196		294	87.54	10,412,270	14,939,022	



Florida Agency for Health Care Administration
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

0 032482-00 - 2015/01

242.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01	178,660	0.50	0.8564	0.8564		294	89.99	10,635,515	15,066,912	
2014/07		0.45	1.2383	1.2383		294	89.99	10,694,776	15,253,602	
2015/01	38,590	0.45	0.7571	0.7571		294	87.07	10,769,803	15,369,144	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 032482083120140101201411192014165437



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 032486-00 - 2015/01

247.43

Lady Lake Specialty Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
630 GRIFFIN AVENUE	1/1/2014-8/31/2014	Number of Beds: 145	Superior: 0
LADY LAKE, FL 32159	Days in CR 243	Maximum: 35,235	Standard: 243
County: Lake [35]	First Used : 2015/01	Max Annualized: 52,925	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 32,464	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,078	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,485	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	38.45798%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.13566%	Cost: 1.02673601
Open Date: 01/29/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/30/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 03/30/1999	Low Occupancy Adjustment Factor:	117.65308%	DC Sem Index: 1.25449501
Med # Active Date: 05/13/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 227561			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	624,976	1,157,188	724,679	314,123	5,869	2,826,835	
1a	Audit Adjustments							
2	Cost Per Diem	50.0581	92.6862	58.0440	25.1600	0.4701	226.4184	
3	Cost Per Diem Inflated	51.3965	94.8147	59.5959				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.3965	94.8147	59.5959	25.1600	0.4701	231.4372	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5646		65.2830				
7	Provider Target Rate	56.5628		67.6737				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.3965	94.8147	59.5959	13.6500	0.4701	219.9272	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.3965	94.8147	59.5959	13.6500	0.4701	219.9272	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 032486-00 - 2015/01

247.43

Rate Semester 01/01/2015 through 08/31/2015

Lady Lake Specialty Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/30/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,742,850.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable	80% Capital(1):	5,894,958	15.4506
Indexed Asset Value	7,368,698	<60% of Base:	False	20% ROE(2):	1,473,740	0.7203
FRVS Base Asset:	4,594,920	Interest Rate:	11.1200%	Insurance Cost(3):	50,356	1.5511
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	56,696	1.7464
ROE Factor	0.023280	Amortization Rate:	11.1200%	Home Office(3):	31,541	0.9716
		Interest Only:	False	Replacement(3&4):	112,876	0.0000
		Yearly Payment:	735,951	Total FRVS PD:		20.4400

- (1) 80% Capital (\$5,894,958) amortized at 11.1200 % for 20 years Principal & Interest of \$735,951 divided by annual available days (52925) divided by Occup. Adj. (0.90) = \$15.4506
- (2) 20% ROE (\$1,473,740) times the ROE factor (0.023280) divided by annual available days (52925) divided by Occup. Adj. (0.90) = \$0.7203
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,291
Comparison Date:	07/01/1998	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.3965	51.3965	0.8942	50.5023
Direct Care	94.8147	94.8147	1.6495	93.1652
Indirect Care	59.5959	59.5959	1.0368	58.5591
Property	13.6500	20.4400	0.3556	20.0844
ROE	0.4701	0.2465	0.0043	0.2422
ROE Adjustment	-0.2465	-0.2465	-0.0043	-0.2422
Quality Assess-Medicaid Share				15.2139
Supplemental Rate Add-on				9.9025
Totals	219.6807	226.2471	3.9361	247.4274

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

0 032486-00 - 2015/01

247.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	6,465,779	0.00	1.4499	1.4499		120	37.34	4,594,920	4,594,920	1
1999/07	16,555	0.10	1.2299	1.2299		120	37.34	4,615,312	4,718,880	
2000/01		0.10	1.3356	1.3356		120	37.34	4,619,498	4,781,880	
2000/07		0.20	1.1129	1.1129		120	49.52	4,628,756	4,835,040	
2001/01		0.20	1.2976	1.2976		120	49.52	4,639,571	4,897,800	
2001/07		0.30	0.9615	0.9615		120	49.52	4,651,623	4,944,840	
2002/01		0.30	1.0301	1.0301		120	49.52	4,664,564	4,995,720	
2002/07		0.40	0.8337	0.8337		120	49.52	4,664,564	5,037,360	5
2003/01		0.40	1.3271	1.3271		120	50.03	4,701,160	5,104,200	
2003/07		0.50	1.1664	1.1664		120	50.03	4,726,100	5,163,720	
2004/01		0.50	1.1103	1.1103		120	50.03	4,749,968	5,221,080	
2004/07		0.60	0.8378	0.8378		120	42.37	4,768,363	5,264,880	
2005/01	1,172,619	0.60	0.8595	0.8595		145	39.14	5,958,481	6,416,395	
2005/07		0.70	0.7364	0.7364		145	39.14	5,980,340	6,463,665	
2006/01	50,345	0.70	0.9068	0.9068		145	31.58	6,052,483	6,522,245	
2006/07	18,597	0.80	0.8133	0.8133		145	32.24	6,094,162	6,575,315	
2007/01		0.80	1.0133	1.0133		145	32.24	6,123,119	6,641,870	
2007/07		0.90	1.1050	1.1050		145	34.64	6,161,471	6,715,240	
2008/01		0.90	0.8556	0.8556		145	34.64	6,191,352	6,772,660	
2008/07	67,183	1.00	0.6104	0.6104		145	36.04	6,283,299	6,813,985	
2009/01		1.00	1.3268	1.3268		145	36.04	6,337,927	6,904,465	
2009/07		1.00	0.6841	0.6841		145	36.04	6,366,338	6,951,735	
2010/01	33,820	1.00	0.8643	0.8643		145	34.09	6,434,263	7,011,765	
2010/07	276,504	1.00	0.7107	0.7107		145	31.93	6,737,314	7,061,645	
2011/01		1.00	0.9198	0.9198		145	31.93	6,773,290	7,126,605	
2011/07	109,366	1.00	0.9028	0.9028		145	32.45	6,918,734	7,190,985	
2012/01		1.00	0.3865	0.3865		145	32.45	6,934,511	7,218,825	
2012/07	35,775	1.00	0.9417	0.9417		145	32.25	7,008,577	7,286,830	
2013/01		1.00	0.4901	0.4901		145	32.25	7,028,718	7,322,500	
2013/07		1.00	0.6196	0.6196		145	32.25	7,054,254	7,367,885	



Florida Agency for Health Care Administration
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Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

0 032486-00 - 2015/01

247.43

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01	106,935	1.00	0.8564	0.8564		145	28.98	7,193,021	7,430,960	
2014/07	35,348	1.00	1.2383	1.2383		145	35.70	7,286,184	7,523,035	
2015/01	43,940	1.00	0.7571	0.7571		145	38.46	7,368,698	7,580,020	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 032486083120140101201410092014140735



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 032551-00 - 2015/01

256.57

Sunset Lake Health and Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
832 SUNSET LAKE BOULEVARD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
VENICE, FL 34292	Days in CR 365	Maximum: 43,800	Standard: 243
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 41,531	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,311	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,053	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	38.65305%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.81963%	Cost: 1.04340134
Open Date: 02/10/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/10/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/17/1992	Low Occupancy Adjustment Factor:	121.08039%	DC Sem Index: 1.25449501
Med # Active Date: 05/13/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 308501			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	852,063	1,509,014	1,053,482	406,462	18,972	3,839,993	
1a	Audit Adjustments							
2	Cost Per Diem	53.0781	94.0020	65.6252	25.3200	1.1818	239.2071	
3	Cost Per Diem Inflated	55.3818	97.0576	68.4734				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.3818	97.0576	68.4734	25.3200	1.1818	247.4146	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.2328		68.3375				
7	Provider Target Rate	67.6217		70.8401				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	55.3818	97.0576	65.5807	13.6500	1.1818	232.8519	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.3818	97.0576	65.5807	13.6500	1.1818	232.8519	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 032551-00 - 2015/01

256.57

Rate Semester 01/01/2015 through 08/31/2015

Sunset Lake Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/17/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed	80% Capital(1):	4,386,062	11.7311
Indexed Asset Value	5,482,577	<60% of Base:	False	20% ROE(2):	1,096,515	0.5216
FRVS Base Asset:	3,718,320	Interest Rate:	8.6700%	Insurance Cost(3):	84,151	2.0262
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	54,668	1.3163
ROE Factor	0.018750	Amortization Rate:	8.6700%	Home Office(3):	40,179	0.9674
		Interest Only:	False	Replacement(3&4):	192,157	0.0000
		Yearly Payment:	462,438	Total FRVS PD:		16.5626

- (1) 80% Capital (\$4,386,062) amortized at 8.6700 % for 20 years Principal & Interest of \$462,438 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.7311
- (2) 20% ROE (\$1,096,515) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5216
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.3818	55.3818	0.9635	54.4183
Direct Care	97.0576	97.0576	1.6886	95.3690
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	16.5626	0.2881	16.2745
ROE	1.1818	1.1813	0.0206	1.1607
ROE Adjustment	-1.1813	-1.1813	-0.0206	-1.1607
Quality Assess-Medicaid Share				16.1622
Supplemental Rate Add-on				9.9025
Totals	231.6706	234.5827	4.0811	256.5663

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 032551-00 - 2015/01

256.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	4,273,713	0.00	2.0117	2.0117		120	32.19	3,718,320	3,718,320	1
1992/07	41,445	0.10	1.8152	1.8152		120	32.19	3,763,715	3,861,960	
1993/01		0.10	1.7710	1.7710		120	32.19	3,767,616	3,930,360	
1993/07		0.20	1.5329	1.5329		120	32.19	3,767,616	3,990,600	5
1994/01		0.20	1.6983	1.6983		120	32.19	3,781,881	4,058,400	
1994/07		0.30	1.5991	1.5991		120	32.19	3,792,499	4,123,320	
1995/01	23,451	0.30	1.5812	1.5812		120	36.61	3,827,926	4,188,480	
1995/07		0.40	1.5250	1.5250		120	46.06	3,847,481	4,252,320	
1996/01		0.40	1.7228	1.7228		120	46.06	3,869,684	4,325,640	
1996/07		0.50	1.3294	1.3294		120	46.06	3,891,225	4,383,120	
1997/01		0.50	1.4109	1.4109		120	46.06	3,914,215	4,444,920	
1997/07		0.60	1.0917	1.0917		120	46.06	3,935,686	4,493,400	
1998/01		0.60	1.1663	1.1663		120	46.06	3,958,751	4,545,840	
1998/07		0.70	1.0794	1.0794		120	46.06	3,983,801	4,594,920	
1999/01		0.70	1.4499	1.4499		120	46.06	3,983,801	4,661,520	5
1999/07		0.80	1.2299	1.2299		120	46.06	4,017,661	4,718,880	5
2000/01		0.80	1.3356	1.3356		120	45.45	4,086,532	4,781,880	
2000/07		0.90	1.1129	1.1129		120	36.12	4,113,412	4,835,040	
2001/01		0.90	1.2976	1.2976		120	36.12	4,144,959	4,897,800	
2001/07	61,570	1.00	0.9615	0.9615		120	32.32	4,206,529	4,944,840	5
2002/01		1.00	1.0301	1.0301		120	32.32	4,255,554	4,995,720	
2002/07	54,035	1.00	0.8337	0.8337		120	31.25	4,329,747	5,037,360	
2003/01		1.00	1.3271	1.3271		120	31.25	4,362,395	5,104,200	
2003/07		1.00	1.1664	1.1664		120	39.77	4,399,188	5,163,720	
2004/01		1.00	1.1103	1.1103		120	39.77	4,434,507	5,221,080	
2004/07		1.00	0.8378	0.8378		120	43.11	4,463,628	5,264,880	
2005/01	24,993	1.00	0.8595	0.8595		120	40.24	4,516,690	5,310,120	
2005/07		1.00	0.7364	0.7364		120	40.24	4,541,025	5,349,240	
2006/01		1.00	0.9068	0.9068		120	40.24	4,571,152	5,397,720	
2006/07		1.00	0.8133	0.8133		120	40.24	4,598,352	5,441,640	



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0 032551-00 - 2015/01

256.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		1.00	1.0133	1.0133		120	40.24	4,632,443	5,496,720	
2007/07	41,602	1.00	1.1050	1.1050		120	36.37	4,707,895	5,557,440	
2008/01		1.00	0.8556	0.8556		120	36.37	4,734,532	5,604,960	
2008/07	160,071	1.00	0.6104	0.6104		120	33.01	4,911,948	5,639,160	
2009/01		1.00	1.3268	1.3268		120	33.01	4,951,063	5,714,040	
2009/07		1.00	0.6841	0.6841		120	33.01	4,971,391	5,753,160	
2010/01	26,967	1.00	0.8643	0.8643		120	33.69	5,024,678	5,802,840	
2010/07	52,775	1.00	0.7107	0.7107		120	44.59	5,106,404	5,844,120	
2011/01		1.00	0.9198	0.9198		120	44.59	5,144,483	5,897,880	
2011/07		1.00	0.9028	0.9028		120	44.59	5,182,137	5,951,160	
2012/01	25,172	1.00	0.3865	0.3865		120	40.70	5,222,130	5,974,200	
2012/07	18,217	0.95	0.9417	0.9417		120	38.41	5,272,973	6,030,480	
2013/01		0.95	0.4901	0.4901		120	38.41	5,290,118	6,060,000	
2013/07		0.90	0.6196	0.6196		120	38.41	5,310,718	6,097,560	
2014/01	32,230	0.90	0.8564	0.8564		120	40.52	5,373,106	6,149,760	
2014/07	45,046	0.85	1.2383	1.2383		120	38.65	5,457,896	6,225,960	
2015/01		0.85	0.7571	0.7571		120	38.65	5,482,577	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 032553-00 - 2015/01

224.49

Lexington Health & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6300 46TH AVE N	1/1/2013-12/31/2013	Number of Beds: 159	Superior: 0
SAINT PETERSBURG, FL 33709	Days in CR 365	Maximum: 58,035	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 58,035	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 53,789	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,632	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,637	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	55.09863%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.68373%	Cost: 1.04340134
Open Date: 06/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	118.35295%	DC Sem Index: 1.25449501
Med # Active Date: 05/13/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 227650			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,394,035	2,373,383	1,539,220	557,176	8,105	5,871,919	
1a	Audit Adjustments							
2	Cost Per Diem	47.0370	80.0818	51.9358	18.8000	0.2735	198.1281	
3	Cost Per Diem Inflated	49.0785	82.6850	54.1899				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.0785	82.6850	54.1899	18.8000	0.2735	205.0269	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.1022		64.8115				
7	Provider Target Rate	60.2300		67.1850				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.0785	82.6850	54.1899	13.6500	0.2735	199.8769	
12/13	Medical Adjustment Rate		0.4743	0.3108				
14	Prospective Per Diem 11	49.0785	83.1593	54.5007	13.6500	0.2735	200.6620	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 032553-00 - 2015/01

224.49

Rate Semester 01/01/2015 through 08/31/2015

Lexington Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:		Total Amount	Per Diem
	3,623,017.00	Type: Variable	80% Capital(1): 4,673,490	9.4886
		<60% of Base: False	20% ROE(2): 1,168,372	0.4194
		Interest Rate: 10.4900%	Insurance Cost(3): 96,196	1.7884
		Chase Rate: 6.7500%	Taxes Cost(3): 62,746	1.1665
		Amortization Rate: 8.7500%	Home Office(3): 44,258	0.8228
		Interest Only: False	Replacement(3&4): 169,921	0.0000
		Yearly Payment: 495,602	Total FRVS PD:	13.6857

- (1) 80% Capital (\$4,673,490) amortized at 8.7500 % for 20 years Principal & Interest of \$495,602 divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$9.4886
- (2) 20% ROE (\$1,168,372) times the ROE factor (0.018750) divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$0.4194
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	102	Effective PBS Limitation	2,907,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.0785	49.0785	0.8538	48.2247
Direct Care	83.1593	83.1593	1.4468	81.7125
Indirect Care	54.5007	54.5007	0.9482	53.5525
Property	13.6500	13.6857	0.2375	13.4125
ROE	0.2735	0.1399	0.0048	0.2687
ROE Adjustment	-0.1399	-0.1399	-0.0024	-0.1375
Quality Assess-Medicaid Share				17.5543
Supplemental Rate Add-on				9.9025
Totals	200.5221	200.4242	3.4887	224.4902

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,209,024	0.00	2.6760	2.6760		102	58.37	1,209,024	2,529,192	
1982/07		0.10	2.2977	2.2977		102	58.37	1,211,802	2,587,230	
1983/04		0.10	2.6288	2.6288		102	56.61	1,214,988	2,655,264	
1983/07		0.20	3.9578	3.0000	0.9578	102	56.61	1,222,278	2,760,324	
1984/01		0.20	2.2530	2.2530		102	56.61	1,227,786	2,796,126	
1984/07		0.30	1.9179	1.9179		102	58.37	1,234,851	2,849,778	
1985/01		0.30	1.1471	1.1471		102	58.37	1,239,100	2,882,418	
1985/10		0.40	0.8522	0.8522		102	55.14	1,243,324	2,907,000	
1986/01		0.40	0.8299	0.8299		102	55.14	1,247,452	2,931,174	
1986/07		0.50	0.2974	0.2974		102	53.67	1,249,262	2,925,564	
1987/01		0.50	1.0091	1.0091		102	53.67	1,255,413	2,977,890	
1987/07		0.60	0.9007	0.9007		102	52.85	1,261,932	3,001,146	
1988/01		0.60	0.9007	0.9007		102	52.85	1,268,485	3,025,524	
1988/07	22,903	0.70	0.5899	0.5899		102	44.46	1,295,622	3,023,892	
1989/01		0.70	0.5899	0.5899		102	44.46	1,299,946	3,041,742	
1989/07	10,790	0.80	0.5899	0.5899		102	39.88	1,315,184	3,062,346	
1990/01		0.80	0.5899	0.5899		102	39.88	1,319,684	3,077,748	
1990/07		0.90	0.5899	0.5899		102	34.47	1,324,075	3,095,904	
1991/01		0.90	0.5899	0.5899		102	34.47	1,328,481	3,114,060	
1991/07		1.00	1.4932	1.4932		102	40.50	1,343,088	3,160,572	
1992/01		1.00	2.0117	2.0117		102	40.50	1,362,984	3,224,118	
1992/07		1.00	1.8152	1.8152		102	41.28	1,381,553	3,282,666	
1993/01		1.00	1.7710	1.7710		102	41.28	1,399,917	3,340,806	
1993/07		1.00	1.5329	1.5329		102	43.45	1,416,870	3,392,010	
1994/01		1.00	1.6983	1.6983		102	43.45	1,435,880	3,449,640	
1994/07	26,980	1.00	1.5991	1.5991		102	44.41	1,481,400	3,504,822	
1995/01		1.00	1.5812	1.5812		102	44.41	1,500,314	3,560,208	
1995/07	29,966	1.00	1.5250	1.5250		102	42.13	1,547,806	3,614,472	
1996/01		1.00	1.7228	1.7228		102	42.13	1,547,806	3,676,794	5
1996/07	1,357,887	1.00	1.3294	1.3294		134	38.19	2,926,119	4,894,484	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		134	38.19	2,969,403	4,963,494	
1997/07	23,957	1.00	1.0917	1.0917		134	45.14	3,019,965	5,017,630	
1998/01		1.00	1.1663	1.1663		134	45.14	3,048,873	5,076,188	
1998/07		1.00	1.0794	1.0794		134	43.71	3,075,027	5,130,994	
1999/01		1.00	1.4499	1.4499		134	43.71	3,110,460	5,205,364	
1999/07		1.00	1.2299	1.2299		134	40.44	3,138,588	5,269,416	
2000/01		1.00	1.3356	1.3356		134	40.44	3,169,410	5,339,766	
2000/07		1.00	1.1129	1.1129		134	46.69	3,199,353	5,399,128	
2001/01		1.00	1.2976	1.2976		134	46.69	3,234,595	5,469,210	
2001/07		1.00	0.9615	0.9615		134	46.69	3,260,997	5,521,738	
2002/01		1.00	1.0301	1.0301		134	46.69	3,289,513	5,578,554	
2002/07		0.95	0.8337	0.8337		134	46.69	3,289,513	5,625,052	5
2003/01		0.95	1.3271	1.3271		134	53.21	3,352,021	5,699,690	
2003/07		0.90	1.1664	1.1664		134	53.21	3,386,065	5,766,154	
2004/01		0.90	1.1103	1.1103		134	53.21	3,418,801	5,830,206	
2004/07		0.85	0.8378	0.8378		134	58.13	3,443,146	5,879,116	
2005/01		0.85	0.8595	0.8595		134	58.13	3,468,302	5,929,634	
2005/07	70,250	0.80	0.7364	0.7364		134	54.39	3,558,757	5,973,318	
2006/01		0.80	0.9068	0.9068		134	54.39	3,584,286	6,027,454	
2006/07		0.75	0.8133	0.8133		134	54.39	3,605,908	6,076,498	
2007/01		0.75	1.0133	1.0133		134	54.93	3,633,278	6,138,004	
2007/07	116,049	0.70	1.1050	1.1050		134	52.83	3,776,322	6,205,808	
2008/01		0.70	0.8556	0.8556		134	52.83	3,798,046	6,258,872	
2008/07		0.65	0.6104	0.6104		134	52.83	3,812,522	6,297,062	
2009/01	113,777	0.65	1.3268	1.3268		134	52.08	3,957,433	6,380,678	
2009/07	388,957	0.60	0.6841	0.6841		134	52.46	4,361,885	6,424,362	
2010/01		0.60	0.8643	0.8643		134	52.46	4,383,461	6,479,838	
2010/07	986,853	0.55	0.7107	0.7107		155	50.70	5,386,109	7,548,655	
2011/01		0.55	0.9198	0.9198		155	50.70	5,411,227	7,618,095	
2011/07		0.50	0.9028	0.9028		155	50.70	5,433,744	7,686,915	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	42,705	0.50	0.3865	0.3865		159	51.44	5,486,273	7,915,815	
2012/07		0.45	0.9417	0.9417		159	51.44	5,508,019	7,990,386	
2013/01	29,747	0.45	0.4901	0.4901		159	51.22	5,549,076	8,029,500	
2013/07		0.40	0.6196	0.6196		159	51.22	5,561,882	8,079,267	
2014/01	54,932	0.40	0.8564	0.8564		159	53.00	5,635,176	8,148,432	
2014/07		0.35	1.2383	1.2383		159	53.00	5,658,711	8,249,397	
2015/01	168,155	0.35	0.7571	0.7571		159	55.10	5,841,862	8,311,884	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 032553123120130101201306162014170638



Florida Agency for Health Care Administration
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Seven Hills Health & Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3333 CAPITAL MEDICAL BLVD	2/1/2013-1/31/2014	Number of Beds: 156	Superior: 0
TALLAHASSEE, FL 32308	Days in CR 365	Maximum: 56,940	Standard: 243
County: Leon [37]	First Used : 2015/01	Max Annualized: 56,940	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 50,448	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 7,228	Inflation
Current Class North Large	Initial CR? False	Medicaid: 33,125	FY Index: 1.31458957
Class at 1/94: North Large	Medical Utilization	65.66167%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.59852%	Cost: 1.04338188
Open Date: 11/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 11/01/1984	Low Occupancy Adjustment Factor:	113.13632%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/2010	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med # 252093			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,451,055	2,755,418	1,990,374	947,706		7,144,553	
1a	Audit Adjustments							
2	Cost Per Diem	43.8054	83.1824	60.0868	28.6100		215.6846	
3	Cost Per Diem Inflated	45.7058	85.7923	62.6935				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.7058	85.7923	62.6935	28.6100		222.8016	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.6720		70.2116				
7	Provider Target Rate	53.5643		72.7828				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	50.0249		60.0735				
10b	Base for line 10a	48.2577		57.9513				
11	Lesser of 5,7,8,10, 10a	45.7058	85.7923	60.0735	13.6500		205.2216	
12/13	Medical Adjustment Rate		1.5116	1.0585				
14	Prospective Per Diem 11	45.7058	87.3039	61.1320	13.6500		207.7917	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Seven Hills Health & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,202,036.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,000,149 9.6121
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,250,037 0.4776
Indexed Asset Value	6,250,186	Interest Rate:	10.6343%	Insurance Cost(3):	47,815 0.9478
FRVS Base Asset:	2,265,264	Chase Rate:	4.7500%	Taxes Cost(3):	78,492 1.5559
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	10,393 0.2060
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	141,591 0.0000
		Yearly Payment:	492,584	Total FRVS PD:	12.7994

- (1) 80% Capital (\$5,000,149) amortized at 7.7500 % for 20 years Principal & Interest of \$492,584 divided by annual available days (56940) divided by Occup. Adj. (0.90) = \$9.6121
- (2) 20% ROE (\$1,250,037) times the ROE factor (0.019580) divided by annual available days (56940) divided by Occup. Adj. (0.90) = \$0.4776
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	156	Effective PBS Limitation	4,446,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.7058	45.7058	0.7952	44.9106
Direct Care	87.3039	87.3039	1.5189	85.7850
Indirect Care	61.1320	61.1320	1.0636	60.0684
Property	13.6500	12.7994	0.2227	12.5767
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1089
Supplemental Rate Add-on				9.9025
Totals	207.7917	206.9411	3.6004	235.3521

Medicaid Trend Adjustment



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1984/07	2,261,278	0.00	1.9179	1.9179		120	48.48	2,261,278	3,352,680	
1985/01		0.10	1.1471	1.1471		120	48.48	2,263,564	3,391,080	
1985/10		0.10	0.8522	0.8522		120	48.48	2,265,264	3,420,000	
1986/01		0.20	0.8299	0.8299		120	48.48	2,268,579	3,448,440	
1986/07		0.20	0.2974	0.2974		120	48.48	2,269,769	3,441,840	
1987/01		0.30	1.0091	1.0091		120	48.48	2,275,825	3,503,400	
1987/07		0.30	0.9007	0.9007		120	46.45	2,281,018	3,530,760	
1988/01		0.40	0.9007	0.9007		120	46.45	2,287,959	3,559,440	
1988/07	36,421	0.40	0.5899	0.5899		120	48.56	2,329,147	3,557,520	
1989/01		0.50	0.5899	0.5899		120	48.56	2,335,213	3,578,520	
1989/07	1,067,832	0.50	0.5899	0.5899		156	53.18	3,409,706	4,683,588	
1990/01		0.60	0.5899	0.5899		156	53.18	3,421,374	4,707,144	
1990/07		0.60	0.5899	0.5899		156	49.08	3,432,179	4,734,912	
1991/01		0.70	0.5899	0.5899		156	49.08	3,444,825	4,762,680	
1991/07		0.70	1.4932	1.4932		156	51.82	3,478,749	4,833,816	
1992/01		0.80	2.0117	2.0117		156	53.21	3,532,914	4,931,004	
1992/07		0.80	1.8152	1.8152		156	53.21	3,582,549	5,020,548	
1993/01		0.90	1.7710	1.7710		156	57.39	3,639,651	5,109,468	
1993/07		0.90	1.5329	1.5329		156	57.39	3,689,864	5,187,780	
1994/01	28,875	1.00	1.6983	1.6983		156	64.26	3,781,404	5,275,920	
1994/07		1.00	1.5991	1.5991		156	64.26	3,841,872	5,360,316	
1995/01		1.00	1.5812	1.5812		156	61.86	3,902,620	5,445,024	
1995/07		1.00	1.5250	1.5250		156	61.86	3,962,135	5,528,016	
1996/01		1.00	1.7228	1.7228		156	63.71	4,030,395	5,623,332	
1996/07		1.00	1.3294	1.3294		156	63.71	4,083,975	5,698,056	
1997/01	307,399	1.00	1.4109	1.4109		156	67.03	4,448,995	5,778,396	
1997/07		1.00	1.0917	1.0917		156	67.03	4,497,565	5,841,420	
1998/01		1.00	1.1663	1.1663		156	63.06	4,550,020	5,909,592	
1998/07		1.00	1.0794	1.0794		156	63.06	4,599,133	5,973,396	
1999/01		1.00	1.4499	1.4499		156	70.74	4,665,816	6,059,976	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		156	70.74	4,723,201	6,134,544	
2000/01	78,347	1.00	1.3356	1.3356		156	72.39	4,801,548	6,216,444	5
2000/07		1.00	1.1129	1.1129		156	72.39	4,918,769	6,285,552	
2001/01		1.00	1.2976	1.2976		156	68.38	4,982,595	6,367,140	
2001/07		1.00	0.9615	0.9615		156	67.96	5,030,503	6,428,292	
2002/01		1.00	1.0301	1.0301		156	67.96	5,082,322	6,494,436	
2002/07		1.00	0.8337	0.8337		156	67.96	5,124,693	6,548,568	
2003/01		1.00	1.3271	1.3271		156	67.96	5,192,703	6,635,460	
2003/07		1.00	1.1664	1.1664		156	67.96	5,253,271	6,712,836	
2004/01		1.00	1.1103	1.1103		156	67.96	5,311,598	6,787,404	
2004/07		1.00	0.8378	0.8378		156	75.49	5,356,099	6,844,344	
2005/01		0.95	0.8595	0.8595		156	75.49	5,399,832	6,903,156	
2005/07		0.95	0.7364	0.7364		156	69.62	5,437,609	6,954,012	
2006/01		0.90	0.9068	0.9068		156	69.62	5,481,985	7,017,036	
2006/07		0.90	0.8133	0.8133		156	66.44	5,522,113	7,074,132	
2007/01		0.85	1.0133	1.0133		156	65.42	5,569,675	7,145,736	
2007/07		0.85	1.1050	1.1050		156	65.42	5,621,991	7,224,672	
2008/01		0.80	0.8556	0.8556		156	65.42	5,660,474	7,286,448	
2008/07		0.80	0.6104	0.6104		156	67.17	5,688,114	7,330,908	
2009/01		0.75	1.3268	1.3268		156	62.81	5,744,716	7,428,252	
2009/07		0.75	0.6841	0.6841		156	62.81	5,774,192	7,479,108	
2010/01		0.70	0.8643	0.8643		156	62.81	5,809,126	7,543,692	
2010/07	62,160	0.70	0.7107	0.7107		156	67.02	5,900,186	7,597,356	
2011/01	35,869	0.65	0.9198	0.9198		156	67.02	5,971,332	7,667,244	
2011/07	21,408	0.65	0.9028	0.9028		156	67.02	6,027,780	7,736,508	
2012/01	4,850	0.60	0.3865	0.3865		156	67.02	6,046,608	7,766,460	
2012/07		0.60	0.9417	0.9417		156	67.02	6,080,771	7,839,624	
2013/01		0.55	0.4901	0.4901		156	67.02	6,097,165	7,878,000	
2013/07		0.55	0.6196	0.6196		156	67.02	6,117,944	7,926,828	
2014/01	23,710	0.50	0.8564	0.8564		156	65.45	6,167,851	7,994,688	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		156	65.45	6,206,042	8,093,748	
2015/01	23,000	0.45	0.7571	0.7571		156	65.66	6,250,186	8,155,056	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 033175013120140201201310302014154525



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 033717-00 - 2015/01
245.01

Benderson Family Skilled Nursing & Rehab Center

Type of Cost Report: Cost Settled Interim New Facility Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: New Provider

Provider Information	Cost Report	Patient Days	Ratings Days
1959 N HONORE AVE	7/1/2011-12/31/2012	Number of Beds: 50	Superior: 0
SARASOTA, FL 34235	Days in CR 550	Maximum: 27,500	Standard: 243
County: Sarasota [58]	First Used : 2011/01	Max Annualized: 18,250	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 20,340	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,741	Inflation
Current Class South Small	Initial CR? True	Medicaid: 4,817	FY Index: 1.27684492
Class at 1/94: South Small	Medical Utilization	23.68240%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	73.96364%	Cost: 1.07422516
Open Date: 03/04/2011	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/04/2011	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20000000
Entered Medicaid 03/22/2011	Low Occupancy Adjustment Factor:	94.44823%	DC Sem Index: 1.25449501
Med # Active Date: 03/22/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04541251
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	309,878	442,677	240,164	103,517		1,096,236
1a	Audit Adjustments						
2	Cost Per Diem	64.3301	91.8989	49.8576	21.4899		227.5765
3	Cost Per Diem Inflated	69.1050	96.0723	53.5583			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	69.1050	96.0723	53.5583	21.4899		240.2255
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.6458		66.4516			
7	Provider Target Rate	73.2329		68.8851			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	70.0751		82.3953			
10a	New Provider Target Limitation	67.5926		80.4368			
10b	Base for line 10a	65.2047		77.5952			
11	Lesser of 5,7,8,10, 10a	62.1716	96.0723	53.5583	13.6500		225.4522
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	62.1716	96.0723	53.5583	13.6500		225.4522
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Benderson Family Skilled Nursing & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/22/2011	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,948,040 3.7912
RS to Start Calcs:	2011/01	<60% of Base:	True	20% ROE(2):	487,010 0.4839
Indexed Asset Value	2,435,050	Interest Rate:	0.0000%	Insurance Cost(3):	72,567 3.5677
FRVS Base Asset:	2,435,050	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	3.2500%	Home Office(3):	0 0.0000
ROE Factor	0.016320	Interest Only:	True	Replacement(3&4):	34,168 0.0000
		Yearly Payment:	62,270	Total FRVS PD:	7.8428

- (1) 80% Capital (\$1,948,040) amortized at 3.2500 % for 20 years Interest of \$62,270 divided by annual available days (18250) divided by Occup. Adj. (0.90) = \$3.7912
- (2) 20% ROE (\$487,010) times the ROE factor (0.016320) divided by annual available days (18250) divided by Occup. Adj. (0.90) = \$0.4839
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	48,701
Comparison Date:	07/01/2010	Current RS PBS:	52,276
Comparison Bed	50	Effective PBS Limitation	2,435,050

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	96.0723	96.0723	1.6714	94.4009
Indirect Care	53.5583	53.5583	0.9318	52.6265
Property	13.6500	7.8428	0.1364	7.7064
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2791
Supplemental Rate Add-on				9.9025
Totals	225.4522	219.6450	3.8212	245.0054

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2012

0 033717-00 - 2015/01

245.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01	37,466,681	0.00	0.9198	0.9198		50	23.68	2,435,050	2,435,050	1
2011/07		0.10	0.9028	0.9028		50	23.68	2,435,050	2,479,650	
2012/01		0.10	0.3865	0.3865		50	23.68	2,435,050	2,489,250	
2012/07		0.20	0.9417	0.9417		50	23.68	2,435,050	2,512,700	
2013/01		0.20	0.4901	0.4901		50	23.68	2,435,050	2,525,000	
2013/07		0.30	0.6196	0.6196		50	23.68	2,435,050	2,540,650	
2014/01		0.30	0.8564	0.8564		50	23.68	2,435,050	2,562,400	
2014/07		0.40	1.2383	1.2383		50	23.68	2,435,050	2,594,150	
2015/01		0.40	0.7571	0.7571		50	23.68	2,435,050	2,613,800	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 034504-00 - 2015/01

204.70

Grace Healthcare of Lake Wales

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
730 N SCENIC HWY	1/1/2013-12/31/2013	Number of Beds: 100	Superior: 0
LAKE WALES, FL 33853	Days in CR 365	Maximum: 36,500	Standard: 243
County: Polk [53]	First Used : 2014/07	Max Annualized: 36,500	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 30,171	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,026	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 17,965	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	59.54393%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.66027%	Cost: 1.04340134
Open Date: 08/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/01/1983	Low Occupancy Adjustment Factor:	105.55344%	DC Sem Index: 1.25449501
Med # Active Date: 03/09/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319341			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	665,070	1,334,670	843,399	324,807		3,167,946
1a	Audit Adjustments						
2	Cost Per Diem	37.0203	74.2928	46.9468	18.0800		176.3399
3	Cost Per Diem Inflated	38.6270	76.7078	48.9844			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6270	76.7078	48.9844	18.0800		182.3992
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6681		61.8331			
7	Provider Target Rate	49.4137		64.0975			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	62.9364		74.3444			
10a	New Provider Target Limitation	60.1233		71.3288			
10b	Base for line 10a	57.9993		68.8090			
11	Lesser of 5,7,8,10, 10a	38.6270	76.7078	48.9844	13.6500		177.9692
12/13	Medical Adjustment Rate		0.8236	0.5259			
14	Prospective Per Diem 11	38.6270	77.5314	49.5103	13.6500		179.3187
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Grace Healthcare of Lake Wales

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/09/2011	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable	80% Capital(1):	3,495,950 8.6054
Indexed Asset Value	4,369,937	<60% of Base:	False	20% ROE(2):	873,987 0.4989
FRVS Base Asset:	1,301,586	Interest Rate:	7.0000%	Insurance Cost(3):	11,099 0.3679
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	28,174 0.9338
ROE Factor	0.018750	Amortization Rate:	5.2500%	Home Office(3):	10,548 0.3496
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	282,687	Total FRVS PD:	10.7556

- (1) 80% Capital (\$3,495,950) amortized at 5.2500 % for 20 years Principal & Interest of \$282,687 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$8.6054
- (2) 20% ROE (\$873,987) times the ROE factor (0.018750) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.4989
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.6270	38.6270	0.6720	37.9550
Direct Care	77.5314	77.5314	1.3489	76.1825
Indirect Care	49.5103	49.5103	0.8614	48.6489
Property	13.6500	10.7556	0.1871	10.5685
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4406
Supplemental Rate Add-on				9.9025
Totals	179.3187	176.4243	3.0694	204.6980

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	1,244,284	0.00	3.9578	3.0000	0.9578	100	52.16	1,244,284	2,706,200	
1984/01	41,496	0.10	2.2530	2.2530		100	52.16	1,288,439	2,741,300	
1984/07		0.10	1.9179	1.9179		100	52.16	1,290,783	2,793,900	
1985/01	5,781	0.20	1.1471	1.1471		100	52.16	1,299,372	2,825,900	
1985/10		0.20	0.8522	0.8522		100	59.85	1,301,586	2,850,000	
1986/01		0.30	0.8299	0.8299		100	59.85	1,304,827	2,873,700	
1986/07		0.30	0.2974	0.2974		100	67.51	1,305,991	2,868,200	
1987/01		0.40	1.0091	1.0091		100	67.51	1,311,262	2,919,500	
1987/07		0.40	0.9007	0.9007		100	67.34	1,315,986	2,942,300	
1988/01		0.50	0.9007	0.9007		100	67.34	1,321,913	2,966,200	
1988/07		0.50	0.5899	0.5899		100	67.34	1,325,813	2,964,600	
1989/01		0.60	0.5899	0.5899		100	71.47	1,330,505	2,982,100	
1989/07	10,655	0.60	0.5899	0.5899		100	72.95	1,345,869	3,002,300	
1990/01		0.70	0.5899	0.5899		100	72.95	1,351,426	3,017,400	
1990/07	35,000	0.70	0.5899	0.5899		100	77.99	1,386,426	3,035,200	5
1991/01		0.80	0.5899	0.5899		100	77.99	1,392,006	3,053,000	5
1991/07	62,377	0.80	1.4932	1.4932		100	79.02	1,460,952	3,098,600	5
1992/01		0.90	2.0117	2.0117		100	79.02	1,477,659	3,160,900	5
1992/07		0.90	1.8152	1.8152		100	82.46	1,528,990	3,218,300	
1993/01		1.00	1.7710	1.7710		100	82.46	1,556,068	3,275,300	
1993/07		1.00	1.5329	1.5329		100	84.18	1,579,921	3,325,500	
1994/01		1.00	1.6983	1.6983		100	84.18	1,606,753	3,382,000	
1994/07	40,116	1.00	1.5991	1.5991		100	75.59	1,646,869	3,436,100	5
1995/01		1.00	1.5812	1.5812		100	75.59	1,699,010	3,490,400	
1995/07		1.00	1.5250	1.5250		100	79.24	1,724,920	3,543,600	
1996/01		1.00	1.7228	1.7228		100	79.24	1,754,637	3,604,700	
1996/07		1.00	1.3294	1.3294		100	79.24	1,777,963	3,652,600	
1997/01		1.00	1.4109	1.4109		100	79.24	1,803,048	3,704,100	
1997/07		1.00	1.0917	1.0917		100	79.24	1,822,732	3,744,500	
1998/01		1.00	1.1663	1.1663		100	79.24	1,843,991	3,788,200	



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204.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		100	79.24	1,863,895	3,829,100	
1999/01		1.00	1.4499	1.4499		100	79.24	1,890,920	3,884,600	
1999/07		1.00	1.2299	1.2299		100	79.24	1,914,176	3,932,400	
2000/01		1.00	1.3356	1.3356		100	79.24	1,939,742	3,984,900	
2000/07		1.00	1.1129	1.1129		100	79.24	1,961,329	4,029,200	
2001/01		1.00	1.2976	1.2976		100	79.24	1,986,779	4,081,500	
2001/07		1.00	0.9615	0.9615		100	79.24	2,005,882	4,120,700	
2002/01		1.00	1.0301	1.0301		100	76.87	2,026,545	4,163,100	
2002/07		1.00	0.8337	0.8337		100	78.98	2,043,440	4,197,800	
2003/01		1.00	1.3271	1.3271		100	78.98	2,070,558	4,253,500	
2003/07		1.00	1.1664	1.1664		100	76.56	2,094,709	4,303,100	
2004/01		0.95	1.1103	1.1103		100	76.56	2,116,804	4,350,900	
2004/07		0.95	0.8378	0.8378		100	78.92	2,133,652	4,387,400	
2005/01		0.90	0.8595	0.8595		100	78.92	2,133,652	4,425,100	5
2005/07		0.90	0.7364	0.7364		100	78.92	2,150,158	4,457,700	5
2006/01	1,755,830	0.85	0.9068	0.9068		100	61.69	3,920,239	4,498,100	5
2006/07		0.85	0.8133	0.8133		100	61.69	3,936,922	4,534,700	5
2007/01		0.80	1.0133	1.0133		100	61.69	3,996,271	4,580,600	
2007/07		0.80	1.1050	1.1050		100	61.69	4,031,598	4,631,200	
2008/01		0.75	0.8556	0.8556		100	61.69	4,057,469	4,670,800	
2008/07		0.75	0.6104	0.6104		100	66.81	4,076,044	4,699,300	
2009/01		0.70	1.3268	1.3268		100	66.81	4,113,902	4,761,700	
2009/07		0.70	0.6841	0.6841		100	67.98	4,133,603	4,794,300	
2010/01		0.65	0.8643	0.8643		100	67.17	4,156,826	4,835,700	
2010/07		0.65	0.7107	0.7107		100	67.17	4,176,031	4,870,100	
2011/01	30,275	0.60	0.9198	0.9198		100	57.75	4,229,354	4,914,900	
2011/07	8,683	0.60	0.9028	0.9028		100	57.75	4,260,947	4,959,300	
2012/01		0.55	0.3865	0.3865		100	57.75	4,270,006	4,978,500	
2012/07		0.55	0.9417	0.9417		100	57.75	4,292,120	5,025,400	
2013/01		0.50	0.4901	0.4901		100	57.75	4,302,640	5,050,000	



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204.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		100	57.75	4,315,970	5,081,300	
2014/01		0.45	0.8564	0.8564		100	59.67	4,332,604	5,124,800	
2014/07		0.45	1.2383	1.2383		100	59.54	4,356,745	5,188,300	
2015/01		0.40	0.7571	0.7571		100	59.54	4,369,937	5,227,600	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 034504123120130101201304282014162346



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 038640-00 - 2015/01

243.44

NuVista Living at Wellington Green

Type of Cost Report: **Interim New Facility** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **New Provider**

Provider Information	Cost Report	Patient Days	Ratings Days
10330 NuVISTA AVENUE	7/1/2011-6/30/2012	Number of Beds: 120	Superior: 0
WELLINGTON, FL 33414	Days in CR 366	Maximum: 43,920	Standard: 243
County: Palm Beach [50]	First Used : 2011/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 29,785	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,401	Inflation
Current Class South Large	Initial CR? True	Medicaid: 7,448	FY Index: 1.26665332
Class at 1/94: South Large	Medical Utilization	25.00588%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	67.81648%	Cost: 1.00000000
Open Date: 10/04/2011	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/04/2011	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.19500000
Entered Medicaid 07/12/2011	Low Occupancy Adjustment Factor:	86.59859%	DC Sem Index: 1.25449501
Med # Active Date: 10/04/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	378,064	741,136	464,760	566,197		2,150,157	
1a	Audit Adjustments							
2	Cost Per Diem	50.7605	99.5081	62.4006	76.0200		288.6892	
3	Cost Per Diem Inflated	50.7605	99.5081	62.4006				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7605	99.5081	62.4006	76.0200		288.6892	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	57.8451		64.3169				
10b	Base for line 10a	55.8016		62.0448				
11	Lesser of 5,7,8,10, 10a	50.7605	99.5081	62.4006	13.6500		226.3192	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.7605	99.5081	62.4006	13.6500		226.3192	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 038640-00 - 2015/01

243.44

Rate Semester 01/01/2015 through 08/31/2015

NuVista Living at Wellington Green

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/04/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	22,227,907.00		Total Amount	Per Diem
RS to Start Calcs:	2011/07	Type:	Fixed	80% Capital(1):	4,745,960	9.2968
Indexed Asset Value	5,932,450	<60% of Base:	False	20% ROE(2):	1,186,490	0.5644
FRVS Base Asset:	5,897,880	Interest Rate:	4.7000%	Insurance Cost(3):	75,581	2.5376
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	363,592	12.2072
ROE Factor	0.018750	Amortization Rate:	4.7000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	366,481	Total FRVS PD:		24.6060

- (1) 80% Capital (\$4,745,960) amortized at 4.7000 % for 20 years Principal & Interest of \$366,481 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.2968
- (2) 20% ROE (\$1,186,490) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5644
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	49,149
Comparison Date:	01/01/2011	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,897,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.7605	50.7605	0.8831	49.8774
Direct Care	99.5081	99.5081	1.7312	97.7769
Indirect Care	62.4006	62.4006	1.0856	61.3150
Property	13.6500	24.6060	0.4281	24.1779
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				0.3912
Supplemental Rate Add-on				9.9025
Totals	226.3192	237.2752	4.1280	243.4409

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2012

0 038640-00 - 2015/01

243.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07	35,474,823	0.00	0.9028	0.9028		120	25.01	5,897,880	5,897,880	1
2012/01		0.10	0.3865	0.3865		120	25.01	5,898,918	5,974,200	
2012/07		0.10	0.9417	0.9417		120	25.01	5,901,445	6,030,480	
2013/01		0.20	0.4901	0.4901		120	25.01	5,904,075	6,060,000	
2013/07		0.20	0.6196	0.6196		120	25.01	5,907,401	6,097,560	
2014/01		0.30	0.8564	0.8564		120	25.01	5,914,302	6,149,760	
2014/07		0.30	1.2383	1.2383		120	25.01	5,924,293	6,225,960	
2015/01		0.40	0.7571	0.7571		120	25.01	5,932,450	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 041324-00 - 2015/01

239.28

NuVista Living at Hillsborough Lakes

Type of Cost Report: **Interim New Facility** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **New Provider**

Provider Information	Cost Report	Patient Days	Ratings Days
19091 N DALE MABRY HWY	7/1/2011-6/30/2012	Number of Beds: 120	Superior: 0
LUTZ, FL 33548	Days in CR 366	Maximum: 43,920	Standard: 243
County: Hillsborough [29]	First Used : 2011/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 26,024	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,807	Inflation
Current Class Central Large	Initial CR? True	Medicaid: 15,614	FY Index: 1.26665332
Class at 1/94: North Large	Medical Utilization	59.99846%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	59.25319%	Cost: 1.00000000
Open Date: 09/28/2011	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/28/2011	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.19500000
Entered Medicaid 09/28/2011	Low Occupancy Adjustment Factor:	75.66365%	DC Sem Index: 1.25449501
Med # Active Date: 09/28/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	772,713	1,538,273	844,878	932,156		4,088,020
1a	Audit Adjustments						
2	Cost Per Diem	49.4885	98.5188	54.1103	59.7000		261.8176
3	Cost Per Diem Inflated	49.4885	98.5188	54.1103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.4885	98.5188	54.1103	59.7000		261.8176
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	53.2764		61.9459			
10b	Base for line 10a	51.3943		59.7575			
11	Lesser of 5,7,8,10, 10a	49.4885	98.1484	54.1103	13.6500		215.3972
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	49.4885	98.1484	54.1103	13.6500		215.3972
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
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239.28

Rate Semester 01/01/2015 through 08/31/2015

NuVista Living at Hillsborough Lakes

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/28/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	13,984,000.00		Total Amount	Per Diem
RS to Start Calcs:	2011/07	Type:	Fixed	80% Capital(1):	4,779,294	9.9096
Indexed Asset Value	5,974,117	<60% of Base:	False	20% ROE(2):	1,194,823	0.5683
FRVS Base Asset:	5,897,880	Interest Rate:	5.3800%	Insurance Cost(3):	186,486	7.1659
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	353,009	13.5647
ROE Factor	0.018750	Amortization Rate:	5.3800%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	390,637	Total FRVS PD:		31.2085

- (1) 80% Capital (\$4,779,294) amortized at 5.3800 % for 20 years Principal & Interest of \$390,637 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9096
 (2) 20% ROE (\$1,194,823) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5683
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	49,149
Comparison Date:	01/01/2011	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,897,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.4885	49.4885	0.8610	48.6275
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	54.1103	54.1103	0.9414	53.1689
Property	13.6500	31.2085	0.5430	30.6655
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				0.4723
Supplemental Rate Add-on				9.9025
Totals	215.3972	232.9557	4.0529	239.2776

Medicaid Trend Adjustment



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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2012

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239.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07	16,700,860	0.00	0.9028	0.9028		120	60.00	5,897,880	5,897,880	1
2012/01		0.10	0.3865	0.3865		120	60.00	5,900,162	5,974,200	
2012/07		0.10	0.9417	0.9417		120	60.00	5,905,720	6,030,480	
2013/01		0.20	0.4901	0.4901		120	60.00	5,911,508	6,060,000	
2013/07		0.20	0.6196	0.6196		120	60.00	5,918,832	6,097,560	
2014/01		0.30	0.8564	0.8564		120	60.00	5,934,037	6,149,760	
2014/07		0.30	1.2383	1.2383		120	60.00	5,956,082	6,225,960	
2015/01		0.40	0.7571	0.7571		120	60.00	5,974,117	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 041685-00 - 2015/01
222.90

University Center West

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
545 WEST EUCLID AVENUE	9/1/2013-8/31/2014	Number of Beds: 60	Superior: 0
DELAND, FL 32720	Days in CR 365	Maximum: 21,900	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 18,404	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 924	Inflation
Current Class North Small	Initial CR? False	Medicaid: 16,846	FY Index: 1.32975299
Class at 1/94: North Small	Medical Utilization	91.53445%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.03653%	Cost: 1.03148401
Open Date: 07/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 07/01/1972	Low Occupancy Adjustment Factor:	107.31086%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 212831			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	761,243	1,218,593	882,035	299,185		3,161,056	
1a	Audit Adjustments							
2	Cost Per Diem	45.1884	72.3372	52.3587	17.7600		187.6443	
3	Cost Per Diem Inflated	46.6111	74.0991	54.0072				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.6111	74.0991	54.0072	17.7600		192.4774	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8254		57.5320				
7	Provider Target Rate	50.6134		59.6389				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.6111	74.0991	54.0072	13.6500		188.3674	
12/13	Medical Adjustment Rate		3.3345	2.4303				
14	Prospective Per Diem 11	46.6111	77.4336	56.4375	13.6500		194.1322	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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222.90

Rate Semester 01/01/2015 through 08/31/2015

University Center West

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	958,334.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,067,452	6.9307
RS to Start Calcs:	1972/07	<60% of Base:	False	20% ROE(2):	266,863	0.3117
Indexed Asset Value	1,334,315	Interest Rate:	11.5000%	Insurance Cost(3):	39,105	2.1248
FRVS Base Asset:	688,794	Chase Rate:	9.5000%	Taxes Cost(3):	10,068	0.5471
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	21,058	0.0000
		Yearly Payment:	136,604	Total FRVS PD:		9.9143

(1) 80% Capital (\$1,067,452) amortized at 11.5000 % for 20 years Principal & Interest of \$136,604 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$6.9307

(2) 20% ROE (\$266,863) times the ROE factor (0.023020) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3117

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.6111	46.6111	0.8109	45.8002
Direct Care	77.4336	77.4336	1.3472	76.0864
Indirect Care	56.4375	56.4375	0.9819	55.4556
Property	13.6500	9.9143	0.1725	9.7418
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.9150
Supplemental Rate Add-on				9.9025
Totals	194.1322	190.3965	3.3125	222.9015

Medicaid Trend Adjustment



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222.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	382,794	0.00	4.9326	3.0000	1.9326	60	100.00	382,794	671,700	
1973/01		0.10	7.0835	3.0000	4.0835	60	100.00	383,942	706,320	
1973/07		0.10	9.7399	3.0000	6.7399	60	100.00	385,094	746,280	
1974/01	8,600	0.20	11.9670	3.0000	8.9670	60	100.00	396,005	785,280	
1974/07		0.20	12.0707	3.0000	9.0707	60	100.00	398,381	809,640	
1975/01	22,580	0.30	12.1612	3.0000	9.1612	60	100.00	424,546	834,660	
1975/07	470	0.30	13.2246	3.0000	10.2246	60	100.00	428,837	868,620	
1976/01		0.40	14.2691	3.0000	11.2691	60	100.00	433,983	903,720	
1976/07		0.40	14.7543	3.0000	11.7543	60	100.00	439,191	935,220	
1977/01		0.50	15.5049	3.0000	12.5049	60	100.00	445,779	970,320	
1977/07		0.50	17.5625	3.0000	14.5625	60	100.00	452,466	1,019,340	
1978/01		0.60	19.3022	3.0000	16.3022	60	100.00	460,610	1,067,700	
1978/07		0.60	21.8416	3.0000	18.8416	60	100.00	468,901	1,126,800	
1979/01		0.70	23.9689	3.0000	20.9689	60	100.00	478,748	1,184,580	
1979/07		0.70	25.1671	3.0000	22.1671	60	100.00	488,802	1,234,320	
1980/01		0.80	28.3328	3.0000	25.3328	60	68.14	500,533	1,310,460	
1980/07		0.80	29.1435	3.0000	26.1435	60	68.14	512,546	1,360,380	
1981/01		0.90	29.9675	3.0000	26.9675	60	64.57	526,385	1,412,400	
1981/07		0.90	29.5563	3.0000	26.5563	60	64.57	540,597	1,448,940	
1982/01		1.00	29.2323	3.0000	26.2323	60	58.17	556,815	1,487,760	
1982/07		1.00	28.5300	3.0000	25.5300	60	58.17	573,519	1,521,900	
1983/04		1.00	28.1588	3.0000	25.1588	60	66.91	590,725	1,561,920	
1983/07		1.00	29.1166	3.0000	26.1166	60	66.91	608,447	1,623,720	
1984/01		1.00	27.4118	3.0000	24.4118	60	67.61	626,700	1,644,780	
1984/07		1.00	26.3297	3.0000	23.3297	60	67.61	645,501	1,676,340	
1985/01		1.00	24.4768	3.0000	21.4768	60	67.60	664,866	1,695,540	
1985/10	3,982	1.00	22.3290	3.0000	19.3290	60	67.60	688,794	1,710,000	
1986/01		1.00	20.1589	3.0000	17.1589	60	65.64	709,458	1,724,220	
1986/07		1.00	17.4563	3.0000	14.4563	60	65.64	730,742	1,720,920	
1987/01		1.00	15.4654	3.0000	12.4654	60	71.13	752,664	1,751,700	



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222.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	60	71.13	775,244	1,765,380	
1988/01		1.00	11.2668	3.0000	8.2668	60	71.13	798,501	1,779,720	
1988/07		1.00	8.8567	3.0000	5.8567	60	68.95	822,456	1,778,760	
1989/01		1.00	6.4466	3.0000	3.4466	60	68.64	847,130	1,789,260	
1989/07		1.00	4.0365	3.0000	1.0365	60	68.64	872,544	1,801,380	
1990/01		1.00	1.6264	1.6264		60	68.20	886,735	1,810,440	
1990/07		1.00	0.5899	0.5899		60	68.20	891,966	1,821,120	
1991/01		1.00	0.5899	0.5899		60	68.20	897,228	1,831,800	
1991/07		1.00	1.4932	1.4932		60	72.43	910,625	1,859,160	
1992/01		1.00	2.0117	2.0117		60	63.45	928,944	1,896,540	
1992/07		1.00	1.8152	1.8152		60	63.45	945,806	1,930,980	
1993/01		0.95	1.7710	1.7710		60	63.45	961,719	1,965,180	
1993/07		0.95	1.5329	1.5329		60	67.98	975,725	1,995,300	
1994/01		0.90	1.6983	1.6983		60	67.98	990,639	2,029,200	
1994/07		0.90	1.5991	1.5991		60	67.98	1,004,896	2,061,660	
1995/01		0.85	1.5812	1.5812		60	67.98	1,018,402	2,094,240	
1995/07		0.85	1.5250	1.5250		60	67.98	1,031,604	2,126,160	
1996/01		0.80	1.7228	1.7228		60	67.98	1,045,822	2,162,820	
1996/07	13,570	0.80	1.3294	1.3294		60	68.55	1,070,514	2,191,560	
1997/01		0.75	1.4109	1.4109		60	68.55	1,081,842	2,222,460	
1997/07		0.75	1.0917	1.0917		60	68.55	1,090,700	2,246,700	
1998/01		0.70	1.1663	1.1663		60	68.55	1,099,604	2,272,920	
1998/07		0.70	1.0794	1.0794		60	68.55	1,107,913	2,297,460	
1999/01		0.65	1.4499	1.4499		60	68.55	1,118,354	2,330,760	
1999/07	27,640	0.65	1.2299	1.2299		60	79.68	1,154,934	2,359,440	
2000/01		0.60	1.3356	1.3356		60	77.95	1,164,190	2,390,940	
2000/07		0.60	1.1129	1.1129		60	77.95	1,171,963	2,417,520	
2001/01		0.55	1.2976	1.2976		60	73.03	1,180,327	2,448,900	
2001/07		0.55	0.9615	0.9615		60	73.03	1,186,569	2,472,420	
2002/01		0.50	1.0301	1.0301		60	84.65	1,192,681	2,497,860	



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222.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		60	84.65	1,197,653	2,518,680	
2003/01		0.45	1.3271	1.3271		60	84.86	1,204,805	2,552,100	
2003/07		0.45	1.1664	1.1664		60	84.86	1,211,129	2,581,860	
2004/01	10,741	0.40	1.1103	1.1103		60	77.85	1,227,249	2,610,540	
2004/07		0.40	0.8378	0.8378		60	77.85	1,231,362	2,632,440	
2005/01		0.35	0.8595	0.8595		60	83.01	1,235,066	2,655,060	
2005/07		0.35	0.7364	0.7364		60	83.01	1,238,249	2,674,620	
2006/01		0.30	0.9068	0.9068		60	80.33	1,241,617	2,698,860	
2006/07		0.30	0.8133	0.8133		60	80.33	1,244,647	2,720,820	
2007/01		0.25	1.0133	1.0133		60	80.33	1,247,800	2,748,360	
2007/07		0.25	1.1050	1.1050		60	79.43	1,251,248	2,778,720	
2008/01		0.20	0.8556	0.8556		60	79.43	1,253,389	2,802,480	
2008/07		0.20	0.6104	0.6104		60	84.19	1,254,919	2,819,580	
2009/01		0.15	1.3268	1.3268		60	84.19	1,257,416	2,857,020	
2009/07		0.15	0.6841	0.6841		60	82.29	1,258,706	2,876,580	
2010/01		0.10	0.8643	0.8643		60	82.29	1,259,794	2,901,420	
2010/07		0.10	0.7107	0.7107		60	85.67	1,260,690	2,922,060	
2011/01	11,710	0.05	0.9198	0.9198		60	91.85	1,272,980	2,948,940	
2011/07		0.05	0.9028	0.9028		60	91.85	1,273,554	2,975,580	
2012/01		0.00	0.3865	0.3865		60	91.85	1,273,554	2,987,100	
2012/07		0.00	0.9417	0.9417		60	92.32	1,273,554	3,015,240	
2013/01		0.00	0.4901	0.4901		60	92.32	1,273,554	3,030,000	
2013/07	46,854	0.00	0.6196	0.6196		60	86.34	1,320,408	3,048,780	
2014/01		0.00	0.8564	0.8564		60	86.34	1,320,408	3,074,880	
2014/07	13,907	0.00	1.2383	1.2383		60	90.52	1,334,315	3,112,980	
2015/01		0.00	0.7571	0.7571		60	91.53	1,334,315	3,136,560	

Message Code:



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216.87

University Center East

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
991 E NEW YORK AVE	8/1/2013-7/31/2014	Number of Beds: 60	Superior: 243
DELAND, FL 32724	Days in CR 365	Maximum: 21,900	Standard: 0
County: Volusia [64]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 16,803	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,422	Inflation
Current Class North Small	Initial CR? False	Medicaid: 14,559	FY Index: 1.32594791
Class at 1/94: North Small	Medical Utilization	86.64524%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.72603%	Cost: 1.03444406
Open Date: 08/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 08/01/1972	Low Occupancy Adjustment Factor:	97.97568%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 212873			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	729,280	962,748	745,940	291,034		2,729,002	
1a	Audit Adjustments							
2	Cost Per Diem	50.0914	66.1274	51.2357	19.9900		187.4445	
3	Cost Per Diem Inflated	51.8168	67.7842	53.0005				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.8168	67.7842	53.0005	19.9900		192.5915	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		57.5320				
7	Provider Target Rate	50.2006		59.6389				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	50.2006	67.7842	53.0005	13.6500		184.6353	
12/13	Medical Adjustment Rate		2.7945	2.1850				
14	Prospective Per Diem 11	50.2006	70.5787	55.1855	13.6500		189.6148	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

University Center East

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Variable	80% Capital(1):	895,346	5.8132
Indexed Asset Value	1,119,182	<60% of Base:	False	20% ROE(2):	223,836	0.2590
FRVS Base Asset:	605,676	Interest Rate:	11.5000%	Insurance Cost(3):	38,887	2.3143
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	11,666	0.6943
ROE Factor	0.022810	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	9,243	0.0000
		Yearly Payment:	114,579	Total FRVS PD:		9.0808

- (1) 80% Capital (\$895,346) amortized at 11.5000 % for 20 years Principal & Interest of \$114,579 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$5.8132
- (2) 20% ROE (\$223,836) times the ROE factor (0.022810) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.2590
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.2006	50.2006	0.8734	49.3272
Direct Care	70.5787	70.5787	1.2279	69.3508
Indirect Care	55.1855	55.1855	0.9601	54.2254
Property	13.6500	9.0808	0.1580	8.9228
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.1364
Supplemental Rate Add-on				9.9025
Totals	189.6148	185.0456	3.2194	216.8651

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	400,857	0.00	4.9326	3.0000	1.9326	60	100.00	400,857	671,700	
1973/01		0.10	7.0835	3.0000	4.0835	60	100.00	402,060	706,320	
1973/07		0.10	9.7399	3.0000	6.7399	60	100.00	403,266	746,280	
1974/01		0.20	11.9670	3.0000	8.9670	60	100.00	405,686	785,280	
1974/07		0.20	12.0707	3.0000	9.0707	60	100.00	408,120	809,640	
1975/01		0.30	12.1612	3.0000	9.1612	60	100.00	411,793	834,660	
1975/07		0.30	13.2246	3.0000	10.2246	60	100.00	415,499	868,620	
1976/01		0.40	14.2691	3.0000	11.2691	60	100.00	420,485	903,720	
1976/07		0.40	14.7543	3.0000	11.7543	60	100.00	425,531	935,220	
1977/01		0.50	15.5049	3.0000	12.5049	60	100.00	431,914	970,320	
1977/07		0.50	17.5625	3.0000	14.5625	60	100.00	438,393	1,019,340	
1978/01		0.60	19.3022	3.0000	16.3022	60	100.00	446,284	1,067,700	
1978/07		0.60	21.8416	3.0000	18.8416	60	100.00	454,317	1,126,800	
1979/01		0.70	23.9689	3.0000	20.9689	60	100.00	463,858	1,184,580	
1979/07		0.70	25.1671	3.0000	22.1671	60	100.00	473,599	1,234,320	
1980/01		0.80	28.3328	3.0000	25.3328	60	34.11	480,648	1,310,460	
1980/07		0.80	29.1435	3.0000	26.1435	60	34.11	487,802	1,360,380	
1981/01		0.90	29.9675	3.0000	26.9675	60	34.91	496,162	1,412,400	
1981/07		0.90	29.5563	3.0000	26.5563	60	34.91	504,665	1,448,940	
1982/01		1.00	29.2323	3.0000	26.2323	60	31.49	513,333	1,487,760	
1982/07		1.00	28.5300	3.0000	25.5300	60	31.49	522,150	1,521,900	
1983/04		1.00	28.1588	3.0000	25.1588	60	30.98	530,973	1,561,920	
1983/07		1.00	29.1166	3.0000	26.1166	60	30.98	539,945	1,623,720	
1984/01		1.00	27.4118	3.0000	24.4118	60	30.92	549,051	1,644,780	
1984/07		1.00	26.3297	3.0000	23.3297	60	30.92	558,311	1,676,340	
1985/01		1.00	24.4768	3.0000	21.4768	60	30.91	567,724	1,695,540	
1985/10	28,380	1.00	22.3290	3.0000	19.3290	60	30.91	605,676	1,710,000	
1986/01		1.00	20.1589	3.0000	17.1589	60	35.04	617,252	1,724,220	
1986/07		1.00	17.4563	3.0000	14.4563	60	35.04	629,049	1,720,920	
1987/01		1.00	15.4654	3.0000	12.4654	60	37.17	641,803	1,751,700	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	60	37.17	654,815	1,765,380	
1988/01		1.00	11.2668	3.0000	8.2668	60	37.17	668,091	1,779,720	
1988/07		1.00	8.8567	3.0000	5.8567	60	44.05	684,143	1,778,760	
1989/01		1.00	6.4466	3.0000	3.4466	60	47.97	702,044	1,789,260	
1989/07		1.00	4.0365	3.0000	1.0365	60	47.97	720,413	1,801,380	
1990/01		1.00	1.6264	1.6264		60	49.62	730,984	1,810,440	
1990/07		1.00	0.5899	0.5899		60	49.62	734,874	1,821,120	
1991/01		1.00	0.5899	0.5899		60	49.62	738,785	1,831,800	
1991/07		1.00	1.4932	1.4932		60	58.56	749,817	1,859,160	
1992/01		1.00	2.0117	2.0117		60	59.39	764,901	1,896,540	
1992/07		1.00	1.8152	1.8152		60	59.39	778,785	1,930,980	
1993/01		0.95	1.7710	1.7710		60	59.39	791,888	1,965,180	
1993/07	17,646	0.95	1.5329	1.5329		60	66.29	821,066	1,995,300	
1994/01		0.90	1.6983	1.6983		60	66.29	833,616	2,029,200	
1994/07		0.90	1.5991	1.5991		60	66.29	845,613	2,061,660	
1995/01		0.85	1.5812	1.5812		60	66.29	856,978	2,094,240	
1995/07		0.85	1.5250	1.5250		60	66.29	868,087	2,126,160	
1996/01		0.80	1.7228	1.7228		60	66.29	880,051	2,162,820	
1996/07	27,130	0.80	1.3294	1.3294		60	68.59	916,540	2,191,560	
1997/01		0.75	1.4109	1.4109		60	68.59	926,239	2,222,460	
1997/07		0.75	1.0917	1.0917		60	68.59	933,823	2,246,700	
1998/01		0.70	1.1663	1.1663		60	68.59	941,447	2,272,920	
1998/07		0.70	1.0794	1.0794		60	68.59	948,561	2,297,460	
1999/01		0.65	1.4499	1.4499		60	68.59	957,500	2,330,760	
1999/07		0.65	1.2299	1.2299		60	77.09	965,154	2,359,440	
2000/01		0.60	1.3356	1.3356		60	75.41	972,889	2,390,940	
2000/07		0.60	1.1129	1.1129		60	75.41	979,385	2,417,520	
2001/01		0.55	1.2976	1.2976		60	75.41	986,375	2,448,900	
2001/07		0.55	0.9615	0.9615		60	74.90	991,591	2,472,420	
2002/01		0.50	1.0301	1.0301		60	73.36	996,699	2,497,860	



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216.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		60	73.36	1,000,854	2,518,680	
2003/01		0.45	1.3271	1.3271		60	72.65	1,006,831	2,552,100	
2003/07		0.45	1.1664	1.1664		60	72.65	1,012,116	2,581,860	
2004/01		0.40	1.1103	1.1103		60	77.60	1,016,611	2,610,540	
2004/07		0.40	0.8378	0.8378		60	77.60	1,020,018	2,632,440	
2005/01		0.35	0.8595	0.8595		60	79.59	1,023,086	2,655,060	
2005/07		0.35	0.7364	0.7364		60	79.59	1,025,722	2,674,620	
2006/01		0.30	0.9068	0.9068		60	77.38	1,028,512	2,698,860	
2006/07		0.30	0.8133	0.8133		60	77.38	1,031,022	2,720,820	
2007/01		0.25	1.0133	1.0133		60	77.38	1,033,634	2,748,360	
2007/07		0.25	1.1050	1.1050		60	72.21	1,036,490	2,778,720	
2008/01		0.20	0.8556	0.8556		60	72.21	1,038,263	2,802,480	
2008/07		0.20	0.6104	0.6104		60	70.91	1,039,531	2,819,580	
2009/01		0.15	1.3268	1.3268		60	79.90	1,041,600	2,857,020	
2009/07		0.15	0.6841	0.6841		60	79.90	1,042,669	2,876,580	
2010/01		0.10	0.8643	0.8643		60	79.90	1,043,570	2,901,420	
2010/07		0.10	0.7107	0.7107		60	82.67	1,044,312	2,922,060	
2011/01		0.05	0.9198	0.9198		60	80.46	1,044,792	2,948,940	
2011/07		0.05	0.9028	0.9028		60	80.46	1,045,263	2,975,580	
2012/01		0.00	0.3865	0.3865		60	80.46	1,045,263	2,987,100	
2012/07		0.00	0.9417	0.9417		60	83.49	1,045,263	3,015,240	
2013/01		0.00	0.4901	0.4901		60	83.49	1,045,263	3,030,000	
2013/07	60,170	0.00	0.6196	0.6196		60	79.53	1,105,433	3,048,780	
2014/01		0.00	0.8564	0.8564		60	79.53	1,105,433	3,074,880	
2014/07	13,749	0.00	1.2383	1.2383		60	81.89	1,119,182	3,112,980	
2015/01		0.00	0.7571	0.7571		60	86.65	1,119,182	3,136,560	

Message Code:



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0 043832-00 - 2015/01

191.24

Heron Pointe Health and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1445 HOWELL AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
BROOKSVILLE, FL 34601	Days in CR 518	Maximum: 62,160	Standard: 243
County: Hernando [27]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 59,575	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,735	Inflation
Current Class North Large	Initial CR? False	Medicaid: 42,855	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	71.93454%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.84138%	Cost: 1.04618269
Open Date: 11/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 11/01/1984	Low Occupancy Adjustment Factor:	122.38512%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252174			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,854,814	2,743,778	1,525,296	1,387,645		7,511,533	
1a	Audit Adjustments							
2	Cost Per Diem	43.2812	64.0247	35.5920	32.3800		175.2779	
3	Cost Per Diem Inflated	45.2800	66.2332	37.2357				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.2800	66.2332	37.2357	32.3800		181.1289	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8280		54.6452				
7	Provider Target Rate	50.6161		56.6464				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	48.2643		60.8537				
10b	Base for line 10a	46.5593		58.7039				
11	Lesser of 5,7,8,10, 10a	45.2800	66.2332	37.2357	13.6500		162.3989	
12/13	Medical Adjustment Rate		1.6344	0.9188				
14	Prospective Per Diem 11	45.2800	67.8676	38.1545	13.6500		164.9521	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043832-00 - 2015/01

191.24

Rate Semester 01/01/2015 through 08/31/2015

Heron Pointe Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	1,980,521.00	Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	2,870,830 7.1745
Indexed Asset Value	3,588,538	<60% of Base:	False	20% ROE(2):	717,708 0.3119
FRVS Base Asset:	2,054,536	Interest Rate:	10.6343%	Insurance Cost(3):	47,000 0.7889
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	80,881 1.3576
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	42,342 0.7107
		Interest Only:	False	Replacement(3&4):	128,720 0.0000
		Yearly Payment:	282,817	Total FRVS PD:	10.3436

- (1) 80% Capital (\$2,870,830) amortized at 7.7500 % for 20 years Principal & Interest of \$282,817 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.1745
- (2) 20% ROE (\$717,708) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3119
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.2800	45.2800	0.7878	44.4922
Direct Care	67.8676	67.8676	1.1807	66.6869
Indirect Care	38.1545	38.1545	0.6638	37.4907
Property	13.6500	10.3436	0.1800	10.1636
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5030
Supplemental Rate Add-on				9.9025
Totals	164.9521	161.6457	2.8123	191.2389

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,025,758	0.00	3.9578	3.0000	0.9578	120	68.39	2,025,758	3,247,440	
1984/01	7,577	0.10	2.2530	2.2530		120	68.39	2,037,899	3,289,560	
1984/07	195	0.10	1.9179	1.9179		120	68.39	2,042,003	3,352,680	
1985/01	4,354	0.20	1.1471	1.1471		120	68.39	2,051,041	3,391,080	
1985/10		0.20	0.8522	0.8522		120	68.39	2,054,536	3,420,000	
1986/01		0.30	0.8299	0.8299		120	64.97	2,059,652	3,448,440	
1986/07		0.30	0.2974	0.2974		120	64.97	2,061,489	3,441,840	
1987/01		0.40	1.0091	1.0091		120	69.69	2,069,809	3,503,400	
1987/07		0.40	0.9007	0.9007		120	69.69	2,077,267	3,530,760	
1988/01		0.50	0.9007	0.9007		120	73.30	2,086,623	3,559,440	
1988/07		0.50	0.5899	0.5899		120	73.30	2,092,779	3,557,520	
1989/01		0.60	0.5899	0.5899		120	73.95	2,100,185	3,578,520	
1989/07		0.60	0.5899	0.5899		120	73.95	2,107,618	3,602,760	
1990/01		0.70	0.5899	0.5899		120	64.95	2,116,320	3,620,880	
1990/07		0.70	0.5899	0.5899		120	64.95	2,125,058	3,642,240	
1991/01		0.80	0.5899	0.5899		120	59.74	2,135,086	3,663,600	
1991/07		0.80	1.4932	1.4932		120	59.74	2,160,592	3,718,320	
1992/01		0.90	2.0117	2.0117		120	73.24	2,199,710	3,793,080	
1992/07		0.90	1.8152	1.8152		120	73.24	2,235,647	3,861,960	
1993/01		1.00	1.7710	1.7710		120	77.28	2,275,240	3,930,360	
1993/07		1.00	1.5329	1.5329		120	77.28	2,310,117	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.50	2,349,350	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.50	2,386,918	4,123,320	
1995/01		1.00	1.5812	1.5812		120	67.80	2,424,660	4,188,480	
1995/07		1.00	1.5250	1.5250		120	67.80	2,461,636	4,252,320	
1996/01	53,363	1.00	1.7228	1.7228		120	66.31	2,557,408	4,325,640	
1996/07		1.00	1.3294	1.3294		120	66.31	2,557,408	4,383,120	5
1997/01	26,607	1.00	1.4109	1.4109		120	66.57	2,618,013	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	66.57	2,654,575	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	69.54	2,714,853	4,545,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		120	69.54	2,744,157	4,594,920	
1999/01		1.00	1.4499	1.4499		120	70.05	2,744,157	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	70.05	2,818,185	4,718,880	
2000/01	46,024	1.00	1.3356	1.3356		120	68.78	2,901,849	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.78	2,934,144	4,835,040	
2001/01		1.00	1.2976	1.2976		120	71.47	2,972,217	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.92	3,000,795	4,944,840	
2002/01		1.00	1.0301	1.0301		120	75.92	3,031,706	4,995,720	
2002/07		1.00	0.8337	0.8337		120	75.92	3,056,981	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.92	3,097,550	5,104,200	
2003/07		1.00	1.1664	1.1664		120	75.92	3,133,680	5,163,720	
2004/01		0.95	1.1103	1.1103		120	75.92	3,166,734	5,221,080	
2004/07		0.95	0.8378	0.8378		120	73.58	3,191,938	5,264,880	
2005/01		0.90	0.8595	0.8595		120	73.58	3,216,631	5,310,120	
2005/07		0.90	0.7364	0.7364		120	73.25	3,237,951	5,349,240	
2006/01		0.85	0.9068	0.9068		120	73.25	3,262,909	5,397,720	
2006/07		0.85	0.8133	0.8133		120	69.12	3,285,465	5,441,640	
2007/01		0.80	1.0133	1.0133		120	66.99	3,312,097	5,496,720	
2007/07		0.80	1.1050	1.1050		120	66.99	3,341,376	5,557,440	
2008/01		0.75	0.8556	0.8556		120	66.99	3,362,818	5,604,960	
2008/07		0.75	0.6104	0.6104		120	70.14	3,378,213	5,639,160	
2009/01		0.70	1.3268	1.3268		120	69.28	3,409,590	5,714,040	
2009/07		0.70	0.6841	0.6841		120	69.28	3,425,919	5,753,160	
2010/01		0.65	0.8643	0.8643		120	69.28	3,445,166	5,802,840	
2010/07		0.65	0.7107	0.7107		120	62.92	3,461,083	5,844,120	
2011/01		0.60	0.9198	0.9198		120	62.92	3,480,185	5,897,880	
2011/07		0.60	0.9028	0.9028		120	67.92	3,499,037	5,951,160	
2012/01		0.55	0.3865	0.3865		120	69.03	3,506,476	5,974,200	
2012/07		0.55	0.9417	0.9417		120	69.03	3,524,636	6,030,480	
2013/01		0.50	0.4901	0.4901		120	69.03	3,533,275	6,060,000	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	69.03	3,544,221	6,097,560	
2014/01		0.45	0.8564	0.8564		120	69.03	3,557,880	6,149,760	
2014/07		0.45	1.2383	1.2383		120	69.03	3,577,705	6,225,960	
2015/01		0.40	0.7571	0.7571		120	71.93	3,588,538	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043832123120130801201205282014130622



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

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Heritage Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3101 GINGER DRIVE	8/1/2012-12/31/2013	Number of Beds: 180	Superior: 0
TALLAHASSEE, FL 32308	Days in CR 518	Maximum: 93,240	Standard: 212
County: Leon [37]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 31
Region: North Area: 2	Last Used: 2015/01	Total Patient: 85,382	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,414	Inflation
Current Class North Large	Initial CR? False	Medicaid: 60,923	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	71.35345%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.57229%	Cost: 1.04618269
Open Date: 10/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/01/1983	Low Occupancy Adjustment Factor:	116.93369%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252298			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,525,223	3,995,259	2,179,503	1,459,106		10,159,091	
1a	Audit Adjustments							
2	Cost Per Diem	41.4494	65.5788	35.7747	23.9500		166.7529	
3	Cost Per Diem Inflated	43.3636	67.8409	37.4269				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.3636	67.8409	37.4269	23.9500		172.5814	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.5130		51.0811				
7	Provider Target Rate	49.2530		52.9517				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4442		55.3526				
10b	Base for line 10a	47.6975		53.3971				
11	Lesser of 5,7,8,10, 10a	43.3636	67.8409	37.4269	13.6500		162.2814	
12/13	Medical Adjustment Rate		1.4218	0.7844				
14	Prospective Per Diem 11	43.3636	69.2627	38.2113	13.6500		164.4876	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Heritage Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,364,391.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	6,769,209	11.2779
Indexed Asset Value	8,461,511	<60% of Base:	False	20% ROE(2):	1,692,302	0.4903
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343%	Insurance Cost(3):	68,798	0.8058
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	129,454	1.5162
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	62,602	0.7332
		Interest Only:	False	Replacement(3&4):	188,974	0.0000
		Yearly Payment:	666,861	Total FRVS PD:		14.8234

- (1) 80% Capital (\$6,769,209) amortized at 7.7500 % for 20 years Principal & Interest of \$666,861 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.2779
 (2) 20% ROE (\$1,692,302) times the ROE factor (0.017130) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4903
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3636	43.3636	0.7544	42.6092
Direct Care	69.2627	69.2627	1.2050	68.0577
Indirect Care	38.2113	38.2113	0.6648	37.5465
Property	13.6500	14.8234	0.2579	14.5655
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8608
Supplemental Rate Add-on				9.9025
Totals	164.4876	165.6610	2.8821	195.5422

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	3,571,279	0.00	3.9578	3.0000	0.9578	114	61.66	3,571,279	3,085,068	
1984/01	20,801	0.10	2.2530	2.2530		114	61.66	3,600,126	3,125,082	
1984/07	2,558	0.10	1.9179	1.9179		114	61.66	3,609,589	3,185,046	
1985/01		0.20	1.1471	1.1471		114	61.66	3,617,869	3,221,526	
1985/10		0.20	0.8522	0.8522		114	61.66	3,249,000	3,249,000	1
1986/01		0.30	0.8299	0.8299		114	78.46	3,257,090	3,276,018	
1986/07		0.30	0.2974	0.2974		114	78.46	3,259,995	3,269,748	
1987/01		0.40	1.0091	1.0091		114	80.17	3,273,152	3,328,230	
1987/07		0.40	0.9007	0.9007		114	80.17	3,284,945	3,354,222	
1988/01		0.50	0.9007	0.9007		114	76.56	3,299,740	3,381,468	
1988/07		0.50	0.5899	0.5899		114	76.56	3,309,474	3,379,644	
1989/01	28,259	0.60	0.5899	0.5899		120	74.47	3,349,445	3,578,520	
1989/07		0.60	0.5899	0.5899		120	74.47	3,361,299	3,602,760	
1990/01		0.70	0.5899	0.5899		120	65.98	3,375,178	3,620,880	
1990/07		0.70	0.5899	0.5899		120	65.98	3,389,114	3,642,240	
1991/01		0.80	0.5899	0.5899		120	60.17	3,405,107	3,663,600	
1991/07		0.80	1.4932	1.4932		120	60.17	3,445,784	3,718,320	
1992/01		0.90	2.0117	2.0117		120	63.26	3,508,170	3,793,080	
1992/07		0.90	1.8152	1.8152		120	63.26	3,565,483	3,861,960	
1993/01	27,444	1.00	1.7710	1.7710		120	61.11	3,656,072	3,930,360	
1993/07		1.00	1.5329	1.5329		120	61.11	3,712,116	3,990,600	
1994/01		1.00	1.6983	1.6983		120	57.11	3,775,159	4,058,400	
1994/07		1.00	1.5991	1.5991		120	57.11	3,835,528	4,123,320	
1995/01		1.00	1.5812	1.5812		120	59.55	3,896,175	4,188,480	
1995/07		1.00	1.5250	1.5250		120	59.55	3,955,592	4,252,320	
1996/01		1.00	1.7228	1.7228		120	62.47	4,023,739	4,325,640	
1996/07		1.00	1.3294	1.3294		120	62.47	4,077,231	4,383,120	
1997/01		1.00	1.4109	1.4109		120	63.42	4,134,757	4,444,920	
1997/07		1.00	1.0917	1.0917		120	63.42	4,179,896	4,493,400	
1998/01	2,200,850	1.00	1.1663	1.1663		180	54.49	6,429,044	6,818,760	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		180	54.49	6,497,796	6,892,380	
1999/01		1.00	1.4499	1.4499		180	57.92	6,592,008	6,992,280	
1999/07		1.00	1.2299	1.2299		180	57.92	6,673,083	7,078,320	
2000/01	80,141	1.00	1.3356	1.3356		180	61.50	6,753,224	7,172,820	5
2000/07		1.00	1.1129	1.1129		180	61.50	6,918,499	7,252,560	
2001/01		1.00	1.2976	1.2976		180	67.15	6,918,499	7,346,700	5
2001/07		1.00	0.9615	0.9615		180	74.01	7,075,658	7,417,260	
2002/01		1.00	1.0301	1.0301		180	74.01	7,148,544	7,493,580	
2002/07		1.00	0.8337	0.8337		180	74.01	7,208,141	7,556,040	
2003/01		1.00	1.3271	1.3271		180	74.01	7,303,800	7,656,300	
2003/07		1.00	1.1664	1.1664		180	74.01	7,303,800	7,745,580	5
2004/01		0.95	1.1103	1.1103		180	74.01	7,466,931	7,831,620	
2004/07		0.95	0.8378	0.8378		180	75.47	7,526,360	7,897,320	
2005/01		0.90	0.8595	0.8595		180	75.47	7,584,584	7,965,180	
2005/07		0.90	0.7364	0.7364		180	75.87	7,634,855	8,023,860	
2006/01		0.85	0.9068	0.9068		180	75.87	7,634,855	8,096,580	5
2006/07		0.85	0.8133	0.8133		180	76.80	7,746,891	8,162,460	
2007/01		0.80	1.0133	1.0133		180	75.94	7,809,687	8,245,080	
2007/07		0.80	1.1050	1.1050		180	75.94	7,878,725	8,336,160	
2008/01		0.75	0.8556	0.8556		180	69.62	7,929,283	8,407,440	
2008/07		0.75	0.6104	0.6104		180	69.62	7,965,583	8,458,740	
2009/01		0.70	1.3268	1.3268		180	67.63	8,039,567	8,571,060	
2009/07		0.70	0.6841	0.6841		180	67.63	8,078,068	8,629,740	
2010/01		0.65	0.8643	0.8643		180	67.63	8,123,451	8,704,260	
2010/07		0.65	0.7107	0.7107		180	72.37	8,123,451	8,766,180	5
2011/01		0.60	0.9198	0.9198		180	70.87	8,206,021	8,846,820	
2011/07		0.60	0.9028	0.9028		180	70.87	8,250,473	8,926,740	
2012/01		0.55	0.3865	0.3865		180	68.09	8,268,014	8,961,300	
2012/07		0.55	0.9417	0.9417		180	68.09	8,310,834	9,045,720	
2013/01		0.50	0.4901	0.4901		180	68.09	8,331,204	9,090,000	



Florida Agency for Health Care Administration
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0 043833-00 - 2015/01

195.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		180	68.09	8,357,014	9,146,340	
2014/01		0.45	0.8564	0.8564		180	68.09	8,389,222	9,224,640	
2014/07		0.45	1.2383	1.2383		180	68.09	8,435,967	9,338,940	
2015/01		0.40	0.7571	0.7571		180	71.35	8,461,511	9,409,680	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043835-00 - 2015/01

215.57

Heritage Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1026 ALBEE FARM RD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
VENICE, FL 34285	Days in CR 518	Maximum: 62,160	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 56,961	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,665	Inflation
Current Class South Large	Initial CR? False	Medicaid: 42,038	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	73.80137%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.63610%	Cost: 1.04618269
Open Date: 12/29/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/29/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 12/29/1983	Low Occupancy Adjustment Factor:	117.01517%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252271			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,075,657	3,045,259	1,599,465	1,307,802		8,028,183
1a	Audit Adjustments						
2	Cost Per Diem	49.3757	72.4406	38.0481	31.1100		190.9744
3	Cost Per Diem Inflated	51.6560	74.9394	39.8053			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.6560	74.9394	39.8053	31.1100		197.5107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6001		59.1165			
7	Provider Target Rate	54.5264		61.2814			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	54.3578		63.7003			
10b	Base for line 10a	52.4375		61.4499			
11	Lesser of 5,7,8,10, 10a	51.6560	74.9394	39.8053	13.6500		180.0507
12/13	Medical Adjustment Rate		2.0066	1.0658			
14	Prospective Per Diem 11	51.6560	76.9460	40.8711	13.6500		183.1231
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043835-00 - 2015/01

215.57

Rate Semester 01/01/2015 through 08/31/2015

Heritage Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/23/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,099,608.00	Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	4,492,978 11.2283
Indexed Asset Value	5,616,223	<60% of Base:	False	20% ROE(2):	1,123,245 0.4881
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343%	Insurance Cost(3):	47,002 0.8252
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	109,957 1.9304
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	44,155 0.7752
		Interest Only:	False	Replacement(3&4):	165,187 0.0000
		Yearly Payment:	442,621	Total FRVS PD:	15.2472

- (1) 80% Capital (\$4,492,978) amortized at 7.7500 % for 20 years Principal & Interest of \$442,621 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2283
- (2) 20% ROE (\$1,123,245) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4881
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.6560	51.6560	0.8987	50.7573
Direct Care	76.9460	76.9460	1.3387	75.6073
Indirect Care	40.8711	40.8711	0.7111	40.1600
Property	13.6500	15.2472	0.2653	14.9819
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1624
Supplemental Rate Add-on				9.9025
Totals	183.1231	184.7203	3.2138	215.5714

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 043835-00 - 2015/01

215.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	1,060,812	0.00	3.9578	3.0000	0.9578	114	37.78	1,060,812	3,085,068	
1984/01	2,673,470	0.10	2.2530	2.2530		114	25.15	3,735,375	3,125,082	
1984/07		0.10	1.9179	1.9179		114	100.00	3,742,539	3,185,046	
1985/01	19,628	0.20	1.1471	1.1471		114	25.15	3,766,093	3,221,526	
1985/10		0.20	0.8522	0.8522		114	25.15	3,249,000	3,249,000	1
1986/01		0.30	0.8299	0.8299		114	50.42	3,256,416	3,276,018	
1986/07		0.30	0.2974	0.2974		114	50.42	3,259,079	3,269,748	
1987/01		0.40	1.0091	1.0091		120	61.63	3,272,233	3,503,400	
1987/07		0.40	0.9007	0.9007		120	61.63	3,284,023	3,530,760	
1988/01		0.50	0.9007	0.9007		120	70.25	3,298,814	3,559,440	
1988/07		0.50	0.5899	0.5899		120	70.25	3,308,546	3,557,520	
1989/01		0.60	0.5899	0.5899		120	70.25	3,320,255	3,578,520	
1989/07		0.60	0.5899	0.5899		120	70.21	3,332,005	3,602,760	
1990/01		0.70	0.5899	0.5899		120	62.56	3,345,763	3,620,880	
1990/07		0.70	0.5899	0.5899		120	62.56	3,359,578	3,642,240	
1991/01		0.80	0.5899	0.5899		120	62.33	3,375,432	3,663,600	
1991/07		0.80	1.4932	1.4932		120	62.33	3,415,755	3,718,320	
1992/01		0.90	2.0117	2.0117		120	64.37	3,477,597	3,793,080	
1992/07		0.90	1.8152	1.8152		120	64.37	3,534,411	3,861,960	
1993/01		1.00	1.7710	1.7710		120	59.92	3,597,005	3,930,360	
1993/07		1.00	1.5329	1.5329		120	59.92	3,652,143	3,990,600	
1994/01		1.00	1.6983	1.6983		120	61.39	3,714,167	4,058,400	
1994/07		1.00	1.5991	1.5991		120	61.39	3,773,560	4,123,320	
1995/01		1.00	1.5812	1.5812		120	57.96	3,833,228	4,188,480	
1995/07		1.00	1.5250	1.5250		120	57.96	3,833,228	4,252,320	5
1996/01	34,563	1.00	1.7228	1.7228		120	63.69	3,926,248	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	63.69	4,046,381	4,383,120	
1997/01	23,145	1.00	1.4109	1.4109		120	69.64	4,126,616	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.64	4,171,666	4,493,400	
1998/01		1.00	1.1663	1.1663		120	73.42	4,220,320	4,545,840	



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215.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		120	73.42	4,265,874	4,594,920	
1999/01	19,282	1.00	1.4499	1.4499		120	74.57	4,347,007	4,661,520	
1999/07		1.00	1.2299	1.2299		120	74.57	4,400,471	4,718,880	
2000/01	29,741	1.00	1.3356	1.3356		120	73.87	4,488,985	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.87	4,538,943	4,835,040	
2001/01	53,815	1.00	1.2976	1.2976		120	71.62	4,651,655	4,897,800	
2001/07		1.00	0.9615	0.9615		120	57.11	4,696,381	4,944,840	
2002/01		1.00	1.0301	1.0301		120	57.11	4,744,758	4,995,720	
2002/07		1.00	0.8337	0.8337		120	57.11	4,784,315	5,037,360	
2003/01		1.00	1.3271	1.3271		120	57.11	4,847,808	5,104,200	
2003/07		1.00	1.1664	1.1664		120	57.11	4,904,353	5,163,720	
2004/01		0.95	1.1103	1.1103		120	57.11	4,956,084	5,221,080	
2004/07		0.95	0.8378	0.8378		120	64.76	4,995,529	5,264,880	
2005/01		0.90	0.8595	0.8595		120	64.76	5,034,174	5,310,120	
2005/07		0.90	0.7364	0.7364		120	67.21	5,067,541	5,349,240	
2006/01		0.85	0.9068	0.9068		120	67.21	5,106,602	5,397,720	
2006/07		0.85	0.8133	0.8133		120	72.02	5,141,904	5,441,640	
2007/01		0.80	1.0133	1.0133		120	70.11	5,183,584	5,496,720	
2007/07		0.80	1.1050	1.1050		120	70.11	5,229,407	5,557,440	
2008/01		0.75	0.8556	0.8556		120	63.90	5,262,964	5,604,960	
2008/07		0.75	0.6104	0.6104		120	63.90	5,287,058	5,639,160	
2009/01		0.70	1.3268	1.3268		120	63.90	5,336,164	5,714,040	
2009/07		0.70	0.6841	0.6841		120	58.92	5,361,719	5,753,160	
2010/01		0.65	0.8643	0.8643		120	58.92	5,391,841	5,802,840	
2010/07		0.65	0.7107	0.7107		120	64.07	5,416,751	5,844,120	
2011/01		0.60	0.9198	0.9198		120	64.07	5,446,646	5,897,880	
2011/07		0.60	0.9028	0.9028		120	65.55	5,476,150	5,951,160	
2012/01		0.55	0.3865	0.3865		120	74.24	5,487,792	5,974,200	
2012/07		0.55	0.9417	0.9417		120	74.24	5,516,213	6,030,480	
2013/01		0.50	0.4901	0.4901		120	74.24	5,529,733	6,060,000	



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215.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	74.24	5,546,864	6,097,560	
2014/01		0.45	0.8564	0.8564		120	74.24	5,568,242	6,149,760	
2014/07		0.45	1.2383	1.2383		120	74.24	5,599,268	6,225,960	
2015/01		0.40	0.7571	0.7571		120	73.80	5,616,223	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
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0 043838-00 - 2015/01

222.72

Heritage Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
777 9TH ST N	8/1/2012-12/31/2013	Number of Beds: 97	Superior: 0
NAPLES, FL 34102	Days in CR 518	Maximum: 50,246	Standard: 243
County: Collier [11]	First Used : 2015/01	Max Annualized: 35,405	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 48,249	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,124	Inflation
Current Class South Small	Initial CR? False	Medicaid: 33,878	FY Index: 1.31107019
Class at 1/94: South Small	Medical Utilization	70.21493%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.02555%	Cost: 1.04618269
Open Date: 11/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/01/1982	Low Occupancy Adjustment Factor:	122.62030%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252280			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,754,493	2,551,835	1,430,556	1,697,965		7,434,849	
1a	Audit Adjustments							
2	Cost Per Diem	51.7886	75.3243	42.2267	50.1200		219.4596	
3	Cost Per Diem Inflated	54.1803	77.9225	44.1768				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.1803	77.9225	44.1768	50.1200		226.3996	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.4765		68.3419				
7	Provider Target Rate	60.6180		70.8446				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	59.7135		71.8485				
10b	Base for line 10a	57.6040		69.3103				
11	Lesser of 5,7,8,10, 10a	54.1803	77.9225	44.1768	13.6500		189.9296	
12/13	Medical Adjustment Rate		1.7721	1.0047				
14	Prospective Per Diem 11	54.1803	79.6946	45.1815	13.6500		192.7064	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 043838-00 - 2015/01

222.72

Rate Semester 01/01/2015 through 08/31/2015

Heritage Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,333,936.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	3,737,684	11.5556
Indexed Asset Value	4,672,105	<60% of Base:	False	20% ROE(2):	934,421	0.5023
FRVS Base Asset:	3,220,500	Interest Rate:	10.6343%	Insurance Cost(3):	42,439	0.8796
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	45,844	0.9502
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	39,798	0.8248
		Interest Only:	False	Replacement(3&4):	62,563	0.0000
		Yearly Payment:	368,214	Total FRVS PD:		14.7125

- (1) 80% Capital (\$3,737,684) amortized at 7.7500 % for 20 years Principal & Interest of \$368,214 divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$11.5556
- (2) 20% ROE (\$934,421) times the ROE factor (0.017130) divided by annual available days (35405) divided by Occup. Adj. (0.90) = \$0.5023
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	113	Effective PBS Limitation	3,220,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1803	54.1803	0.9426	53.2377
Direct Care	79.6946	79.6946	1.3865	78.3081
Indirect Care	45.1815	45.1815	0.7860	44.3955
Property	13.6500	14.7125	0.2560	14.4565
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.4193
Supplemental Rate Add-on				9.9025
Totals	192.7064	193.7689	3.3711	222.7196

Medicaid Trend Adjustment



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222.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,208,098	0.00	2.5888	2.5888		113		2,208,098	2,728,837	
1982/01	461,204	0.10	2.6760	2.6760		113		2,669,302	2,801,948	
1982/07	203,282	0.10	2.2977	2.2977		113	48.55	2,877,999	2,866,245	
1983/04	94,855	0.20	2.6288	2.6288		113	53.24	2,987,502	2,941,616	
1983/07	93,182	0.20	3.9578	3.0000	0.9578	113	53.24	3,098,035	3,058,006	
1984/01	16,082	0.30	2.2530	2.2530		113	43.22	3,130,572	3,097,669	
1984/07	152,808	0.30	1.9179	1.9179		113	43.22	3,297,535	3,157,107	
1985/01	15,959	0.40	1.1471	1.1471		113	43.22	3,325,383	3,193,267	
1985/10		0.40	0.8522	0.8522		113	43.22	3,220,500	3,220,500	1
1986/01		0.50	0.8299	0.8299		113	49.18	3,220,500	3,247,281	5
1986/07		0.50	0.2974	0.2974		113	49.18	3,236,749	3,241,066	
1987/01	47,929	0.60	1.0091	1.0091		113	55.37	3,304,277	3,299,035	
1987/07		0.60	0.9007	0.9007		113	55.37	3,322,133	3,324,799	
1988/01	(466,490)	0.70	0.9007	0.9007		97	56.40	2,855,643	2,877,214	5
1988/07		0.70	0.5899	0.5899		97	56.40	2,888,466	2,875,662	
1989/01		0.80	0.5899	0.5899		97	46.57	2,900,007	2,892,637	
1989/07		0.80	0.5899	0.5899		97	46.57	2,911,595	2,912,231	
1990/01		0.90	0.5899	0.5899		97	46.57	2,924,683	2,926,878	
1990/07		0.90	0.5899	0.5899		97	42.41	2,936,656	2,944,144	
1991/01		1.00	0.5899	0.5899		97	41.52	2,949,734	2,961,410	
1991/07		1.00	1.4932	1.4932		97	41.52	2,982,984	3,005,642	
1992/01		1.00	2.0117	2.0117		97	52.25	3,039,992	3,066,073	
1992/07		1.00	1.8152	1.8152		97	52.25	3,092,415	3,121,751	
1993/01		1.00	1.7710	1.7710		97	56.44	3,147,182	3,177,041	
1993/07		1.00	1.5329	1.5329		97	56.44	3,195,425	3,225,735	
1994/01		1.00	1.6983	1.6983		97	59.86	3,249,693	3,280,540	
1994/07		1.00	1.5991	1.5991		97	59.86	3,301,659	3,333,017	
1995/01		1.00	1.5812	1.5812		97	59.62	3,353,865	3,385,688	
1995/07		1.00	1.5250	1.5250		97	59.62	3,405,011	3,437,292	
1996/01		1.00	1.7228	1.7228		97	61.82	3,463,673	3,496,559	



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222.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		97	61.82	3,509,719	3,543,022	
1997/01		1.00	1.4109	1.4109		97	62.24	3,559,238	3,592,977	
1997/07		1.00	1.0917	1.0917		97	62.24	3,598,094	3,632,165	
1998/01		1.00	1.1663	1.1663		97	71.05	3,640,059	3,674,554	
1998/07		1.00	1.0794	1.0794		97	71.05	3,679,350	3,714,227	
1999/01		1.00	1.4499	1.4499		97	70.64	3,679,350	3,768,062	5
1999/07		1.00	1.2299	1.2299		97	70.64	3,778,605	3,814,428	
2000/01	42,514	1.00	1.3356	1.3356		97	78.42	3,865,353	3,865,353	8
2000/07		1.00	1.1129	1.1129		97	78.42	3,908,324	3,908,324	8
2001/01		1.00	1.2976	1.2976		97	78.45	3,959,038	3,959,055	
2001/07		1.00	0.9615	0.9615		97	74.60	3,997,079	3,997,079	8
2002/01		0.95	1.0301	1.0301		97	74.60	4,036,194	4,038,207	
2002/07		0.95	0.8337	0.8337		97	74.60	4,068,161	4,071,866	
2003/01		0.90	1.3271	1.3271		97	74.60	4,116,751	4,125,895	
2003/07		0.90	1.1664	1.1664		97	74.60	4,116,751	4,174,007	5
2004/01		0.85	1.1103	1.1103		97	74.60	4,199,231	4,220,373	
2004/07		0.85	0.8378	0.8378		97	79.98	4,229,134	4,255,778	
2005/01		0.80	0.8595	0.8595		97	79.98	4,258,214	4,292,347	
2005/07		0.80	0.7364	0.7364		97	83.99	4,283,299	4,323,969	
2006/01		0.75	0.9068	0.9068		97	78.39	4,312,430	4,363,157	
2006/07		0.75	0.8133	0.8133		97	78.39	4,338,736	4,398,659	
2007/01		0.70	1.0133	1.0133		97	78.39	4,369,511	4,443,182	
2007/07		0.70	1.1050	1.1050		97	70.84	4,403,309	4,492,264	
2008/01		0.65	0.8556	0.8556		97	65.71	4,427,796	4,530,676	
2008/07		0.65	0.6104	0.6104		97	65.71	4,445,365	4,558,321	
2009/01		0.60	1.3268	1.3268		97	65.71	4,480,755	4,618,849	
2009/07		0.60	0.6841	0.6841		97	55.74	4,499,148	4,650,471	
2010/01		0.55	0.8643	0.8643		97	60.35	4,520,537	4,690,629	
2010/07		0.55	0.7107	0.7107		97	60.35	4,538,208	4,723,997	
2011/01		0.50	0.9198	0.9198		97	65.32	4,559,079	4,767,453	



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222.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		97	65.32	4,579,659	4,810,521	
2012/01		0.45	0.3865	0.3865		97	64.14	4,587,623	4,829,145	
2012/07		0.45	0.9417	0.9417		97	64.14	4,607,065	4,874,638	
2013/01		0.40	0.4901	0.4901		97	64.14	4,616,095	4,898,500	
2013/07		0.40	0.6196	0.6196		97	64.14	4,627,534	4,928,861	
2014/01		0.35	0.8564	0.8564		97	64.14	4,641,403	4,971,056	
2014/07		0.35	1.2383	1.2383		97	64.14	4,661,519	5,032,651	
2015/01		0.30	0.7571	0.7571		97	70.21	4,672,105	5,070,772	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043839-00 - 2015/01

192.82

KeystoneRehabilitation and Health Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1120 WEST DONEGAN AVENUE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
KISSIMMEE, FL 34741	Days in CR 518	Maximum: 62,160	Standard: 243
County: Osceola [49]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 60,725	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,512	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 41,254	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	67.93578%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.69144%	Cost: 1.04618269
Open Date: 10/19/2006	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/19/2006	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/19/2006	Low Occupancy Adjustment Factor:	124.74757%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 317560			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,773,590	2,601,421	1,572,081	1,539,599		7,486,691	
1a	Audit Adjustments							
2	Cost Per Diem	42.9920	63.0586	38.1074	37.3200		181.4780	
3	Cost Per Diem Inflated	44.9775	65.2337	39.8673				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9775	65.2337	39.8673	37.3200		187.3985	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.4654		56.1871				
7	Provider Target Rate	51.2769		58.2447				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.8015		61.7191				
10b	Base for line 10a	49.9715		59.5387				
11	Lesser of 5,7,8,10, 10a	44.9775	65.2337	39.8673	13.6500		163.7285	
12/13	Medical Adjustment Rate		1.3163	0.8044				
14	Prospective Per Diem 11	44.9775	66.5500	40.6717	13.6500		165.8492	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

KeystoneRehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/19/2006	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	2006/07	Type:	None	80% Capital(1):	4,611,085 9.5609
Indexed Asset Value	5,763,856	<60% of Base:	True	20% ROE(2):	1,152,771 0.5009
FRVS Base Asset:	5,397,720	Interest Rate:	8.2500%	Insurance Cost(3):	49,686 0.8182
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	100,054 1.6477
ROE Factor	0.017130	Amortization Rate:	8.2500%	Home Office(3):	47,117 0.7759
		Interest Only:	True	Replacement(3&4):	270,432 0.0000
		Yearly Payment:	376,891	Total FRVS PD:	13.3036

- (1) 80% Capital (\$4,611,085) amortized at 8.2500 % for 20 years Interest of \$376,891 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.5609
- (2) 20% ROE (\$1,152,771) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5009
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,981
Comparison Date:	01/01/2006	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,397,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9775	44.9775	0.7825	44.1950
Direct Care	66.5500	66.5500	1.1578	65.3922
Indirect Care	40.6717	40.6717	0.7076	39.9641
Property	13.6500	13.3036	0.2315	13.0721
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.2936
Supplemental Rate Add-on				9.9025
Totals	165.8492	165.5028	2.8794	192.8195

Medicaid Trend Adjustment



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192.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07	6,641,452	0.00	0.8133	0.8133		120	55.72	5,397,720	5,397,720	1
2007/01		0.10	1.0133	1.0133		120	55.72	5,403,188	5,496,720	
2007/07		0.10	1.1050	1.1050		120	55.72	5,409,159	5,557,440	
2008/01		0.20	0.8556	0.8556		120	55.72	5,418,414	5,604,960	
2008/07		0.20	0.6104	0.6104		120	55.72	5,425,030	5,639,160	
2009/01		0.30	1.3268	1.3268		120	55.72	5,446,622	5,714,040	
2009/07		0.30	0.6841	0.6841		120	64.79	5,457,798	5,753,160	
2010/01		0.40	0.8643	0.8643		120	64.79	5,476,666	5,802,840	
2010/07		0.40	0.7107	0.7107		120	69.66	5,492,236	5,844,120	
2011/01		0.50	0.9198	0.9198		120	69.66	5,517,495	5,897,880	
2011/07		0.50	0.9028	0.9028		120	70.77	5,542,401	5,951,160	
2012/01		0.60	0.3865	0.3865		120	64.12	5,555,254	5,974,200	
2012/07		0.60	0.9417	0.9417		120	64.12	5,586,641	6,030,480	
2013/01		0.70	0.4901	0.4901		120	64.12	5,605,809	6,060,000	
2013/07		0.70	0.6196	0.6196		120	64.12	5,630,121	6,097,560	
2014/01		0.80	0.8564	0.8564		120	64.12	5,668,693	6,149,760	
2014/07		0.80	1.2383	1.2383		120	64.12	5,724,847	6,225,960	
2015/01		0.90	0.7571	0.7571		120	67.94	5,763,856	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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210.53

Oakbridge Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3110 OAKBRIDGE BLVD E	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
LAKELAND, FL 33803	Days in CR 518	Maximum: 62,160	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 58,791	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 29,621	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,496	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	43.36718%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.58012%	Cost: 1.04618269
Open Date: 07/11/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/11/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/02/1991	Low Occupancy Adjustment Factor:	120.77455%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 259926			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,304,576	1,801,920	1,240,209	885,221		5,231,926	
1a	Audit Adjustments							
2	Cost Per Diem	51.1679	70.6746	48.6433	34.7200		205.2058	
3	Cost Per Diem Inflated	53.5310	73.1124	50.8898				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.5310	73.1124	50.8898	34.7200		212.2532	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6788		65.6781				
7	Provider Target Rate	59.7911		68.0833				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.9169		66.5854				
10b	Base for line 10a	51.0475		64.2331				
11	Lesser of 5,7,8,10, 10a	52.9169	73.1124	50.8898	13.6500		190.5691	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.9169	73.1124	50.8898	13.6500		190.5691	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

Oakbridge Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/02/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,891,250.00	Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable	80% Capital(1):	4,726,179 9.0168
Indexed Asset Value	5,907,724	<60% of Base:	False	20% ROE(2):	1,181,545 0.5134
FRVS Base Asset:	3,663,600	Interest Rate:	4.3900%	Insurance Cost(3):	55,187 0.9387
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	73,760 1.2546
ROE Factor	0.017130	Amortization Rate:	4.3900%	Home Office(3):	58,770 0.9996
		Interest Only:	False	Replacement(3&4):	333,171 0.0000
		Yearly Payment:	355,443	Total FRVS PD:	12.7231

- (1) 80% Capital (\$4,726,179) amortized at 4.3900 % for 20 years Principal & Interest of \$355,443 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.0168
- (2) 20% ROE (\$1,181,545) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5134
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	01/01/1991	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.9169	52.9169	0.9206	51.9963
Direct Care	73.1124	73.1124	1.2720	71.8404
Indirect Care	50.8898	50.8898	0.8854	50.0044
Property	13.6500	12.7231	0.2214	12.5017
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.2867
Supplemental Rate Add-on				9.9025
Totals	190.5691	189.6422	3.2994	210.5320

Medicaid Trend Adjustment



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210.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	7,180,838	0.00	1.4932	1.4932		120	25.30	3,663,600	3,663,600	1
1992/01		0.10	2.0117	2.0117		120	25.30	3,666,991	3,793,080	
1992/07		0.10	1.8152	1.8152		120	25.30	3,670,053	3,861,960	
1993/01		0.20	1.7710	1.7710		120	25.30	3,676,033	3,930,360	
1993/07		0.20	1.5329	1.5329		120	25.30	3,681,218	3,990,600	
1994/01		0.30	1.6983	1.6983		120	25.30	3,689,846	4,058,400	
1994/07		0.30	1.5991	1.5991		120	36.13	3,701,473	4,123,320	
1995/01		0.40	1.5812	1.5812		120	36.13	3,716,852	4,188,480	
1995/07		0.40	1.5250	1.5250		120	39.80	3,733,259	4,252,320	
1996/01		0.50	1.7228	1.7228		120	39.80	3,756,530	4,325,640	
1996/07		0.50	1.3294	1.3294		120	39.80	3,756,530	4,383,120	5
1997/01		0.60	1.4109	1.4109		120	45.17	3,774,599	4,444,920	5
1997/07		0.60	1.0917	1.0917		120	42.57	3,820,109	4,493,400	
1998/01		0.70	1.1663	1.1663		120	42.57	3,844,248	4,545,840	
1998/07	39,201	0.70	1.0794	1.0794		120	40.38	3,904,775	4,594,920	
1999/01		0.80	1.4499	1.4499		120	40.38	3,938,027	4,661,520	
1999/07		0.80	1.2299	1.2299		120	42.29	3,967,819	4,718,880	
2000/01		0.90	1.3356	1.3356		120	42.29	4,004,491	4,781,880	
2000/07	68,548	0.90	1.1129	1.1129		120	43.60	4,104,834	4,835,040	
2001/01		1.00	1.2976	1.2976		120	43.60	4,147,058	4,897,800	
2001/07	979,642	1.00	0.9615	0.9615		120	45.26	4,944,840	4,944,840	8
2002/01	24,048	1.00	1.0301	1.0301		120	42.97	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	42.97	5,028,259	5,037,360	
2003/01	46,228	1.00	1.3271	1.3271		120	48.35	5,104,200	5,104,200	8
2003/07	2,258	1.00	1.1664	1.1664		120	48.35	5,158,795	5,163,720	
2004/01		1.00	1.1103	1.1103		120	48.35	5,209,148	5,221,080	
2004/07		1.00	0.8378	0.8378		120	48.35	5,247,513	5,264,880	
2005/01		1.00	0.8595	0.8595		120	48.35	5,287,162	5,310,120	
2005/07		1.00	0.7364	0.7364		120	48.35	5,321,389	5,349,240	
2006/01		1.00	0.9068	0.9068		120	49.93	5,365,195	5,397,720	



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0 043841-00 - 2015/01

210.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	49.93	5,404,808	5,441,640	
2007/01		1.00	1.0133	1.0133		120	46.54	5,451,151	5,496,720	
2007/07		1.00	1.1050	1.1050		120	37.62	5,492,352	5,557,440	
2008/01		1.00	0.8556	0.8556		120	37.62	5,524,495	5,604,960	
2008/07		1.00	0.6104	0.6104		120	37.62	5,547,561	5,639,160	
2009/01		1.00	1.3268	1.3268		120	35.65	5,595,270	5,714,040	
2009/07		1.00	0.6841	0.6841		120	35.65	5,620,081	5,753,160	
2010/01		1.00	0.8643	0.8643		120	38.75	5,654,304	5,802,840	
2010/07		1.00	0.7107	0.7107		120	38.75	5,682,616	5,844,120	
2011/01		1.00	0.9198	0.9198		120	30.44	5,711,544	5,897,880	
2011/07		1.00	0.9028	0.9028		120	30.44	5,740,082	5,951,160	
2012/01		0.95	0.3865	0.3865		120	32.77	5,752,640	5,974,200	
2012/07		0.95	0.9417	0.9417		120	32.77	5,783,303	6,030,480	
2013/01		0.90	0.4901	0.4901		120	32.77	5,798,502	6,060,000	
2013/07		0.90	0.6196	0.6196		120	32.77	5,817,766	6,097,560	
2014/01		0.85	0.8564	0.8564		120	32.77	5,842,997	6,149,760	
2014/07		0.85	1.2383	1.2383		120	32.77	5,879,642	6,225,960	
2015/01		0.80	0.7571	0.7571		120	43.37	5,907,724	6,273,120	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency
8	Limited to Current RS Per Bed Standard



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043843-00 - 2015/01

215.00

Oaktree Healthcare

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
650 REED CANAL ROAD	8/1/2012-12/31/2013	Number of Beds: 65	Superior: 0
SOUTH DAYTONA , FL	Days in CR 518	Maximum: 33,670	Standard: 243
32119	First Used : 2015/01	Max Annualized: 23,725	Conditional: 0
County: Volusia [64]	Last Used: 2015/01	Total Patient: 28,400	Total: 243
Region: North Area: 4	Unaudited	Medicare: 1,606	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 23,913	FY Index: 1.31107019
Current Class North Small	Medical Utilization	84.20070%	Semester Index: 1.37161894
Class at 1/94: North Small	Occupancy:	84.34808%	Cost: 1.04618269
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Open Date: 09/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Acquired Date: 09/01/1981	Low Occupancy Adjustment Factor:	107.70870%	DC Sem Index: 1.25449501
Entered Medicaid 09/01/1981	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Med # Active Date: 02/01/2012			PS Target: 1.03662091
Previous Med # 252476			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,356,545	1,576,289	1,039,089	353,434		4,325,357	
1a	Audit Adjustments							
2	Cost Per Diem	56.7283	65.9177	43.4529	14.7800		180.8789	
3	Cost Per Diem Inflated	59.3482	68.1915	45.4597				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.3482	68.1915	45.4597	14.7800		187.7794	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.4236		58.9889				
7	Provider Target Rate	57.4533		61.1491				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	56.1669		64.3023				
10b	Base for line 10a	54.1827		62.0307				
11	Lesser of 5,7,8,10, 10a	55.8134	68.1915	45.4597	13.6500		183.1146	
12/13	Medical Adjustment Rate		2.6237	1.7491				
14	Prospective Per Diem 11	55.8134	70.8152	47.2088	13.6500		187.4874	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 043843-00 - 2015/01

215.00

Rate Semester 01/01/2015 through 08/31/2015

Oaktree Healthcare

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/21/1993	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,004,676.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,423,450 6.5674
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	355,862 0.2855
Indexed Asset Value	1,779,312	Interest Rate:	10.6343%	Insurance Cost(3):	20,588 0.7249
FRVS Base Asset:	915,382	Chase Rate:	4.7500%	Taxes Cost(3):	15,606 0.5495
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	21,299 0.7500
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	90,347 0.0000
		Yearly Payment:	140,230	Total FRVS PD:	8.8773

- (1) 80% Capital (\$1,423,450) amortized at 7.7500 % for 20 years Principal & Interest of \$140,230 divided by annual available days (23725) divided by Occup. Adj. (0.90) = \$6.5674
- (2) 20% ROE (\$355,862) times the ROE factor (0.017130) divided by annual available days (23725) divided by Occup. Adj. (0.90) = \$0.2855
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	70.8152	70.8152	1.2320	69.5832
Indirect Care	47.2088	47.2088	0.8213	46.3875
Property	13.6500	8.8773	0.1544	8.7229
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.5642
Supplemental Rate Add-on				9.9025
Totals	187.4874	182.7147	3.1787	215.0027

Medicaid Trend Adjustment



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215.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	876,031	0.00	2.5888	2.5888		65	55.00	876,031	1,569,685	
1982/01	1,650	0.10	2.6760	2.6760		65	88.28	880,025	1,611,740	
1982/07		0.10	2.2977	2.2977		65	88.28	882,047	1,648,725	
1983/04		0.20	2.6288	2.6288		65	86.65	886,685	1,692,080	
1983/07	1,675	0.20	3.9578	3.0000	0.9578	65	86.65	893,680	1,759,030	
1984/01	2,180	0.30	2.2530	2.2530		65	82.81	901,900	1,781,845	
1984/07		0.30	1.9179	1.9179		65	83.65	907,090	1,816,035	
1985/01	1,020	0.40	1.1471	1.1471		65	83.65	912,272	1,836,835	
1985/10		0.40	0.8522	0.8522		65	82.81	915,382	1,852,500	
1986/01		0.50	0.8299	0.8299		65	82.81	919,181	1,867,905	
1986/07		0.50	0.2974	0.2974		65	87.38	920,548	1,864,330	
1987/01		0.60	1.0091	1.0091		65	87.38	926,122	1,897,675	
1987/07		0.60	0.9007	0.9007		65	84.23	931,127	1,912,495	
1988/01		0.70	0.9007	0.9007		65	84.23	936,998	1,928,030	
1988/07	38,535	0.70	0.5899	0.5899		65	81.65	979,402	1,926,990	
1989/01		0.80	0.5899	0.5899		65	81.65	984,024	1,938,365	
1989/07		0.80	0.5899	0.5899		65	76.07	988,668	1,951,495	
1990/01		0.90	0.5899	0.5899		65	76.07	993,917	1,961,310	
1990/07		0.90	0.5899	0.5899		65	76.07	999,194	1,972,880	
1991/01		1.00	0.5899	0.5899		65	77.01	1,005,088	1,984,450	
1991/07		1.00	1.4932	1.4932		65	81.55	1,020,096	2,014,090	
1992/01		1.00	2.0117	2.0117		65	81.82	1,040,617	2,054,585	
1992/07		1.00	1.8152	1.8152		65	81.82	1,059,506	2,091,895	
1993/01		1.00	1.7710	1.7710		65	72.17	1,078,270	2,128,945	
1993/07		1.00	1.5329	1.5329		65	72.17	1,094,799	2,161,575	
1994/01		1.00	1.6983	1.6983		65	73.50	1,113,392	2,198,300	
1994/07		1.00	1.5991	1.5991		65	73.50	1,131,196	2,233,465	
1995/01	12,503	1.00	1.5812	1.5812		65	66.61	1,161,585	2,268,760	
1995/07		1.00	1.5250	1.5250		65	66.61	1,179,299	2,303,340	
1996/01	17,407	1.00	1.7228	1.7228		65	67.04	1,217,023	2,343,055	



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215.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		65	67.04	1,233,202	2,374,190	
1997/01	9,533	1.00	1.4109	1.4109		65	70.86	1,260,134	2,407,665	
1997/07		1.00	1.0917	1.0917		65	70.86	1,273,891	2,433,925	
1998/01	13,917	1.00	1.1663	1.1663		65	75.93	1,302,665	2,462,330	
1998/07		1.00	1.0794	1.0794		65	75.93	1,316,726	2,488,915	
1999/01		1.00	1.4499	1.4499		65	74.93	1,335,817	2,524,990	
1999/07		1.00	1.2299	1.2299		65	74.93	1,352,246	2,556,060	
2000/01	91,132	1.00	1.3356	1.3356		65	80.15	1,461,439	2,590,185	
2000/07		1.00	1.1129	1.1129		65	80.15	1,477,703	2,618,980	
2001/01	10,861	1.00	1.2976	1.2976		65	82.13	1,507,739	2,652,975	
2001/07		1.00	0.9615	0.9615		65	85.27	1,522,236	2,678,455	
2002/01		0.95	1.0301	1.0301		65	85.27	1,537,133	2,706,015	
2002/07		0.95	0.8337	0.8337		65	85.27	1,549,307	2,728,570	
2003/01		0.90	1.3271	1.3271		65	85.27	1,567,812	2,764,775	
2003/07		0.90	1.1664	1.1664		65	85.27	1,584,271	2,797,015	
2004/01		0.85	1.1103	1.1103		65	85.27	1,599,223	2,828,085	
2004/07		0.85	0.8378	0.8378		65	81.30	1,610,611	2,851,810	
2005/01		0.80	0.8595	0.8595		65	81.30	1,621,686	2,876,315	
2005/07		0.80	0.7364	0.7364		65	72.26	1,631,239	2,897,505	
2006/01		0.75	0.9068	0.9068		65	72.26	1,642,333	2,923,765	
2006/07		0.75	0.8133	0.8133		65	74.21	1,652,351	2,947,555	
2007/01		0.70	1.0133	1.0133		65	73.77	1,664,071	2,977,390	
2007/07		0.70	1.1050	1.1050		65	73.77	1,676,943	3,010,280	
2008/01		0.65	0.8556	0.8556		65	73.77	1,686,268	3,036,020	
2008/07		0.65	0.6104	0.6104		65	75.13	1,692,959	3,054,545	
2009/01		0.60	1.3268	1.3268		65	75.13	1,706,437	3,095,105	
2009/07		0.60	0.6841	0.6841		65	76.99	1,713,442	3,116,295	
2010/01		0.55	0.8643	0.8643		65	77.58	1,721,588	3,143,205	
2010/07		0.55	0.7107	0.7107		65	77.58	1,728,318	3,165,565	
2011/01		0.50	0.9198	0.9198		65	77.79	1,736,267	3,194,685	



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215.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		65	77.79	1,744,105	3,223,545	
2012/01		0.45	0.3865	0.3865		65	78.86	1,747,138	3,236,025	
2012/07		0.45	0.9417	0.9417		65	78.86	1,754,542	3,266,510	
2013/01		0.40	0.4901	0.4901		65	78.86	1,757,981	3,282,500	
2013/07		0.40	0.6196	0.6196		65	78.86	1,762,337	3,302,845	
2014/01		0.35	0.8564	0.8564		65	78.86	1,767,619	3,331,120	
2014/07		0.35	1.2383	1.2383		65	78.86	1,775,280	3,372,395	
2015/01		0.30	0.7571	0.7571		65	84.20	1,779,312	3,397,940	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043843123120130801201205282014205316



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 043846-00 - 2015/01

203.93

Rio Pinar Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
7950 LAKE UNDERHILL ROAD	8/1/2012-12/31/2013	Number of Beds: 180	Superior: 0
ORLANDO, FL 32822	Days in CR 518	Maximum: 93,240	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 89,564	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 17,765	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 64,158	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	71.63369%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.05749%	Cost: 1.04618269
Open Date: 02/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 02/01/1987	Low Occupancy Adjustment Factor:	122.66108%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252450			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,758,084	4,690,056	2,253,171	2,663,840		12,365,151	
1a	Audit Adjustments							
2	Cost Per Diem	42.9889	73.1017	35.1191	41.5200		192.7297	
3	Cost Per Diem Inflated	44.9742	75.6233	36.7410				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.9742	75.6233	36.7410	41.5200		198.8585	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4350		54.7746				
7	Provider Target Rate	49.1721		56.7805				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	49.1659		59.1820				
10b	Base for line 10a	47.4290		57.0913				
11	Lesser of 5,7,8,10, 10a	44.9742	75.6233	36.7410	13.6500		170.9885	
12/13	Medical Adjustment Rate		1.8405	0.8942				
14	Prospective Per Diem 11	44.9742	77.4638	37.6352	13.6500		173.7232	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 043846-00 - 2015/01

203.93

Rate Semester 01/01/2015 through 08/31/2015

Rio Pinar Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/23/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	6,782,671 11.3854
RS to Start Calcs:	1987/01	<60% of Base:	True	20% ROE(2):	1,695,668 0.4912
Indexed Asset Value	8,478,339	Interest Rate:	10.0000%	Insurance Cost(3):	71,740 0.8010
FRVS Base Asset:	5,162,760	Chase Rate:	10.0000%	Taxes Cost(3):	169,742 1.8952
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	71,118 0.7940
ROE Factor	0.017130	Interest Only:	True	Replacement(3&4):	241,681 0.0000
		Yearly Payment:	673,216	Total FRVS PD:	15.3668

- (1) 80% Capital (\$6,782,671) amortized at 10.0000 % for 20 years Interest of \$673,216 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.3854
- (2) 20% ROE (\$1,695,668) times the ROE factor (0.017130) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4912
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,162,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9742	44.9742	0.7824	44.1918
Direct Care	77.4638	77.4638	1.3477	76.1161
Indirect Care	37.6352	37.6352	0.6548	36.9804
Property	13.6500	15.3668	0.2673	15.0995
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6413
Supplemental Rate Add-on				9.9025
Totals	173.7232	175.4400	3.0522	203.9316

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043846-00 - 2015/01

203.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	5,998,606	0.00	1.0091	1.0091		180	57.47	5,162,760	5,162,760	1
1987/07	24,144	0.10	0.9007	0.9007		180	57.47	5,191,556	5,296,140	
1988/01	22,874	0.10	0.9007	0.9007		180	57.47	5,219,108	5,339,160	
1988/07		0.20	0.5899	0.5899		180	57.47	5,225,267	5,336,280	
1989/01		0.20	0.5899	0.5899		180	57.47	5,231,433	5,367,780	
1989/07		0.30	0.5899	0.5899		180	57.47	5,240,693	5,404,140	
1990/01		0.30	0.5899	0.5899		180	57.47	5,249,969	5,431,320	
1990/07		0.40	0.5899	0.5899		180	53.61	5,262,046	5,463,360	
1991/01		0.40	0.5899	0.5899		180	52.88	5,273,986	5,495,400	
1991/07		0.50	1.4932	1.4932		180	52.88	5,311,844	5,577,480	
1992/01		0.50	2.0117	2.0117		180	56.57	5,365,276	5,689,620	
1992/07		0.60	1.8152	1.8152		180	56.57	5,423,709	5,792,940	
1993/01		0.60	1.7710	1.7710		180	51.22	5,477,380	5,895,540	
1993/07		0.70	1.5329	1.5329		180	51.22	5,532,113	5,985,900	
1994/01		0.70	1.6983	1.6983		180	52.92	5,595,392	6,087,600	
1994/07		0.80	1.5991	1.5991		180	52.92	5,664,267	6,184,980	
1995/01	26,730	0.80	1.5812	1.5812		180	53.58	5,760,800	6,282,720	
1995/07		0.90	1.5250	1.5250		180	53.58	5,837,826	6,378,480	
1996/01		0.90	1.7228	1.7228		180	60.09	5,928,341	6,488,460	
1996/07		1.00	1.3294	1.3294		180	60.09	6,007,152	6,574,680	
1997/01		1.00	1.4109	1.4109		180	63.91	6,091,907	6,667,380	
1997/07		1.00	1.0917	1.0917		180	63.91	6,158,412	6,740,100	
1998/01		1.00	1.1663	1.1663		180	68.81	6,230,238	6,818,760	
1998/07		1.00	1.0794	1.0794		180	68.81	6,297,487	6,892,380	
1999/01		1.00	1.4499	1.4499		180	71.12	6,388,794	6,992,280	
1999/07		1.00	1.2299	1.2299		180	71.12	6,467,370	7,078,320	
2000/01	62,502	1.00	1.3356	1.3356		180	76.53	6,616,250	7,172,820	
2000/07		1.00	1.1129	1.1129		180	76.53	6,689,882	7,252,560	
2001/01	37,272	1.00	1.2976	1.2976		180	76.94	6,813,962	7,346,700	
2001/07		1.00	0.9615	0.9615		180	73.00	6,879,478	7,417,260	



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203.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		180	73.00	6,950,344	7,493,580	
2002/07		1.00	0.8337	0.8337		180	73.00	7,008,289	7,556,040	
2003/01		1.00	1.3271	1.3271		180	73.00	7,101,296	7,656,300	
2003/07		1.00	1.1664	1.1664		180	73.00	7,184,126	7,745,580	
2004/01		1.00	1.1103	1.1103		180	73.00	7,263,891	7,831,620	
2004/07		1.00	0.8378	0.8378		180	77.30	7,324,748	7,897,320	
2005/01		1.00	0.8595	0.8595		180	77.30	7,387,704	7,965,180	
2005/07		1.00	0.7364	0.7364		180	73.70	7,442,107	8,023,860	
2006/01		1.00	0.9068	0.9068		180	73.70	7,509,592	8,096,580	
2006/07		1.00	0.8133	0.8133		180	69.94	7,570,668	8,162,460	
2007/01		1.00	1.0133	1.0133		180	69.94	7,647,382	8,245,080	
2007/07		0.95	1.1050	1.1050		180	63.61	7,727,664	8,336,160	
2008/01		0.95	0.8556	0.8556		180	68.71	7,790,474	8,407,440	
2008/07		0.90	0.6104	0.6104		180	68.71	7,833,275	8,458,740	
2009/01		0.90	1.3268	1.3268		180	68.44	7,926,812	8,571,060	
2009/07		0.85	0.6841	0.6841		180	68.44	7,972,906	8,629,740	
2010/01		0.85	0.8643	0.8643		180	66.38	8,031,483	8,704,260	
2010/07		0.80	0.7107	0.7107		180	66.38	8,077,150	8,766,180	
2011/01		0.80	0.9198	0.9198		180	68.45	8,136,582	8,846,820	
2011/07		0.75	0.9028	0.9028		180	68.45	8,191,675	8,926,740	
2012/01		0.75	0.3865	0.3865		180	70.41	8,215,423	8,961,300	
2012/07		0.70	0.9417	0.9417		180	70.41	8,269,579	9,045,720	
2013/01		0.70	0.4901	0.4901		180	70.41	8,297,952	9,090,000	
2013/07		0.65	0.6196	0.6196		180	70.41	8,297,952	9,146,340	5
2014/01		0.65	0.8564	0.8564		180	70.41	8,377,749	9,224,640	
2014/07		0.60	1.2383	1.2383		180	70.41	8,439,996	9,338,940	
2015/01		0.60	0.7571	0.7571		180	71.63	8,478,339	9,409,680	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043847-00 - 2015/01

212.35

The Palms Rehabilitation and Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5405 BABCOCK ST NE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PALM BAY, FL 32905	Days in CR 518	Maximum: 62,160	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 58,958	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,969	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 34,745	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	58.93178%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.84878%	Cost: 1.04618269
Open Date: 03/11/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/11/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 03/11/1998	Low Occupancy Adjustment Factor:	121.11762%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252395			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,602,401	2,628,372	1,371,815	1,214,338		6,816,926
1a	Audit Adjustments						
2	Cost Per Diem	46.1189	75.6475	39.4824	34.9500		196.1988
3	Cost Per Diem Inflated	48.2488	78.2569	41.3058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2488	78.2569	41.3058	34.9500		202.7615
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8073		55.9527			
7	Provider Target Rate	51.6313		58.0017			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	51.5428		60.6960			
10b	Base for line 10a	49.7219		58.5518			
11	Lesser of 5,7,8,10, 10a	48.2488	78.2569	41.3058	13.6500		181.4615
12/13	Medical Adjustment Rate		0.7863	0.4151			
14	Prospective Per Diem 11	48.2488	79.0432	41.7209	13.6500		182.6629
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 043847-00 - 2015/01

212.35

Rate Semester 01/01/2015 through 08/31/2015

The Palms Rehabilitation and Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,806,562.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,502,398 11.2519
RS to Start Calcs:	1998/01	<60% of Base:	False	20% ROE(2):	1,125,599 0.4891
Indexed Asset Value	5,627,997	Interest Rate:	10.6343%	Insurance Cost(3):	48,655 0.8252
FRVS Base Asset:	4,493,400	Chase Rate:	4.7500%	Taxes Cost(3):	105,098 1.7826
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	51,096 0.8667
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	164,178 0.0000
		Yearly Payment:	443,549	Total FRVS PD:	15.2155

- (1) 80% Capital (\$4,502,398) amortized at 7.7500 % for 20 years Principal & Interest of \$443,549 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2519
- (2) 20% ROE (\$1,125,599) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4891
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.2488	48.2488	0.8394	47.4094
Direct Care	79.0432	79.0432	1.3752	77.6680
Indirect Care	41.7209	41.7209	0.7258	40.9951
Property	13.6500	15.2155	0.2647	14.9508
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4217
Supplemental Rate Add-on				9.9025
Totals	182.6629	184.2284	3.2051	212.3475

Medicaid Trend Adjustment



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212.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	6,896,251	0.00	1.1663	1.1663		120	57.94	4,493,400	4,493,400	1
1998/07	5,150	0.10	1.0794	1.0794		120	57.94	4,503,398	4,594,920	
1999/01	15,239	0.10	1.4499	1.4499		120	57.94	4,525,167	4,661,520	
1999/07		0.20	1.2299	1.2299		120	57.94	4,536,299	4,718,880	
2000/01		0.20	1.3356	1.3356		120	57.94	4,536,299	4,781,880	5
2000/07		0.30	1.1129	1.1129		120	57.94	4,563,602	4,835,040	
2001/01		0.30	1.2976	1.2976		120	66.75	4,581,368	4,897,800	
2001/07		0.40	0.9615	0.9615		120	65.83	4,598,988	4,944,840	
2002/01		0.40	1.0301	1.0301		120	65.83	4,617,936	4,995,720	
2002/07		0.50	0.8337	0.8337		120	65.83	4,637,188	5,037,360	
2003/01		0.50	1.3271	1.3271		120	65.83	4,667,960	5,104,200	
2003/07		0.60	1.1664	1.1664		120	65.83	4,700,626	5,163,720	
2004/01		0.60	1.1103	1.1103		120	65.83	4,731,942	5,221,080	
2004/07		0.70	0.8378	0.8378		120	71.88	4,759,695	5,264,880	
2005/01		0.70	0.8595	0.8595		120	71.88	4,788,334	5,310,120	
2005/07		0.80	0.7364	0.7364		120	69.51	4,816,542	5,349,240	
2006/01		0.80	0.9068	0.9068		120	65.34	4,851,481	5,397,720	
2006/07		0.90	0.8133	0.8133		120	65.34	4,886,994	5,441,640	
2007/01		0.90	1.0133	1.0133		120	62.08	4,931,563	5,496,720	
2007/07		1.00	1.1050	1.1050		120	62.08	4,986,057	5,557,440	
2008/01		1.00	0.8556	0.8556		120	64.11	5,028,718	5,604,960	
2008/07		1.00	0.6104	0.6104		120	64.11	5,059,413	5,639,160	
2009/01		1.00	1.3268	1.3268		120	64.11	5,126,541	5,714,040	
2009/07		1.00	0.6841	0.6841		120	61.21	5,161,612	5,753,160	
2010/01		1.00	0.8643	0.8643		120	61.21	5,206,224	5,802,840	
2010/07		1.00	0.7107	0.7107		120	60.01	5,243,225	5,844,120	
2011/01		1.00	0.9198	0.9198		120	58.81	5,291,452	5,897,880	
2011/07		1.00	0.9028	0.9028		120	58.81	5,339,223	5,951,160	
2012/01		1.00	0.3865	0.3865		120	60.28	5,359,859	5,974,200	
2012/07		1.00	0.9417	0.9417		120	60.28	5,410,333	6,030,480	



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212.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		120	60.28	5,436,849	6,060,000	
2013/07		1.00	0.6196	0.6196		120	60.28	5,470,536	6,097,560	
2014/01		1.00	0.8564	0.8564		120	60.28	5,517,386	6,149,760	
2014/07		1.00	1.2383	1.2383		120	60.28	5,585,708	6,225,960	
2015/01		1.00	0.7571	0.7571		120	58.93	5,627,997	6,273,120	

Message Code:

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| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
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VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043847123120130801201205292014092237



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043848-00 - 2015/01

208.22

Coral Trace Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
216 SANTA BARBARA BLVD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
CAPE CORAL, FL 33991	Days in CR 518	Maximum: 62,160	Standard: 243
County: Lee [36]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 59,607	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 18,362	Inflation
Current Class South Large	Initial CR? False	Medicaid: 34,120	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	57.24160%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.89286%	Cost: 1.04618269
Open Date: 11/03/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/03/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 11/03/1987	Low Occupancy Adjustment Factor:	122.45086%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252107			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,582,861	2,317,361	1,511,737	976,173		6,388,132
1a	Audit Adjustments						
2	Cost Per Diem	46.3910	67.9180	44.3065	28.6100		187.2255
3	Cost Per Diem Inflated	48.5335	70.2608	46.3527			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5335	70.2608	46.3527	28.6100		193.7570
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1289		56.3180			
7	Provider Target Rate	54.0379		58.3804			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	54.3578		63.8207			
10b	Base for line 10a	52.4375		61.5661			
11	Lesser of 5,7,8,10, 10a	48.5335	70.2608	46.3527	13.6500		178.7970
12/13	Medical Adjustment Rate		0.5724	0.3776			
14	Prospective Per Diem 11	48.5335	70.8332	46.7303	13.6500		179.7470
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043848-00 - 2015/01

208.22

Rate Semester 01/01/2015 through 08/31/2015

Coral Trace Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,232,534.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,849,153 12.1184
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,212,288 0.5268
Indexed Asset Value	6,061,441	Interest Rate:	10.6343%	Insurance Cost(3):	48,809 0.8188
FRVS Base Asset:	3,503,400	Chase Rate:	4.7500%	Taxes Cost(3):	133,279 2.2360
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	51,053 0.8565
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	339,679 0.0000
		Yearly Payment:	477,709	Total FRVS PD:	16.5565

- (1) 80% Capital (\$4,849,153) amortized at 7.7500 % for 20 years Principal & Interest of \$477,709 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.1184
- (2) 20% ROE (\$1,212,288) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5268
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 01/01/1987	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5335	48.5335	0.8444	47.6891
Direct Care	70.8332	70.8332	1.2323	69.6009
Indirect Care	46.7303	46.7303	0.8130	45.9173
Property	13.6500	16.5565	0.2880	16.2685
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8437
Supplemental Rate Add-on				9.9025
Totals	179.7470	182.6535	3.1777	208.2220

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 043848-00 - 2015/01

208.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,900,222	0.10	0.9007	0.9007		120	29.16	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	29.16	3,505,074	3,559,440	
1988/07		0.20	0.5899	0.5899		120	29.16	3,507,267	3,557,520	
1989/01		0.20	0.5899	0.5899		120	29.16	3,509,461	3,578,520	
1989/07		0.30	0.5899	0.5899		120	29.16	3,512,754	3,602,760	
1990/01		0.30	0.5899	0.5899		120	29.16	3,516,050	3,620,880	
1990/07		0.40	0.5899	0.5899		120	37.72	3,521,741	3,642,240	
1991/01		0.40	0.5899	0.5899		120	37.72	3,527,441	3,663,600	
1991/07	19,022	0.50	1.4932	1.4932		120	44.59	3,567,814	3,718,320	
1992/01		0.50	2.0117	2.0117		120	52.10	3,601,810	3,793,080	
1992/07		0.60	1.8152	1.8152		120	52.10	3,638,969	3,861,960	
1993/01	32,286	0.60	1.7710	1.7710		120	49.56	3,706,098	3,930,360	
1993/07		0.70	1.5329	1.5329		120	49.56	3,741,931	3,990,600	
1994/01		0.70	1.6983	1.6983		120	44.59	3,777,995	4,058,400	
1994/07		0.80	1.5991	1.5991		120	44.59	3,817,179	4,123,320	
1995/01	18,754	0.80	1.5812	1.5812		120	43.02	3,873,702	4,188,480	
1995/07		0.90	1.5250	1.5250		120	43.02	3,915,288	4,252,320	
1996/01	33,625	0.90	1.7228	1.7228		120	51.50	4,005,756	4,325,640	
1996/07		1.00	1.3294	1.3294		120	51.50	4,055,620	4,383,120	
1997/01	58,869	1.00	1.4109	1.4109		120	50.80	4,167,340	4,444,920	
1997/07		1.00	1.0917	1.0917		120	50.80	4,209,361	4,493,400	
1998/01	490,091	1.00	1.1663	1.1663		120	53.35	4,545,840	4,545,840	8
1998/07		1.00	1.0794	1.0794		120	53.35	4,593,436	4,594,920	
1999/01		1.00	1.4499	1.4499		120	54.06	4,658,898	4,661,520	
1999/07		1.00	1.2299	1.2299		120	54.06	4,658,898	4,718,880	5
2000/01	61,833	1.00	1.3356	1.3356		120	59.68	4,777,051	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	59.68	4,835,040	4,835,040	8
2001/01		1.00	1.2976	1.2976		120	69.62	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.15	4,897,779	4,944,840	5
2002/01		1.00	1.0301	1.0301		120	58.15	4,995,720	4,995,720	8



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	58.15	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	58.15	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	58.15	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	58.15	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	61.56	5,264,795	5,264,880	
2005/01		1.00	0.8595	0.8595		120	61.56	5,310,046	5,310,120	
2005/07		1.00	0.7364	0.7364		120	59.42	5,349,149	5,349,240	
2006/01		1.00	0.9068	0.9068		120	59.42	5,397,655	5,397,720	
2006/07		1.00	0.8133	0.8133		120	54.97	5,441,530	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.97	5,496,639	5,496,720	
2007/07		0.95	1.1050	1.1050		120	56.90	5,554,343	5,557,440	
2008/01		0.95	0.8556	0.8556		120	53.77	5,598,479	5,604,960	
2008/07		0.90	0.6104	0.6104		120	53.77	5,628,549	5,639,160	
2009/01		0.90	1.3268	1.3268		120	53.77	5,694,256	5,714,040	
2009/07		0.85	0.6841	0.6841		120	49.67	5,724,159	5,753,160	
2010/01		0.85	0.8643	0.8643		120	49.67	5,762,139	5,802,840	
2010/07		0.80	0.7107	0.7107		120	49.25	5,791,477	5,844,120	
2011/01		0.80	0.9198	0.9198		120	49.25	5,829,636	5,897,880	
2011/07		0.75	0.9028	0.9028		120	49.19	5,864,939	5,951,160	
2012/01		0.75	0.3865	0.3865		120	52.34	5,881,119	5,974,200	
2012/07		0.70	0.9417	0.9417		120	52.34	5,918,012	6,030,480	
2013/01		0.70	0.4901	0.4901		120	52.34	5,937,335	6,060,000	
2013/07		0.65	0.6196	0.6196		120	52.34	5,960,088	6,097,560	
2014/01		0.65	0.8564	0.8564		120	52.34	5,991,663	6,149,760	
2014/07		0.60	1.2383	1.2383		120	52.34	6,034,028	6,225,960	
2015/01		0.60	0.7571	0.7571		120	57.24	6,061,441	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



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The Parks Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9311 S ORANGE BLOSSOM TRAIL	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
ORLANDO, FL 32837	Days in CR 518	Maximum: 62,160	Standard: 214
County: Orange [48]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 29
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 56,565	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,006	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 43,060	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	76.12481%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.99903%	Cost: 1.04618269
Open Date: 09/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	116.20166%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 259934			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,202,551	3,070,785	1,852,614	549,876		7,675,826
1a	Audit Adjustments						
2	Cost Per Diem	51.1507	71.3141	43.0240	12.7700		178.2588
3	Cost Per Diem Inflated	53.5130	73.7740	45.0110			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.5130	73.7740	45.0110	12.7700		185.0680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8169		56.8849			
7	Provider Target Rate	58.8976		58.9681			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	52.0816		61.5134			
10b	Base for line 10a	50.2417		59.3403			
11	Lesser of 5,7,8,10, 10a	52.0816	73.7740	45.0110	12.7700		183.6366
12/13	Medical Adjustment Rate		1.9095	1.1650			
14	Prospective Per Diem 11	52.0816	75.6835	46.1760	12.7700		186.7111
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

The Parks Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/2012	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,286,250.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,776,748 9.1133
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,194,187 0.5189
Indexed Asset Value	5,970,935	Interest Rate:	4.3900%	Insurance Cost(3):	44,433 0.7855
FRVS Base Asset:	2,893,663	Chase Rate:	4.2500%	Taxes Cost(3):	105,975 1.8735
Occup Adj Factor	0.9000	Amortization Rate:	4.3900%	Home Office(3):	45,737 0.8086
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	247,048 0.0000
		Yearly Payment:	359,246	Total FRVS PD:	13.0998

- (1) 80% Capital (\$4,776,748) amortized at 4.3900 % for 20 years Principal & Interest of \$359,246 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1133
- (2) 20% ROE (\$1,194,187) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5189
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0816	52.0816	0.9061	51.1755
Direct Care	75.6835	75.6835	1.3167	74.3668
Indirect Care	46.1760	46.1760	0.8034	45.3726
Property	12.7700	13.0998	0.2279	12.8719
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3787
Supplemental Rate Add-on				9.9025
Totals	186.7111	187.0409	3.2541	216.0680

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,888,568	0.00	1.9179	1.9179		120	43.69	2,888,568	3,352,680	
1985/01		0.10	1.1471	1.1471		120	43.69	2,891,200	3,391,080	
1985/10		0.10	0.8522	0.8522		120	100.00	2,893,663	3,420,000	
1986/01		0.20	0.8299	0.8299		120	100.00	2,898,466	3,448,440	
1986/07		0.20	0.2974	0.2974		120	100.00	2,900,191	3,441,840	
1987/01		0.30	1.0091	1.0091		120	100.00	2,908,970	3,503,400	
1987/07		0.30	0.9007	0.9007		120	57.21	2,916,830	3,530,760	
1988/01		0.40	0.9007	0.9007		120	57.21	2,927,339	3,559,440	
1988/07		0.40	0.5899	0.5899		120	67.14	2,934,248	3,557,520	
1989/01	16,737	0.50	0.5899	0.5899		120	67.14	2,959,641	3,578,520	
1989/07		0.50	0.5899	0.5899		120	67.16	2,968,372	3,602,760	
1990/01		0.60	0.5899	0.5899		120	67.16	2,978,877	3,620,880	
1990/07		0.60	0.5899	0.5899		120	59.41	2,989,419	3,642,240	
1991/01		0.70	0.5899	0.5899		120	59.41	3,001,762	3,663,600	
1991/07		0.70	1.4932	1.4932		120	67.98	3,033,136	3,718,320	
1992/01		0.80	2.0117	2.0117		120	67.98	3,081,951	3,793,080	
1992/07		0.80	1.8152	1.8152		120	67.06	3,126,707	3,861,960	
1993/01		0.90	1.7710	1.7710		120	67.06	3,176,544	3,930,360	
1993/07		0.90	1.5329	1.5329		120	62.46	3,220,368	3,990,600	
1994/01		1.00	1.6983	1.6983		120	62.46	3,275,060	4,058,400	
1994/07		1.00	1.5991	1.5991		120	60.74	3,327,431	4,123,320	
1995/01		1.00	1.5812	1.5812		120	60.74	3,380,044	4,188,480	
1995/07	40,928	1.00	1.5250	1.5250		120	54.54	3,472,087	4,252,320	
1996/01		1.00	1.7228	1.7228		120	54.54	3,531,404	4,325,640	
1996/07		1.00	1.3294	1.3294		120	54.54	3,577,958	4,383,120	
1997/01	315,572	1.00	1.4109	1.4109		120	54.75	3,943,782	4,444,920	
1997/07		1.00	1.0917	1.0917		120	53.14	3,985,380	4,493,400	
1998/01		1.00	1.1663	1.1663		120	53.14	4,030,290	4,545,840	
1998/07	53,765	1.00	1.0794	1.0794		120	55.19	4,127,558	4,594,920	
1999/01		1.00	1.4499	1.4499		120	55.19	4,127,558	4,661,520	5



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216.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	55.19	4,238,904	4,718,880	
2000/01		1.00	1.3356	1.3356		120	57.13	4,295,519	4,781,880	
2000/07		1.00	1.1129	1.1129		120	62.34	4,343,324	4,835,040	
2001/01		1.00	1.2976	1.2976		120	62.34	4,399,683	4,897,800	
2001/07		1.00	0.9615	0.9615		120	73.25	4,441,986	4,944,840	
2002/01	869,785	1.00	1.0301	1.0301		120	76.06	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	76.06	5,037,360	5,037,360	8
2003/01	46,228	1.00	1.3271	1.3271		120	73.30	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	73.30	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	73.30	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.30	5,264,795	5,264,880	
2005/01		0.95	0.8595	0.8595		120	73.30	5,307,782	5,310,120	
2005/07		0.95	0.7364	0.7364		120	73.30	5,344,915	5,349,240	
2006/01		0.90	0.9068	0.9068		120	73.62	5,388,535	5,397,720	
2006/07		0.90	0.8133	0.8133		120	73.62	5,427,979	5,441,640	
2007/01		0.85	1.0133	1.0133		120	71.98	5,474,730	5,496,720	
2007/07		0.85	1.1050	1.1050		120	71.98	5,526,154	5,557,440	
2008/01		0.80	0.8556	0.8556		120	69.50	5,563,981	5,604,960	
2008/07		0.80	0.6104	0.6104		120	69.50	5,591,150	5,639,160	
2009/01		0.75	1.3268	1.3268		120	69.36	5,646,788	5,714,040	
2009/07		0.75	0.6841	0.6841		120	69.36	5,675,762	5,753,160	
2010/01		0.70	0.8643	0.8643		120	68.82	5,710,100	5,802,840	
2010/07		0.70	0.7107	0.7107		120	68.82	5,738,508	5,844,120	
2011/01		0.65	0.9198	0.9198		120	75.70	5,772,819	5,897,880	
2011/07		0.65	0.9028	0.9028		120	75.70	5,806,694	5,951,160	
2012/01		0.60	0.3865	0.3865		120	75.95	5,820,160	5,974,200	
2012/07		0.60	0.9417	0.9417		120	75.95	5,853,044	6,030,480	
2013/01		0.55	0.4901	0.4901		120	75.95	5,868,824	6,060,000	
2013/07		0.55	0.6196	0.6196		120	75.95	5,888,825	6,097,560	
2014/01		0.50	0.8564	0.8564		120	75.95	5,914,041	6,149,760	



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216.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	75.95	5,950,661	6,225,960	
2015/01		0.45	0.7571	0.7571		120	76.12	5,970,935	6,273,120	

Message Code:

- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043850123120130801201205282014201717



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215.81

Coral Bay Healthcare and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2939 SOUTH HAVERHILL ROAD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
WEST PALM BEACH , FL 33415	Days in CR 518	Maximum: 62,160	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 58,886	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,765	Inflation
Current Class South Large	Initial CR? False	Medicaid: 32,606	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	55.37140%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.73295%	Cost: 1.04618269
Open Date: 05/04/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/04/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/04/1993	Low Occupancy Adjustment Factor:	120.96971%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 259918			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,624,248	2,305,191	1,556,330	1,373,039		6,858,808	
1a	Audit Adjustments							
2	Cost Per Diem	49.8144	70.6984	47.7314	42.1100		210.3542	
3	Cost Per Diem Inflated	52.1150	73.1371	49.9358				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.1150	73.1371	49.9358	42.1100		217.2979	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8257		62.6533				
7	Provider Target Rate	59.9433		64.9477				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	55.1019		66.2358				
10b	Base for line 10a	53.1553		63.8959				
11	Lesser of 5,7,8,10, 10a	52.1150	73.1371	49.9358	13.6500		188.8379	
12/13	Medical Adjustment Rate		0.4420	0.3018				
14	Prospective Per Diem 11	52.1150	73.5791	50.2376	13.6500		189.5817	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043851-00 - 2015/01

215.81

Rate Semester 01/01/2015 through 08/31/2015

Coral Bay Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/04/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,736,250.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable	80% Capital(1):	4,812,304	9.1811
Indexed Asset Value	6,015,380	<60% of Base:	False	20% ROE(2):	1,203,076	0.5228
FRVS Base Asset:	3,861,960	Interest Rate:	4.3900%	Insurance Cost(3):	58,316	0.9903
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	93,928	1.5951
ROE Factor	0.017130	Amortization Rate:	4.3900%	Home Office(3):	51,353	0.8721
		Interest Only:	False	Replacement(3&4):	111,806	0.0000
		Yearly Payment:	361,920	Total FRVS PD:		13.1614

- (1) 80% Capital (\$4,812,304) amortized at 4.3900 % for 20 years Principal & Interest of \$361,920 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1811
- (2) 20% ROE (\$1,203,076) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5228
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.1150	52.1150	0.9067	51.2083
Direct Care	73.5791	73.5791	1.2801	72.2990
Indirect Care	50.2376	50.2376	0.8740	49.3636
Property	13.6500	13.1614	0.2290	12.9324
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.1006
Supplemental Rate Add-on				9.9025
Totals	189.5817	189.0931	3.2898	215.8064

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043851-00 - 2015/01

215.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,615,673	0.00	1.7710	1.7710		120	37.72	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	37.72	3,866,020	3,990,600	
1994/01		0.10	1.6983	1.6983		120	37.72	3,870,522	4,058,400	
1994/07		0.20	1.5991	1.5991		120	37.72	3,879,011	4,123,320	
1995/01		0.20	1.5812	1.5812		120	37.72	3,887,423	4,188,480	
1995/07		0.30	1.5250	1.5250		120	37.72	3,887,423	4,252,320	5
1996/01		0.30	1.7228	1.7228		120	37.72	3,913,441	4,325,640	
1996/07	682,650	0.40	1.3294	1.3294		120	32.65	4,608,446	4,383,120	6
1997/01		0.40	1.4109	1.4109		120	32.65	4,608,446	4,444,920	3
1997/07		0.50	1.0917	1.0917		120	30.99	4,608,446	4,493,400	3
1998/01		0.50	1.1663	1.1663		120	30.99	4,608,446	4,545,840	3
1998/07	25,508	0.60	1.0794	1.0794		120	29.65	4,608,446	4,594,920	3
1999/01		0.60	1.4499	1.4499		120	29.65	4,608,446	4,661,520	5
1999/07	23,786	0.70	1.2299	1.2299		120	32.69	4,677,535	4,718,880	
2000/01		0.70	1.3356	1.3356		120	32.69	4,703,527	4,781,880	
2000/07	79,213	0.80	1.1129	1.1129		120	40.28	4,813,408	4,835,040	
2001/01		0.80	1.2976	1.2976		120	40.28	4,850,003	4,897,800	
2001/07		0.90	0.9615	0.9615		120	42.73	4,882,611	4,944,840	
2002/01		0.90	1.0301	1.0301		120	42.28	4,917,409	4,995,720	
2002/07		1.00	0.8337	0.8337		120	42.28	4,948,924	5,037,360	
2003/01	48,701	1.00	1.3271	1.3271		120	50.41	5,057,821	5,104,200	
2003/07	1,078	1.00	1.1664	1.1664		120	50.41	5,112,970	5,163,720	
2004/01		1.00	1.1103	1.1103		120	50.41	5,165,002	5,221,080	
2004/07		1.00	0.8378	0.8378		120	50.41	5,204,663	5,264,880	
2005/01		1.00	0.8595	0.8595		120	50.41	5,245,664	5,310,120	
2005/07		1.00	0.7364	0.7364		120	50.41	5,281,069	5,349,240	
2006/01		1.00	0.9068	0.9068		120	50.30	5,324,865	5,397,720	
2006/07		1.00	0.8133	0.8133		120	50.30	5,364,471	5,441,640	
2007/01		1.00	1.0133	1.0133		120	42.93	5,406,900	5,496,720	
2007/07		1.00	1.1050	1.1050		120	38.66	5,448,896	5,557,440	



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0 043851-00 - 2015/01

215.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	38.66	5,481,666	5,604,960	
2008/07		1.00	0.6104	0.6104		120	38.66	5,505,185	5,639,160	
2009/01		1.00	1.3268	1.3268		120	38.51	5,556,328	5,714,040	
2009/07		1.00	0.6841	0.6841		120	38.51	5,582,942	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.22	5,620,860	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.22	5,652,251	5,844,120	
2011/01		1.00	0.9198	0.9198		120	46.69	5,696,385	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.69	5,740,042	5,951,160	
2012/01		1.00	0.3865	0.3865		120	51.02	5,760,622	5,974,200	
2012/07		1.00	0.9417	0.9417		120	51.02	5,810,944	6,030,480	
2013/01		1.00	0.4901	0.4901		120	51.02	5,837,363	6,060,000	
2013/07		0.95	0.6196	0.6196		120	51.02	5,869,235	6,097,560	
2014/01		0.95	0.8564	0.8564		120	51.02	5,913,532	6,149,760	
2014/07		0.90	1.2383	1.2383		120	51.02	5,974,669	6,225,960	
2015/01		0.90	0.7571	0.7571		120	55.37	6,015,380	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
6 Not Limited to Current Per Bed Standard |
|--|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043853-00 - 2015/01

212.90

Plantation Bay Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4641 OLD CANOE CREEK ROAD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
SAINT CLOUD, FL 34769	Days in CR 518	Maximum: 62,160	Standard: 243
County: Osceola [49]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 59,877	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,080	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 39,355	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	65.72641%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.32722%	Cost: 1.04618269
Open Date: 07/20/1995	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/20/1995	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 07/20/1995	Low Occupancy Adjustment Factor:	123.00552%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252441			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,966,140	2,886,081	1,560,616	789,068		7,201,905	
1a	Audit Adjustments							
2	Cost Per Diem	49.9591	73.3345	39.6548	20.0500		182.9984	
3	Cost Per Diem Inflated	52.2663	75.8641	41.4862				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.2663	75.8641	41.4862	20.0500		189.6666	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.7282		57.0570				
7	Provider Target Rate	52.5859		59.1465				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.0816		61.5134				
10b	Base for line 10a	50.2417		59.3403				
11	Lesser of 5,7,8,10, 10a	52.0816	75.8641	41.4862	13.6500		183.0819	
12/13	Medical Adjustment Rate		1.3422	0.7340				
14	Prospective Per Diem 11	52.0816	77.2063	42.2202	13.6500		185.1581	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043853-00 - 2015/01

212.90

Rate Semester 01/01/2015 through 08/31/2015

Plantation Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/20/1995	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,216,969.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,062,190 10.1518
RS to Start Calcs:	1995/07	<60% of Base:	False	20% ROE(2):	1,015,547 0.4413
Indexed Asset Value	5,077,737	Interest Rate:	10.6343%	Insurance Cost(3):	46,869 0.7828
FRVS Base Asset:	3,595,112	Chase Rate:	4.7500%	Taxes Cost(3):	101,583 1.6965
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	50,684 0.8465
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	289,038 0.0000
		Yearly Payment:	400,182	Total FRVS PD:	13.9189

- (1) 80% Capital (\$4,062,190) amortized at 7.7500 % for 20 years Principal & Interest of \$400,182 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.1518
- (2) 20% ROE (\$1,015,547) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4413
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	01/01/1995	Current RS PBS:	52,276
Comparison Bed	103	Effective PBS Limitation	3,595,112

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0816	52.0816	0.9061	51.1755
Direct Care	77.2063	77.2063	1.3432	75.8631
Indirect Care	42.2202	42.2202	0.7345	41.4857
Property	13.6500	13.9189	0.2422	13.6767
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8011
Supplemental Rate Add-on				9.9025
Totals	185.1581	185.4270	3.2260	212.9046

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043853-00 - 2015/01

212.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	6,483,985	0.00	1.5250	1.5250		103	52.28	3,595,112	3,595,112	1
1996/01		0.10	1.7228	1.7228		103	52.28	3,601,000	3,712,841	
1996/07		0.10	1.3294	1.3294		103	52.28	3,605,549	3,762,178	
1997/01		0.20	1.4109	1.4109		103	52.28	3,615,221	3,815,223	
1997/07		0.20	1.0917	1.0917		103	52.28	3,622,723	3,856,835	
1998/01	126,450	0.30	1.1663	1.1663		120	62.30	3,761,849	4,545,840	
1998/07		0.30	1.0794	1.0794		120	62.30	3,774,030	4,594,920	
1999/01	59,441	0.40	1.4499	1.4499		120	68.90	3,855,360	4,661,520	
1999/07		0.40	1.2299	1.2299		120	68.90	3,855,360	4,718,880	5
2000/01	53,077	0.50	1.3356	1.3356		120	62.24	3,953,278	4,781,880	
2000/07		0.50	1.1129	1.1129		120	62.24	3,975,278	4,835,040	
2001/01		0.60	1.2976	1.2976		120	62.11	4,006,230	4,897,800	
2001/07		0.60	0.9615	0.9615		120	59.44	4,029,342	4,944,840	
2002/01	24,662	0.70	1.0301	1.0301		120	59.44	4,083,060	4,995,720	
2002/07		0.70	0.8337	0.8337		120	59.44	4,106,889	5,037,360	
2003/01		0.80	1.3271	1.3271		120	59.44	4,150,492	5,104,200	
2003/07		0.80	1.1664	1.1664		120	59.44	4,189,220	5,163,720	
2004/01		0.90	1.1103	1.1103		120	59.44	4,231,083	5,221,080	
2004/07		0.90	0.8378	0.8378		120	57.98	4,262,985	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.22	4,262,985	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	58.22	4,331,287	5,349,240	
2006/01		1.00	0.9068	0.9068		120	58.22	4,370,563	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.57	4,406,109	5,441,640	
2007/01		1.00	1.0133	1.0133		120	56.57	4,450,756	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.46	4,498,560	5,557,440	
2008/01		1.00	0.8556	0.8556		120	55.93	4,537,050	5,604,960	
2008/07		1.00	0.6104	0.6104		120	55.93	4,564,744	5,639,160	
2009/01		1.00	1.3268	1.3268		120	55.93	4,625,309	5,714,040	
2009/07		1.00	0.6841	0.6841		120	58.31	4,656,951	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.37	4,697,201	5,802,840	



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212.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		1.00	0.7107	0.7107		120	59.37	4,730,584	5,844,120	
2011/01		1.00	0.9198	0.9198		120	58.78	4,774,096	5,897,880	
2011/07		1.00	0.9028	0.9028		120	58.78	4,817,197	5,951,160	
2012/01		1.00	0.3865	0.3865		120	65.49	4,835,815	5,974,200	
2012/07		1.00	0.9417	0.9417		120	65.49	4,881,354	6,030,480	
2013/01		1.00	0.4901	0.4901		120	65.49	4,905,278	6,060,000	
2013/07		1.00	0.6196	0.6196		120	65.49	4,935,671	6,097,560	
2014/01		1.00	0.8564	0.8564		120	65.49	4,977,940	6,149,760	
2014/07		1.00	1.2383	1.2383		120	65.49	5,039,582	6,225,960	
2015/01		1.00	0.7571	0.7571		120	65.73	5,077,737	6,273,120	

Message Code:

1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043853123120130801201205292014085129



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043854-00 - 2015/01

191.28

Colonial Lakes Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
15204 W COLONIAL DR	8/1/2012-12/31/2013	Number of Beds: 180	Superior: 0
WINTER GARDEN, FL 34787	Days in CR 518	Maximum: 93,240	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 89,262	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,042	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 71,166	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	79.72710%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.73359%	Cost: 1.04618269
Open Date: 06/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/01/1984	Low Occupancy Adjustment Factor:	122.24748%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252557			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,971,404	4,403,553	2,385,349	2,229,631		11,989,937
1a	Audit Adjustments						
2	Cost Per Diem	41.7531	61.8772	33.5181	31.3300		168.4784
3	Cost Per Diem Inflated	43.6814	64.0116	35.0661			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6814	64.0116	35.0661	31.3300		174.0891
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7600		55.8125			
7	Provider Target Rate	51.5823		57.8564			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	49.3360		60.1104			
10b	Base for line 10a	47.5931		57.9869			
11	Lesser of 5,7,8,10, 10a	43.6814	64.0116	35.0661	13.6500		156.4091
12/13	Medical Adjustment Rate		2.1407	1.1727			
14	Prospective Per Diem 11	43.6814	66.1523	36.2388	13.6500		159.7225
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043854-00 - 2015/01

191.28

Rate Semester 01/01/2015 through 08/31/2015

Colonial Lakes Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,100,802.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	6,907,962	11.5090
Indexed Asset Value	8,634,952	<60% of Base:	False	20% ROE(2):	1,726,990	0.5003
FRVS Base Asset:	3,287,398	Interest Rate:	10.6343%	Insurance Cost(3):	77,612	0.8695
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	100,036	1.1207
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	62,947	0.7052
		Interest Only:	False	Replacement(3&4):	397,787	0.0000
		Yearly Payment:	680,530	Total FRVS PD:		14.7047

- (1) 80% Capital (\$6,907,962) amortized at 7.7500 % for 20 years Principal & Interest of \$680,530 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.5090
- (2) 20% ROE (\$1,726,990) times the ROE factor (0.017130) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5003
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.6814	43.6814	0.7600	42.9214
Direct Care	66.1523	66.1523	1.1509	65.0014
Indirect Care	36.2388	36.2388	0.6305	35.6083
Property	13.6500	14.7047	0.2558	14.4489
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3974
Supplemental Rate Add-on				9.9025
Totals	159.7225	160.7772	2.7972	191.2799

Medicaid Trend Adjustment



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043854-00 - 2015/01

191.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,269,087	0.00	1.2952	1.2952		120	85.31	3,269,087	3,289,560	
1984/07		0.10	1.9179	1.9179		120	85.31	3,275,357	3,352,680	
1985/01	2,692	0.10	1.1471	1.1471		120	85.31	3,281,806	3,391,080	
1985/10		0.20	0.8522	0.8522		120	85.31	3,287,398	3,420,000	
1986/01		0.20	0.8299	0.8299		120	85.31	3,292,855	3,448,440	
1986/07		0.30	0.2974	0.2974		120	85.31	3,295,792	3,441,840	
1987/01	23,165	0.30	1.0091	1.0091		120	93.06	3,328,933	3,503,400	
1987/07		0.40	0.9007	0.9007		120	93.06	3,340,927	3,530,760	
1988/01		0.40	0.9007	0.9007		120	93.39	3,352,964	3,559,440	
1988/07		0.50	0.5899	0.5899		120	93.39	3,362,855	3,557,520	
1989/01		0.50	0.5899	0.5899		120	93.39	3,372,775	3,578,520	
1989/07		0.60	0.5899	0.5899		120	92.60	3,384,711	3,602,760	
1990/01		0.60	0.5899	0.5899		120	77.20	3,396,689	3,620,880	
1990/07		0.70	0.5899	0.5899		120	77.20	3,410,714	3,642,240	
1991/01		0.70	0.5899	0.5899		120	78.17	3,424,797	3,663,600	
1991/07		0.80	1.4932	1.4932		120	78.17	3,465,710	3,718,320	
1992/01		0.80	2.0117	2.0117		120	84.41	3,521,487	3,793,080	
1992/07		0.90	1.8152	1.8152		120	84.41	3,579,018	3,861,960	
1993/01	52,181	0.90	1.7710	1.7710		120	80.38	3,688,245	3,930,360	
1993/07		1.00	1.5329	1.5329		120	80.38	3,744,782	3,990,600	
1994/01		1.00	1.6983	1.6983		120	74.66	3,808,380	4,058,400	
1994/07		1.00	1.5991	1.5991		120	74.66	3,869,280	4,123,320	
1995/01	101,531	1.00	1.5812	1.5812		120	73.54	4,031,992	4,188,480	
1995/07		1.00	1.5250	1.5250		120	73.54	4,093,480	4,252,320	
1996/01		1.00	1.7228	1.7228		120	76.51	4,164,002	4,325,640	
1996/07		1.00	1.3294	1.3294		120	76.51	4,219,358	4,383,120	
1997/01		1.00	1.4109	1.4109		120	80.87	4,278,889	4,444,920	
1997/07		1.00	1.0917	1.0917		120	80.87	4,325,602	4,493,400	
1998/01		1.00	1.1663	1.1663		120	82.09	4,376,051	4,545,840	
1998/07		1.00	1.0794	1.0794		120	82.09	4,423,286	4,594,920	



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191.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	2,232,748	1.00	1.4499	1.4499		180	85.71	6,720,167	6,992,280	
1999/07		1.00	1.2299	1.2299		180	85.71	6,802,818	7,078,320	
2000/01	53,153	1.00	1.3356	1.3356		180	86.82	6,946,829	7,172,820	
2000/07		1.00	1.1129	1.1129		180	86.82	7,024,140	7,252,560	
2001/01		1.00	1.2976	1.2976		180	85.97	7,115,285	7,346,700	
2001/07		1.00	0.9615	0.9615		180	74.03	7,183,698	7,417,260	
2002/01		1.00	1.0301	1.0301		180	74.03	7,257,697	7,493,580	
2002/07		1.00	0.8337	0.8337		180	74.03	7,318,204	7,556,040	
2003/01		1.00	1.3271	1.3271		180	74.03	7,415,324	7,656,300	
2003/07		1.00	1.1664	1.1664		180	74.03	7,501,816	7,745,580	
2004/01		1.00	1.1103	1.1103		180	74.03	7,585,109	7,831,620	
2004/07		0.95	0.8378	0.8378		180	76.09	7,645,479	7,897,320	
2005/01		0.95	0.8595	0.8595		180	76.09	7,707,904	7,965,180	
2005/07		0.90	0.7364	0.7364		180	75.71	7,758,992	8,023,860	
2006/01		0.90	0.9068	0.9068		180	75.71	7,822,313	8,096,580	
2006/07		0.85	0.8133	0.8133		180	73.50	7,876,389	8,162,460	
2007/01		0.85	1.0133	1.0133		180	73.15	7,944,228	8,245,080	
2007/07		0.80	1.1050	1.1050		180	73.15	8,014,455	8,336,160	
2008/01		0.80	0.8556	0.8556		180	70.19	8,069,314	8,407,440	
2008/07		0.75	0.6104	0.6104		180	70.19	8,106,255	8,458,740	
2009/01		0.75	1.3268	1.3268		180	70.19	8,186,920	8,571,060	
2009/07		0.70	0.6841	0.6841		180	68.62	8,226,127	8,629,740	
2010/01		0.70	0.8643	0.8643		180	68.62	8,275,895	8,704,260	
2010/07		0.65	0.7107	0.7107		180	68.75	8,314,130	8,766,180	
2011/01		0.65	0.9198	0.9198		180	68.75	8,363,840	8,846,820	
2011/07		0.60	0.9028	0.9028		180	77.21	8,363,840	8,926,740	5
2012/01		0.60	0.3865	0.3865		180	78.96	8,428,648	8,961,300	
2012/07		0.55	0.9417	0.9417		180	78.96	8,472,300	9,045,720	
2013/01		0.55	0.4901	0.4901		180	78.96	8,495,141	9,090,000	
2013/07		0.50	0.6196	0.6196		180	78.96	8,521,459	9,146,340	



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191.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		180	78.96	8,557,948	9,224,640	
2014/07		0.45	1.2383	1.2383		180	78.96	8,605,633	9,338,940	
2015/01		0.45	0.7571	0.7571		180	79.73	8,634,952	9,409,680	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043854123120130801201205282014203036



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043856-00 - 2015/01

211.32

Central Park Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
702 S KINGS AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
BRANDON, FL 33511	Days in CR 518	Maximum: 62,160	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 59,770	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 20,861	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 32,301	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	54.04216%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.15508%	Cost: 1.04618269
Open Date: 02/25/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/25/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 02/25/1991	Low Occupancy Adjustment Factor:	122.78570%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 259900			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,524,352	2,189,937	1,649,061	415,391		5,778,741	
1a	Audit Adjustments							
2	Cost Per Diem	47.1921	67.7978	51.0529	12.8600		178.9028	
3	Cost Per Diem Inflated	49.3716	70.1364	53.4107				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.3716	70.1364	53.4107	12.8600		185.7787	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.3898		59.8685				
7	Provider Target Rate	59.4915		62.0609				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.9468		61.5134				
10b	Base for line 10a	50.1117		59.3403				
11	Lesser of 5,7,8,10, 10a	49.3716	70.1364	53.4107	12.8600		185.7787	
12/13	Medical Adjustment Rate		0.3189	0.2429				
14	Prospective Per Diem 11	49.3716	70.4553	53.6536	12.8600		186.3405	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Central Park Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/25/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,835,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,285,028 8.1752
RS to Start Calcs:	1991/01	<60% of Base:	False	20% ROE(2):	1,071,257 0.4655
Indexed Asset Value	5,356,285	Interest Rate:	4.3900%	Insurance Cost(3):	51,610 0.8635
FRVS Base Asset:	3,642,240	Chase Rate:	4.2500%	Taxes Cost(3):	74,913 1.2534
Occup Adj Factor	0.9000	Amortization Rate:	4.3900%	Home Office(3):	57,785 0.9668
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	296,399 0.0000
		Yearly Payment:	322,265	Total FRVS PD:	11.7244

- (1) 80% Capital (\$4,285,028) amortized at 4.3900 % for 20 years Principal & Interest of \$322,265 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.1752
- (2) 20% ROE (\$1,071,257) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4655
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.3716	49.3716	0.8589	48.5127
Direct Care	70.4553	70.4553	1.2258	69.2295
Indirect Care	53.6536	53.6536	0.9334	52.7202
Property	12.8600	11.7244	0.2040	11.5204
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.4334
Supplemental Rate Add-on				9.9025
Totals	186.3405	185.2049	3.2221	211.3187

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	6,603,586	0.00	0.5899	0.5899		120	34.48	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	34.48	3,645,649	3,718,320	
1992/01		0.10	2.0117	2.0117		120	34.48	3,650,247	3,793,080	
1992/07		0.20	1.8152	1.8152		120	34.48	3,658,554	3,861,960	
1993/01		0.20	1.7710	1.7710		120	34.48	3,666,678	3,930,360	
1993/07		0.30	1.5329	1.5329		120	34.48	3,677,250	3,990,600	
1994/01		0.30	1.6983	1.6983		120	34.48	3,688,996	4,058,400	
1994/07		0.40	1.5991	1.5991		120	49.09	3,710,055	4,123,320	
1995/01		0.40	1.5812	1.5812		120	52.52	3,732,463	4,188,480	
1995/07		0.50	1.5250	1.5250		120	52.52	3,759,640	4,252,320	
1996/01		0.50	1.7228	1.7228		120	52.52	3,790,565	4,325,640	
1996/07		0.60	1.3294	1.3294		120	53.73	3,820,100	4,383,120	
1997/01		0.60	1.4109	1.4109		120	42.62	3,845,158	4,444,920	
1997/07	10,068	0.70	1.0917	1.0917		120	47.06	3,880,369	4,493,400	
1998/01		0.70	1.1663	1.1663		120	47.06	3,907,475	4,545,840	
1998/07		0.80	1.0794	1.0794		120	51.15	3,938,854	4,594,920	
1999/01		0.80	1.4499	1.4499		120	51.15	3,981,343	4,661,520	
1999/07		0.90	1.2299	1.2299		120	54.98	4,025,396	4,718,880	
2000/01		0.90	1.3356	1.3356		120	54.98	4,073,764	4,781,880	
2000/07		1.00	1.1129	1.1129		120	64.71	4,119,101	4,835,040	
2001/01		1.00	1.2976	1.2976		120	64.71	4,172,550	4,897,800	
2001/07		1.00	0.9615	0.9615		120	65.12	4,212,669	4,944,840	
2002/01		1.00	1.0301	1.0301		120	64.78	4,256,064	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.78	4,291,547	5,037,360	
2003/01	46,228	1.00	1.3271	1.3271		120	63.59	4,394,728	5,104,200	
2003/07		1.00	1.1664	1.1664		120	63.59	4,445,988	5,163,720	
2004/01		1.00	1.1103	1.1103		120	63.59	4,495,352	5,221,080	
2004/07		1.00	0.8378	0.8378		120	63.59	4,533,014	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.59	4,571,975	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.59	4,605,643	5,349,240	



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211.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	63.21	4,647,407	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.21	4,685,204	5,441,640	
2007/01		1.00	1.0133	1.0133		120	61.47	4,732,679	5,496,720	
2007/07		1.00	1.1050	1.1050		120	61.47	4,784,975	5,557,440	
2008/01		1.00	0.8556	0.8556		120	60.83	4,825,915	5,604,960	
2008/07		1.00	0.6104	0.6104		120	60.83	4,855,372	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.26	4,919,793	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.26	4,953,449	5,753,160	
2010/01		1.00	0.8643	0.8643		120	62.23	4,996,262	5,802,840	
2010/07		1.00	0.7107	0.7107		120	62.23	5,031,770	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.96	5,078,052	5,897,880	
2011/07		0.95	0.9028	0.9028		120	61.96	5,121,606	5,951,160	
2012/01		0.95	0.3865	0.3865		120	56.20	5,140,413	5,974,200	
2012/07		0.90	0.9417	0.9417		120	56.20	5,183,978	6,030,480	
2013/01		0.90	0.4901	0.4901		120	56.20	5,206,845	6,060,000	
2013/07		0.85	0.6196	0.6196		120	56.20	5,234,269	6,097,560	
2014/01		0.85	0.8564	0.8564		120	56.20	5,272,369	6,149,760	
2014/07		0.80	1.2383	1.2383		120	56.20	5,324,597	6,225,960	
2015/01		0.80	0.7571	0.7571		120	54.04	5,356,285	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 043857-00 - 2015/01

212.47

Beneva Lakes Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
741 SOUTH BENEVA ROAD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
SARASOTA, FL 34232	Days in CR 518	Maximum: 62,160	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 59,961	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,068	Inflation
Current Class South Large	Initial CR? False	Medicaid: 45,732	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	76.26958%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.46236%	Cost: 1.04618269
Open Date: 09/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/01/1982	Low Occupancy Adjustment Factor:	123.17809%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 259896			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,125,112	3,274,018	1,986,453	921,500		8,307,083	
1a	Audit Adjustments							
2	Cost Per Diem	46.4688	71.5914	43.4368	20.1500		181.6470	
3	Cost Per Diem Inflated	48.6149	74.0609	45.4428				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.6149	74.0609	45.4428	20.1500		188.2686	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.8483		60.1432				
7	Provider Target Rate	58.9301		62.3457				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	51.1061		63.2047				
10b	Base for line 10a	49.3007		60.9719				
11	Lesser of 5,7,8,10, 10a	48.6149	74.0609	45.4428	13.6500		181.7686	
12/13	Medical Adjustment Rate		2.1887	1.3430				
14	Prospective Per Diem 11	48.6149	76.2496	46.7858	13.6500		185.3003	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Beneva Lakes Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,118,750.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	4,011,385 7.6531
Indexed Asset Value	5,014,231	<60% of Base:	False	20% ROE(2):	1,002,846 0.4358
FRVS Base Asset:	3,420,000	Interest Rate:	4.3900%	Insurance Cost(3):	44,460 0.7415
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	93,172 1.5539
ROE Factor	0.017130	Amortization Rate:	4.3900%	Home Office(3):	48,524 0.8093
		Interest Only:	False	Replacement(3&4):	99,435 0.0000
		Yearly Payment:	301,685	Total FRVS PD:	11.1936

- (1) 80% Capital (\$4,011,385) amortized at 4.3900 % for 20 years Principal & Interest of \$301,685 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.6531
- (2) 20% ROE (\$1,002,846) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4358
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.6149	48.6149	0.8458	47.7691
Direct Care	76.2496	76.2496	1.3266	74.9230
Indirect Care	46.7858	46.7858	0.8140	45.9718
Property	13.6500	11.1936	0.1947	10.9989
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9072
Supplemental Rate Add-on				9.9025
Totals	185.3003	182.8439	3.1811	212.4725

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,265,687	0.00	2.2977	2.2977		120	96.10	3,265,687	3,043,800	
1983/04	80,494	0.10	2.6288	2.6288		120	96.10	3,354,766	3,123,840	
1983/07	32,867	0.10	3.9578	3.0000	0.9578	120	96.10	3,397,697	3,247,440	
1984/01	18,952	0.20	2.2530	2.2530		120	9.84	3,416,649	3,289,560	
1984/07	7,767	0.20	1.9179	1.9179		120	9.84	3,424,416	3,352,680	
1985/01		0.30	1.1471	1.1471		120	9.84	3,424,416	3,391,080	
1985/10		0.30	0.8522	0.8522		120	9.84	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	9.84	3,420,000	3,448,440	
1986/07		0.40	0.2974	0.2974		120	10.26	3,420,000	3,441,840	
1987/01	53,238	0.50	1.0091	1.0091		120	10.26	3,473,238	3,503,400	
1987/07		0.50	0.9007	0.9007		120	10.26	3,473,238	3,530,760	
1988/01		0.60	0.9007	0.9007		120	10.26	3,473,238	3,559,440	
1988/07		0.60	0.5899	0.5899		120	10.26	3,473,238	3,557,520	
1989/01		0.70	0.5899	0.5899		120	10.26	3,473,238	3,578,520	
1989/07		0.70	0.5899	0.5899		120	16.42	3,473,238	3,602,760	
1990/01		0.80	0.5899	0.5899		120	16.42	3,473,238	3,620,880	
1990/07	17,985	0.80	0.5899	0.5899		120	16.89	3,491,223	3,642,240	
1991/01		0.90	0.5899	0.5899		120	16.89	3,491,223	3,663,600	
1991/07		0.90	1.4932	1.4932		120	20.19	3,491,223	3,718,320	
1992/01		1.00	2.0117	2.0117		120	20.19	3,491,223	3,793,080	
1992/07		1.00	1.8152	1.8152		120	21.34	3,491,223	3,861,960	
1993/01		1.00	1.7710	1.7710		120	21.34	3,491,223	3,930,360	
1993/07	47,481	1.00	1.5329	1.5329		120	24.86	3,538,704	3,990,600	
1994/01		1.00	1.6983	1.6983		120	24.86	3,538,704	4,058,400	
1994/07		1.00	1.5991	1.5991		120	29.90	3,569,467	4,123,320	
1995/01		1.00	1.5812	1.5812		120	29.90	3,600,150	4,188,480	
1995/07		1.00	1.5250	1.5250		120	30.66	3,630,756	4,252,320	
1996/01		1.00	1.7228	1.7228		120	30.66	3,665,625	4,325,640	
1996/07	34,978	1.00	1.3294	1.3294		120	34.65	3,731,303	4,383,120	
1997/01		1.00	1.4109	1.4109		120	34.65	3,764,469	4,444,920	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	48.27	3,800,537	4,493,400	
1998/01		1.00	1.1663	1.1663		120	48.27	3,839,439	4,545,840	
1998/07		1.00	1.0794	1.0794		120	55.06	3,880,882	4,594,920	
1999/01		1.00	1.4499	1.4499		120	55.06	3,937,151	4,661,520	
1999/07		1.00	1.2299	1.2299		120	59.93	3,985,574	4,718,880	
2000/01		1.00	1.3356	1.3356		120	59.93	4,038,805	4,781,880	
2000/07		1.00	1.1129	1.1129		120	60.94	4,083,753	4,835,040	
2001/01		1.00	1.2976	1.2976		120	60.94	4,136,744	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.69	4,176,519	4,944,840	
2002/01	17,988	1.00	1.0301	1.0301		120	64.81	4,237,529	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.81	4,272,857	5,037,360	
2003/01	46,228	0.95	1.3271	1.3271		120	68.81	4,372,953	5,104,200	
2003/07		0.95	1.1664	1.1664		120	68.81	4,421,410	5,163,720	
2004/01		0.90	1.1103	1.1103		120	68.81	4,465,593	5,221,080	
2004/07		0.90	0.8378	0.8378		120	68.81	4,499,264	5,264,880	
2005/01		0.85	0.8595	0.8595		120	68.81	4,532,136	5,310,120	
2005/07		0.85	0.7364	0.7364		120	68.81	4,560,503	5,349,240	
2006/01		0.80	0.9068	0.9068		120	64.43	4,593,585	5,397,720	
2006/07		0.80	0.8133	0.8133		120	64.43	4,623,471	5,441,640	
2007/01		0.75	1.0133	1.0133		120	70.45	4,658,609	5,496,720	
2007/07		0.75	1.1050	1.1050		120	65.77	4,697,220	5,557,440	
2008/01		0.70	0.8556	0.8556		120	65.77	4,725,352	5,604,960	
2008/07		0.70	0.6104	0.6104		120	65.77	4,745,543	5,639,160	
2009/01		0.65	1.3268	1.3268		120	65.20	4,786,469	5,714,040	
2009/07		0.65	0.6841	0.6841		120	65.20	4,807,754	5,753,160	
2010/01		0.60	0.8643	0.8643		120	67.76	4,832,687	5,802,840	
2010/07		0.60	0.7107	0.7107		120	66.84	4,853,294	5,844,120	
2011/01		0.55	0.9198	0.9198		120	66.84	4,877,847	5,897,880	
2011/07		0.55	0.9028	0.9028		120	71.25	4,902,066	5,951,160	
2012/01		0.50	0.3865	0.3865		120	71.68	4,911,542	5,974,200	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	71.68	4,934,670	6,030,480	
2013/01		0.45	0.4901	0.4901		120	71.68	4,945,551	6,060,000	
2013/07		0.45	0.6196	0.6196		120	71.68	4,959,339	6,097,560	
2014/01		0.40	0.8564	0.8564		120	71.68	4,976,330	6,149,760	
2014/07		0.40	1.2383	1.2383		120	71.68	5,000,978	6,225,960	
2015/01		0.35	0.7571	0.7571		120	76.27	5,014,231	6,273,120	

Message Code:

1 Per Bed Standard Limitation

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Bradenton Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6305 CORTEZ RD W	8/1/2012-12/31/2013	Number of Beds: 105	Superior: 0
BRADENTON, FL 34210	Days in CR 518	Maximum: 54,390	Standard: 243
County: Manatee [41]	First Used : 2015/01	Max Annualized: 38,325	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 51,100	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 17,739	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,463	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	57.65753%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.95109%	Cost: 1.04618269
Open Date: 11/29/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/29/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 12/09/1999	Low Occupancy Adjustment Factor:	119.97131%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252069			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,434,283	2,132,002	1,246,413	1,163,494		5,976,192
1a	Audit Adjustments						
2	Cost Per Diem	48.6808	72.3620	42.3043	39.4900		202.8371
3	Cost Per Diem Inflated	50.9290	74.8580	44.2580			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.9290	74.8580	44.2580	39.4900		209.5350
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7733		60.3032			
7	Provider Target Rate	52.6327		62.5116			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	52.0816		61.5134			
10b	Base for line 10a	50.2417		59.3403			
11	Lesser of 5,7,8,10, 10a	50.9290	74.8580	44.2580	13.6500		183.6950
12/13	Medical Adjustment Rate		0.6449	0.3813			
14	Prospective Per Diem 11	50.9290	75.5029	44.6393	13.6500		184.7212
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Bradenton Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/09/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,325,786.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,992,763	11.4037
RS to Start Calcs:	1999/07	<60% of Base:	False	20% ROE(2):	998,191	0.4957
Indexed Asset Value	4,990,954	Interest Rate:	10.6343%	Insurance Cost(3):	48,268	0.9446
FRVS Base Asset:	4,078,830	Chase Rate:	4.7500%	Taxes Cost(3):	112,600	2.2035
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	44,742	0.8756
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	292,049	0.0000
		Yearly Payment:	393,342	Total FRVS PD:		15.9231

- (1) 80% Capital (\$3,992,763) amortized at 7.7500 % for 20 years Principal & Interest of \$393,342 divided by annual available days (38325) divided by Occup. Adj. (0.90) = \$11.4037
- (2) 20% ROE (\$998,191) times the ROE factor (0.017130) divided by annual available days (38325) divided by Occup. Adj. (0.90) = \$0.4957
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	52,276
Comparison Bed	105	Effective PBS Limitation	4,078,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.9290	50.9290	0.8860	50.0430
Direct Care	75.5029	75.5029	1.3136	74.1893
Indirect Care	44.6393	44.6393	0.7766	43.8627
Property	13.6500	15.9231	0.2770	15.6461
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.2689
Supplemental Rate Add-on				9.9025
Totals	184.7212	186.9943	3.2532	211.9125

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	5,070,757	0.00	1.2299	1.2299		105	83.27	4,078,830	4,078,830	1
2000/01	455,481	0.10	1.3356	1.3356		105	83.27	4,184,145	4,184,145	8
2000/07		0.10	1.1129	1.1129		105	83.27	4,188,802	4,230,660	
2001/01		0.20	1.2976	1.2976		105	83.27	4,199,672	4,285,575	
2001/07		0.20	0.9615	0.9615		105	76.74	4,207,748	4,326,735	
2002/01		0.30	1.0301	1.0301		105	76.74	4,220,750	4,371,255	
2002/07		0.30	0.8337	0.8337		105	76.74	4,231,306	4,407,690	
2003/01		0.40	1.3271	1.3271		105	76.74	4,253,766	4,466,175	
2003/07		0.40	1.1664	1.1664		105	76.74	4,273,614	4,518,255	
2004/01		0.50	1.1103	1.1103		105	76.74	4,297,341	4,568,445	
2004/07		0.50	0.8378	0.8378		105	75.73	4,315,343	4,606,770	
2005/01		0.60	0.8595	0.8595		105	75.73	4,337,597	4,646,355	
2005/07		0.60	0.7364	0.7364		105	73.31	4,356,761	4,680,585	
2006/01		0.70	0.9068	0.9068		105	73.31	4,384,418	4,723,005	
2006/07		0.70	0.8133	0.8133		105	64.69	4,409,378	4,761,435	
2007/01		0.80	1.0133	1.0133		105	64.69	4,445,120	4,809,630	
2007/07		0.80	1.1050	1.1050		105	59.88	4,484,415	4,862,760	
2008/01		0.90	0.8556	0.8556		105	51.17	4,516,540	4,904,340	
2008/07		0.90	0.6104	0.6104		105	51.17	4,539,626	4,934,265	
2009/01		1.00	1.3268	1.3268		105	51.17	4,595,663	4,999,785	
2009/07		1.00	0.6841	0.6841		105	44.39	4,621,037	5,034,015	
2010/01		1.00	0.8643	0.8643		105	44.39	4,653,272	5,077,485	
2010/07		1.00	0.7107	0.7107		105	43.13	4,679,206	5,113,605	
2011/01		1.00	0.9198	0.9198		105	46.07	4,715,257	5,160,645	
2011/07		1.00	0.9028	0.9028		105	46.07	4,750,915	5,207,265	
2012/01		1.00	0.3865	0.3865		105	50.86	4,767,895	5,227,425	
2012/07		1.00	0.9417	0.9417		105	50.86	4,809,415	5,276,670	
2013/01		1.00	0.4901	0.4901		105	50.86	4,831,212	5,302,500	
2013/07		1.00	0.6196	0.6196		105	50.86	4,858,893	5,335,365	
2014/01		1.00	0.8564	0.8564		105	50.86	4,897,372	5,381,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		105	50.86	4,953,451	5,447,715	
2015/01		1.00	0.7571	0.7571		105	57.66	4,990,954	5,488,980	

Message Code:

- 1 Per Bed Standard Limitation
- 8 Limited to Current RS Per Bed Standard

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Brandon Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1465 OAKFIELD DR	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
BRANDON, FL 33511	Days in CR 518	Maximum: 62,160	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 60,596	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 36,470	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,199	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	36.63443%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.48391%	Cost: 1.04618269
Open Date: 05/07/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/07/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/07/1997	Low Occupancy Adjustment Factor:	124.48256%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252077			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	891,944	1,447,867	1,085,480	1,682,906		5,108,197	
1a	Audit Adjustments							
2	Cost Per Diem	40.1795	65.2222	48.8977	75.8100		230.1094	
3	Cost Per Diem Inflated	42.0351	67.4720	51.1559				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.0351	67.4720	51.1559	75.8100		236.4730	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.3226		63.4051				
7	Provider Target Rate	52.1655		65.7271				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.4892		61.5134				
10b	Base for line 10a	48.7056		59.3403				
11	Lesser of 5,7,8,10, 10a	42.0351	67.4720	51.1559	13.6500		174.3130	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	42.0351	67.4720	51.1559	13.6500		174.3130	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Brandon Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/07/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,680,764.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed	80% Capital(1):	4,217,122	10.5389
Indexed Asset Value	5,271,403	<60% of Base:	False	20% ROE(2):	1,054,281	0.4581
FRVS Base Asset:	4,237,016	Interest Rate:	10.6343%	Insurance Cost(3):	62,017	1.0235
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	130,905	2.1603
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	63,038	1.0403
		Interest Only:	False	Replacement(3&4):	125,313	0.0000
		Yearly Payment:	415,445	Total FRVS PD:		15.2211

- (1) 80% Capital (\$4,217,122) amortized at 7.7500 % for 20 years Principal & Interest of \$415,445 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5389
 (2) 20% ROE (\$1,054,281) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4581
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	116	Effective PBS Limitation	4,237,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.0351	42.0351	0.7313	41.3038
Direct Care	67.4720	67.4720	1.1739	66.2981
Indirect Care	51.1559	51.1559	0.8900	50.2659
Property	13.6500	15.2211	0.2648	14.9563
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.1104
Supplemental Rate Add-on				9.9025
Totals	174.3130	175.8841	3.0600	193.8370

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	7,154,639	0.00	1.4109	1.4109		116	62.74	4,237,016	4,237,016	1
1997/07		0.10	1.0917	1.0917		116	62.74	4,241,643	4,343,620	
1998/01		0.10	1.1663	1.1663		116	62.74	4,246,589	4,394,312	
1998/07		0.20	1.0794	1.0794		116	62.74	4,255,757	4,441,756	
1999/01		0.20	1.4499	1.4499		116	62.74	4,268,099	4,506,136	
1999/07		0.30	1.2299	1.2299		116	62.74	4,283,848	4,561,584	
2000/01	37,450	0.30	1.3356	1.3356		116	68.59	4,338,463	4,622,484	
2000/07		0.40	1.1129	1.1129		116	68.59	4,357,778	4,673,872	
2001/01		0.40	1.2976	1.2976		116	71.16	4,380,395	4,734,540	
2001/07		0.50	0.9615	0.9615		120	66.75	4,401,456	4,944,840	
2002/01		0.50	1.0301	1.0301		120	66.75	4,424,128	4,995,720	
2002/07		0.60	0.8337	0.8337		120	66.75	4,446,257	5,037,360	
2003/01		0.60	1.3271	1.3271		120	66.75	4,481,663	5,104,200	
2003/07		0.70	1.1664	1.1664		120	66.75	4,518,256	5,163,720	
2004/01		0.70	1.1103	1.1103		120	66.75	4,553,372	5,221,080	
2004/07		0.80	0.8378	0.8378		120	67.33	4,583,889	5,264,880	
2005/01		0.80	0.8595	0.8595		120	67.33	4,615,408	5,310,120	
2005/07		0.90	0.7364	0.7364		120	61.61	4,645,999	5,349,240	
2006/01		0.90	0.9068	0.9068		120	61.61	4,683,915	5,397,720	
2006/07		1.00	0.8133	0.8133		120	55.84	4,722,009	5,441,640	
2007/01		1.00	1.0133	1.0133		120	46.09	4,762,106	5,496,720	
2007/07		1.00	1.1050	1.1050		120	46.09	4,806,203	5,557,440	
2008/01		1.00	0.8556	0.8556		120	44.28	4,839,310	5,604,960	
2008/07		1.00	0.6104	0.6104		120	44.28	4,863,092	5,639,160	
2009/01		1.00	1.3268	1.3268		120	44.28	4,915,039	5,714,040	
2009/07		1.00	0.6841	0.6841		120	48.39	4,944,622	5,753,160	
2010/01		1.00	0.8643	0.8643		120	48.39	4,982,222	5,802,840	
2010/07		1.00	0.7107	0.7107		120	45.64	5,011,605	5,844,120	
2011/01		1.00	0.9198	0.9198		120	44.59	5,048,977	5,897,880	
2011/07		1.00	0.9028	0.9028		120	44.59	5,085,932	5,951,160	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		120	37.47	5,099,324	5,974,200	
2012/07		1.00	0.9417	0.9417		120	37.47	5,132,039	6,030,480	
2013/01		1.00	0.4901	0.4901		120	37.47	5,149,174	6,060,000	
2013/07		1.00	0.6196	0.6196		120	37.47	5,170,910	6,097,560	
2014/01		1.00	0.8564	0.8564		120	37.47	5,201,079	6,149,760	
2014/07		1.00	1.2383	1.2383		120	37.47	5,244,956	6,225,960	
2015/01		1.00	0.7571	0.7571		120	36.63	5,271,403	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043860123120130801201205282014102833



Florida Agency for Health Care Administration
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220.18

Fort Pierce Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
611 S 13TH STREET	8/1/2012-12/31/2013	Number of Beds: 171	Superior: 0
FORT PIERCE, FL 34950-4054	Days in CR 518	Maximum: 88,578	Standard: 243
County: St Lucie [56]	First Used : 2015/01	Max Annualized: 62,415	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 79,682	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,059	Inflation
Current Class South Large	Initial CR? False	Medicaid: 66,820	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	83.85834%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.95687%	Cost: 1.04618269
Open Date: 06/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/01/1984	Low Occupancy Adjustment Factor:	114.87087%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252239			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,325,530	4,823,946	2,891,999	611,403		11,652,878	
1a	Audit Adjustments							
2	Cost Per Diem	49.7685	72.1931	43.2804	9.1500		174.3920	
3	Cost Per Diem Inflated	52.0669	74.6833	45.2792				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.0669	74.6833	45.2792	9.1500		181.1794	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.1940		60.0976				
7	Provider Target Rate	56.1786		62.2984				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	54.3578		63.9986				
10b	Base for line 10a	52.4375		61.7377				
11	Lesser of 5,7,8,10, 10a	52.0669	74.6833	45.2792	9.1500		181.1794	
12/13	Medical Adjustment Rate		2.8447	1.7247				
14	Prospective Per Diem 11	52.0669	77.5280	47.0039	9.1500		185.7488	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Fort Pierce Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	967,160.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,394,542	9.7263
RS to Start Calcs:	1984/01	<60% of Base:	True	20% ROE(2):	1,098,636	0.3350
Indexed Asset Value	5,493,178	Interest Rate:	12.5000%	Insurance Cost(3):	68,498	0.8596
FRVS Base Asset:	3,267,919	Chase Rate:	12.5000%	Taxes Cost(3):	95,294	1.1959
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	61,103	0.7668
ROE Factor	0.017130	Interest Only:	True	Replacement(3&4):	88,228	0.0000
		Yearly Payment:	546,362	Total FRVS PD:		12.8836

- (1) 80% Capital (\$4,394,542) amortized at 12.5000 % for 20 years Interest of \$546,362 divided by annual available days (62415) divided by Occup. Adj. (0.90) = \$9.7263
- (2) 20% ROE (\$1,098,636) times the ROE factor (0.017130) divided by annual available days (62415) divided by Occup. Adj. (0.90) = \$0.3350
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	171	Effective PBS Limitation	4,873,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.0669	52.0669	0.9058	51.1611
Direct Care	77.5280	77.5280	1.3488	76.1792
Indirect Care	47.0039	47.0039	0.8178	46.1861
Property	9.1500	12.8836	0.2241	12.6595
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0885
Supplemental Rate Add-on				9.9025
Totals	185.7488	189.4824	3.2965	220.1769

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	3,165,086	0.00	1.2952	1.2952		171	70.45	3,165,086	4,687,623	
1984/07		0.10	1.9179	1.9179		171	70.45	3,171,157	4,777,569	
1985/01	87,566	0.10	1.1471	1.1471		171	70.45	3,262,360	4,832,289	
1985/10		0.20	0.8522	0.8522		171	70.45	3,267,919	4,873,500	
1986/01		0.20	0.8299	0.8299		171	70.45	3,273,344	4,914,027	
1986/07		0.30	0.2974	0.2974		171	70.45	3,276,264	4,904,622	
1987/01		0.30	1.0091	1.0091		171	72.44	3,286,181	4,992,345	
1987/07		0.40	0.9007	0.9007		171	72.44	3,298,021	5,031,333	
1988/01		0.40	0.9007	0.9007		171	77.32	3,309,904	5,072,202	
1988/07		0.50	0.5899	0.5899		171	77.32	3,319,668	5,069,466	
1989/01		0.50	0.5899	0.5899		171	79.48	3,329,461	5,099,391	
1989/07		0.60	0.5899	0.5899		171	79.48	3,341,244	5,133,933	
1990/01		0.60	0.5899	0.5899		171	77.48	3,353,069	5,159,754	
1990/07		0.70	0.5899	0.5899		171	77.48	3,366,914	5,190,192	
1991/01		0.70	0.5899	0.5899		171	76.21	3,380,816	5,220,630	
1991/07		0.80	1.4932	1.4932		171	76.21	3,380,816	5,298,606	5
1992/01		0.80	2.0117	2.0117		171	81.52	3,421,203	5,405,139	5
1992/07		0.90	1.8152	1.8152		171	81.52	3,533,056	5,503,293	
1993/01		0.90	1.7710	1.7710		171	84.46	3,589,369	5,600,763	
1993/07		1.00	1.5329	1.5329		171	84.46	3,644,390	5,686,605	
1994/01		1.00	1.6983	1.6983		171	75.78	3,706,283	5,783,220	
1994/07		1.00	1.5991	1.5991		171	75.78	3,765,550	5,875,731	
1995/01		1.00	1.5812	1.5812		171	78.32	3,825,091	5,968,584	
1995/07		1.00	1.5250	1.5250		171	78.32	3,883,424	6,059,556	
1996/01		1.00	1.7228	1.7228		171	80.67	3,950,328	6,164,037	
1996/07		1.00	1.3294	1.3294		171	80.67	3,950,328	6,245,946	5
1997/01		1.00	1.4109	1.4109		171	84.09	4,002,844	6,334,011	5
1997/07		1.00	1.0917	1.0917		171	84.09	4,103,636	6,403,095	
1998/01		1.00	1.1663	1.1663		171	83.51	4,151,497	6,477,822	
1998/07		1.00	1.0794	1.0794		171	83.51	4,196,308	6,547,761	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		171	81.87	4,257,150	6,642,666	
1999/07		1.00	1.2299	1.2299		171	81.87	4,309,509	6,724,404	
2000/01	52,200	1.00	1.3356	1.3356		171	87.14	4,419,267	6,814,179	
2000/07		1.00	1.1129	1.1129		171	87.14	4,468,449	6,889,932	
2001/01		1.00	1.2976	1.2976		171	85.62	4,526,432	6,979,365	
2001/07		1.00	0.9615	0.9615		171	85.29	4,569,954	7,046,397	
2002/01		1.00	1.0301	1.0301		171	85.29	4,569,954	7,118,901	5
2002/07		1.00	0.8337	0.8337		171	85.29	4,655,521	7,178,238	
2003/01		1.00	1.3271	1.3271		171	85.29	4,717,304	7,273,485	
2003/07		1.00	1.1664	1.1664		171	85.29	4,772,327	7,358,301	
2004/01		1.00	1.1103	1.1103		171	85.29	4,825,314	7,440,039	
2004/07		0.95	0.8378	0.8378		171	79.56	4,863,719	7,502,454	
2005/01		0.95	0.8595	0.8595		171	79.14	4,903,431	7,566,921	
2005/07		0.90	0.7364	0.7364		171	79.14	4,935,931	7,622,667	
2006/01		0.90	0.9068	0.9068		171	79.14	4,976,213	7,691,751	
2006/07		0.85	0.8133	0.8133		171	82.61	5,010,614	7,754,337	
2007/01		0.85	1.0133	1.0133		171	82.61	5,053,770	7,832,826	
2007/07		0.80	1.1050	1.1050		171	79.76	5,098,445	7,919,352	
2008/01		0.80	0.8556	0.8556		171	79.76	5,098,445	7,987,068	5
2008/07		0.75	0.6104	0.6104		171	83.31	5,156,844	8,035,803	
2009/01		0.75	1.3268	1.3268		171	83.31	5,208,160	8,142,507	
2009/07		0.70	0.6841	0.6841		171	82.30	5,233,102	8,198,253	
2010/01		0.70	0.8643	0.8643		171	82.30	5,264,762	8,269,047	
2010/07		0.65	0.7107	0.7107		171	85.45	5,289,085	8,327,871	
2011/01		0.65	0.9198	0.9198		171	87.96	5,320,708	8,404,479	
2011/07		0.60	0.9028	0.9028		171	87.96	5,349,530	8,480,403	
2012/01		0.60	0.3865	0.3865		171	85.10	5,361,936	8,513,235	
2012/07		0.55	0.9417	0.9417		171	85.10	5,389,705	8,593,434	
2013/01		0.55	0.4901	0.4901		171	85.10	5,404,236	8,635,500	
2013/07		0.50	0.6196	0.6196		171	85.10	5,420,978	8,689,023	



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Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043861-00 - 2015/01

220.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		171	85.10	5,444,191	8,763,408	
2014/07		0.45	1.2383	1.2383		171	85.10	5,474,526	8,871,993	
2015/01		0.45	0.7571	0.7571		171	83.86	5,493,178	8,939,196	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043861123120130801201205282014131354



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043862-00 - 2015/01

213.63

Habana Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2916 HABANA WAY	8/1/2012-12/31/2013	Number of Beds: 150	Superior: 0
TAMPA, FL 33614	Days in CR 518	Maximum: 77,700	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 54,750	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 72,105	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,988	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 56,543	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	78.41759%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.79923%	Cost: 1.04618269
Open Date: 06/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	118.50043%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252506			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,783,939	4,168,193	2,322,092	1,124,640		10,398,864	
1a	Audit Adjustments							
2	Cost Per Diem	49.2358	73.7172	41.0677	19.8900		183.9107	
3	Cost Per Diem Inflated	51.5096	76.2600	42.9643				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.5096	76.2600	42.9643	19.8900		190.6239	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.3015		56.2901				
7	Provider Target Rate	51.1070		58.3515				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.4578		61.0265				
10b	Base for line 10a	48.6753		58.8706				
11	Lesser of 5,7,8,10, 10a	50.4578	76.2600	42.9643	13.6500		183.3321	
12/13	Medical Adjustment Rate		2.4380	1.3736				
14	Prospective Per Diem 11	50.4578	78.6980	44.3379	13.6500		187.1437	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Habana Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	3,576,527	7.1504
Indexed Asset Value	4,470,659	<60% of Base:	False	20% ROE(2):	894,132	0.3108
FRVS Base Asset:	2,111,676	Interest Rate:	10.6343%	Insurance Cost(3):	34,826	0.4830
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	68,066	0.9440
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	59,183	0.8208
		Interest Only:	False	Replacement(3&4):	280,209	0.0000
		Yearly Payment:	352,337	Total FRVS PD:		9.7090

- (1) 80% Capital (\$3,576,527) amortized at 7.7500 % for 20 years Principal & Interest of \$352,337 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$7.1504
- (2) 20% ROE (\$894,132) times the ROE factor (0.017130) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.3108
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.4578	50.4578	0.8778	49.5800
Direct Care	78.6980	78.6980	1.3692	77.3288
Indirect Care	44.3379	44.3379	0.7714	43.5665
Property	13.6500	9.7090	0.1689	9.5401
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7136
Supplemental Rate Add-on				9.9025
Totals	187.1437	183.2027	3.1873	213.6315

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	869,647	0.00				150	100.00	869,647	1,539,150	
1972/01		0.10	3.9787	3.0000	0.9787	150	100.00	872,256	1,600,350	
1972/07		0.10	5.9113	3.0000	2.9113	150	100.00	874,873	1,679,250	
1973/01		0.20	8.0622	3.0000	5.0622	150	100.00	880,122	1,765,800	
1973/07		0.20	10.7186	3.0000	7.7186	150	100.00	885,403	1,865,700	
1974/01		0.30	12.9457	3.0000	9.9457	150	100.00	893,372	1,963,200	
1974/07		0.30	13.0494	3.0000	10.0494	150	100.00	901,412	2,024,100	
1975/01		0.40	13.1399	3.0000	10.1399	150	100.00	912,229	2,086,650	
1975/07		0.40	14.2033	3.0000	11.2033	150	100.00	923,176	2,171,550	
1976/01		0.50	15.2478	3.0000	12.2478	150	100.00	937,024	2,259,300	
1976/07		0.50	15.7330	3.0000	12.7330	150	100.00	951,079	2,338,050	
1977/01		0.60	16.4836	3.0000	13.4836	150	100.00	968,198	2,425,800	
1977/07		0.60	18.5412	3.0000	15.5412	150	100.00	985,626	2,548,350	
1978/01		0.70	20.2809	3.0000	17.2809	150	100.00	1,006,324	2,669,250	
1978/07		0.70	22.8203	3.0000	19.8203	150	100.00	1,027,457	2,817,000	
1979/01		0.80	24.9476	3.0000	21.9476	150	100.00	1,052,116	2,961,450	
1979/07		0.80	26.1458	3.0000	23.1458	150	100.00	1,077,367	3,085,800	
1980/01	28,911	0.90	29.3115	3.0000	26.3115	150	55.00	1,135,367	3,276,150	
1980/07	117,890	0.90	30.1222	3.0000	27.1222	150	84.14	1,283,912	3,400,950	
1981/01		1.00	30.9462	3.0000	27.9462	150	84.14	1,322,429	3,531,000	
1981/07	34,572	1.00	30.5350	3.0000	27.5350	150	84.14	1,396,674	3,622,350	
1982/01		1.00	30.2110	3.0000	27.2110	150	89.38	1,438,574	3,719,400	
1982/07	208,247	1.00	29.5087	3.0000	26.5087	150	100.00	1,689,978	3,804,750	
1983/04	2,732	1.00	29.1375	3.0000	26.1375	150	100.00	1,743,409	3,904,800	
1983/07	27,426	1.00	30.0953	3.0000	27.0953	150	100.00	1,823,137	4,059,300	
1984/01	1,220	1.00	28.3905	3.0000	25.3905	150	100.00	1,879,051	4,111,950	
1984/07	24,094	1.00	27.3084	3.0000	24.3084	150	83.29	1,959,517	4,190,850	
1985/01	504	1.00	25.4555	3.0000	22.4555	150	83.30	2,018,807	4,238,850	
1985/10	32,305	1.00	23.3077	3.0000	20.3077	150	83.30	2,111,676	4,275,000	
1986/01		1.00	21.1376	3.0000	18.1376	150	68.82	2,175,026	4,310,550	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	150	68.82	2,240,277	4,302,300	
1987/01	15,842	1.00	16.4441	3.0000	13.4441	150	80.32	2,323,327	4,379,250	
1987/07		1.00	14.3448	3.0000	11.3448	150	80.32	2,393,027	4,413,450	
1988/01		1.00	12.2455	3.0000	9.2455	150	80.92	2,464,818	4,449,300	
1988/07		1.00	9.8354	3.0000	6.8354	150	80.92	2,538,763	4,446,900	
1989/01		1.00	7.4253	3.0000	4.4253	150	81.58	2,614,926	4,473,150	
1989/07		1.00	5.0152	3.0000	2.0152	150	81.58	2,693,374	4,503,450	
1990/01		1.00	2.6051	2.6051		150	79.63	2,693,374	4,526,100	5
1990/07		1.00	0.5899	0.5899		150	79.63	2,763,539	4,552,800	5
1991/01		1.00	0.5899	0.5899		150	74.12	2,779,841	4,579,500	5
1991/07		1.00	1.4932	1.4932		150	74.12	2,796,239	4,647,900	5
1992/01		0.95	2.0117	2.0117		150	80.02	2,837,992	4,741,350	5
1992/07		0.95	1.8152	1.8152		150	80.02	2,892,229	4,827,450	5
1993/01		0.90	1.7710	1.7710		150	79.00	2,988,997	4,912,950	
1993/07		0.90	1.5329	1.5329		150	79.00	3,030,233	4,988,250	
1994/01		0.85	1.6983	1.6983		150	71.25	3,073,977	5,073,000	
1994/07		0.85	1.5991	1.5991		150	71.25	3,115,758	5,154,150	
1995/01		0.80	1.5812	1.5812		150	70.09	3,155,172	5,235,600	
1995/07		0.80	1.5250	1.5250		150	70.09	3,193,665	5,315,400	
1996/01		0.75	1.7228	1.7228		150	75.33	3,234,930	5,407,050	
1996/07		0.75	1.3294	1.3294		150	75.33	3,267,185	5,478,900	
1997/01		0.70	1.4109	1.4109		150	76.32	3,267,185	5,556,150	5
1997/07		0.70	1.0917	1.0917		150	76.32	3,324,666	5,616,750	
1998/01	643,635	0.65	1.1663	1.1663		150	74.92	3,968,301	5,682,300	5
1998/07		0.65	1.0794	1.0794		150	74.92	4,021,523	5,743,650	
1999/01		0.60	1.4499	1.4499		150	79.07	4,056,506	5,826,900	
1999/07		0.60	1.2299	1.2299		150	79.07	4,086,439	5,898,600	
2000/01	60,787	0.55	1.3356	1.3356		150	81.64	4,177,245	5,977,350	
2000/07		0.55	1.1129	1.1129		150	81.64	4,177,245	6,043,800	5
2001/01		0.50	1.2976	1.2976		150	82.55	4,230,082	6,122,250	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		150	79.76	4,250,420	6,181,050	
2002/01	30,377	0.45	1.0301	1.0301		150	79.76	4,300,498	6,244,650	
2002/07		0.45	0.8337	0.8337		150	79.76	4,316,633	6,296,700	
2003/01		0.40	1.3271	1.3271		150	79.76	4,339,546	6,380,250	
2003/07		0.40	1.1664	1.1664		150	79.76	4,359,794	6,454,650	
2004/01		0.35	1.1103	1.1103		150	79.76	4,376,736	6,526,350	
2004/07		0.35	0.8378	0.8378		150	77.77	4,389,569	6,581,100	
2005/01		0.30	0.8595	0.8595		150	77.77	4,400,890	6,637,650	
2005/07		0.30	0.7364	0.7364		150	68.72	4,410,612	6,686,550	
2006/01		0.25	0.9068	0.9068		150	68.72	4,420,611	6,747,150	
2006/07		0.25	0.8133	0.8133		150	66.70	4,429,598	6,802,050	
2007/01		0.20	1.0133	1.0133		150	66.70	4,438,577	6,870,900	
2007/07		0.20	1.1050	1.1050		150	65.52	4,448,386	6,946,800	
2008/01		0.15	0.8556	0.8556		150	65.63	4,454,093	7,006,200	
2008/07		0.15	0.6104	0.6104		150	65.63	4,458,173	7,048,950	
2009/01		0.10	1.3268	1.3268		150	67.98	4,464,089	7,142,550	
2009/07		0.10	0.6841	0.6841		150	67.98	4,467,142	7,191,450	
2010/01		0.05	0.8643	0.8643		150	73.56	4,469,072	7,253,550	
2010/07		0.05	0.7107	0.7107		150	73.56	4,470,659	7,305,150	
2011/01		0.00	0.9198	0.9198		150	73.56	4,470,659	7,372,350	
2011/07		0.00	0.9028	0.9028		150	78.11	4,470,659	7,438,950	
2012/01		0.00	0.3865	0.3865		150	84.42	4,470,659	7,467,750	
2012/07		0.00	0.9417	0.9417		150	84.42	4,470,659	7,538,100	
2013/01		0.00	0.4901	0.4901		150	84.42	4,470,659	7,575,000	5
2013/07		0.00	0.6196	0.6196		150	84.42	4,470,659	7,621,950	
2014/01		0.00	0.8564	0.8564		150	84.42	4,470,659	7,687,200	
2014/07		0.00	1.2383	1.2383		150	84.42	4,470,659	7,782,450	
2015/01		0.00	0.7571	0.7571		150	78.42	4,470,659	7,841,400	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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213.26

The Health and Rehabilitation Centre at Dolphins View

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1820 SHORE DR S	8/1/2012-12/31/2013	Number of Beds: 58	Superior: 0
SOUTH PASADENA, FL 33707	Days in CR 518	Maximum: 30,044	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 21,170	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 26,873	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,044	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 12,903	FY Index: 1.31107019
Class at 1/94: North Small	Medical Utilization	48.01474%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.44548%	Cost: 1.04618269
Open Date: 11/30/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 04/01/1991	Low Occupancy Adjustment Factor:	114.21785%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 320528			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,124	931,196	631,030	872,243		3,039,593
1a	Audit Adjustments						
2	Cost Per Diem	46.8979	72.1689	48.9057	67.6000		235.5725
3	Cost Per Diem Inflated	49.0638	74.6583	51.1643			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0638	74.6583	51.1643	67.6000		242.4864
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.5113		68.5075			
7	Provider Target Rate	67.9104		71.0163			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	62.9364		74.3444			
10a	New Provider Target Limitation	61.7820		73.5478			
10b	Base for line 10a	59.5994		70.9496			
11	Lesser of 5,7,8,10, 10a	49.0638	74.6583	51.1643	13.6500		188.5364
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	49.0638	74.6583	51.1643	13.6500		188.5364
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
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213.26

Rate Semester 01/01/2015 through 08/31/2015

The Health and Rehabilitation Centre at Dolphins View

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	1,410,427	9.0185
Indexed Asset Value	1,763,034	<60% of Base:	False	20% ROE(2):	352,607	0.3170
FRVS Base Asset:	1,250,000	Interest Rate:	10.7500%	Insurance Cost(3):	28,096	1.0455
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	30,405	1.1314
ROE Factor	0.017130	Amortization Rate:	10.7500%	Home Office(3):	25,458	0.9473
		Interest Only:	False	Replacement(3&4):	129,420	0.0000
		Yearly Payment:	171,829	Total FRVS PD:		12.4597

(1) 80% Capital (\$1,410,427) amortized at 10.7500 % for 20 years Principal & Interest of \$171,829 divided by annual available days (21170) divided by Occup. Adj. (0.90) = \$9.0185

(2) 20% ROE (\$352,607) times the ROE factor (0.017130) divided by annual available days (21170) divided by Occup. Adj. (0.90) = \$0.3170

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	01/01/1989	Current RS PBS:	52,276
Comparison Bed	58	Effective PBS Limitation	1,729,618

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.0638	49.0638	0.8536	48.2102
Direct Care	74.6583	74.6583	1.2989	73.3594
Indirect Care	51.1643	51.1643	0.8901	50.2742
Property	13.6500	12.4597	0.2168	12.2429
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2698
Supplemental Rate Add-on				9.9025
Totals	188.5364	187.3461	3.2594	213.2590

Medicaid Trend Adjustment



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213.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	1,250,000	0.00	0.5899	0.5899		58	19.37	1,250,000	1,770,740	
1991/07		0.10	1.4932	1.4932		58	19.37	1,250,000	1,797,188	
1992/01		0.10	2.0117	2.0117		58	19.37	1,250,000	1,833,322	5
1992/07		0.20	1.8152	1.8152		58	19.37	1,250,000	1,866,614	5
1993/01		0.20	1.7710	1.7710		58	19.37	1,250,000	1,899,674	
1993/07		0.30	1.5329	1.5329		58	19.37	1,250,000	1,928,790	
1994/01		0.30	1.6983	1.6983		58	27.05	1,253,132	1,961,560	
1994/07		0.40	1.5991	1.5991		58	45.98	1,259,833	1,992,938	
1995/01		0.40	1.5812	1.5812		58	45.98	1,266,495	2,024,432	
1995/07		0.50	1.5250	1.5250		58	47.95	1,274,914	2,055,288	
1996/01		0.50	1.7228	1.7228		58	47.95	1,284,488	2,090,726	
1996/07		0.60	1.3294	1.3294		58	51.17	1,294,020	2,118,508	
1997/01		0.60	1.4109	1.4109		58	51.17	1,304,211	2,148,378	
1997/07		0.70	1.0917	1.0917		58	55.68	1,314,178	2,171,810	
1998/01		0.70	1.1663	1.1663		58	55.68	1,324,907	2,197,156	
1998/07		0.80	1.0794	1.0794		58	57.37	1,336,348	2,220,878	
1999/01		0.80	1.4499	1.4499		58	57.37	1,336,348	2,253,068	5
1999/07		0.90	1.2299	1.2299		58	57.37	1,366,812	2,280,792	
2000/01		0.90	1.3356	1.3356		58	53.41	1,382,766	2,311,242	
2000/07		1.00	1.1129	1.1129		58	53.66	1,397,780	2,336,936	
2001/01		1.00	1.2976	1.2976		58	53.66	1,415,476	2,367,270	
2001/07	12,233	1.00	0.9615	0.9615		58	41.17	1,437,897	2,390,006	
2002/01		1.00	1.0301	1.0301		58	41.17	1,448,984	2,414,598	
2002/07		1.00	0.8337	0.8337		58	45.11	1,458,892	2,434,724	
2003/01		1.00	1.3271	1.3271		58	45.11	1,474,772	2,467,030	
2003/07		1.00	1.1664	1.1664		58	45.11	1,488,881	2,495,798	
2004/01	43,731	1.00	1.1103	1.1103		58	48.00	1,547,039	2,523,522	
2004/07		1.00	0.8378	0.8378		58	45.90	1,557,856	2,544,692	
2005/01		1.00	0.8595	0.8595		58	45.90	1,569,030	2,566,558	
2005/07		1.00	0.7364	0.7364		58	45.90	1,578,673	2,585,466	



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213.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		58	48.30	1,591,245	2,608,898	
2006/07		1.00	0.8133	0.8133		58	48.30	1,602,610	2,630,126	
2007/01		1.00	1.0133	1.0133		58	37.85	1,613,786	2,656,748	
2007/07		1.00	1.1050	1.1050		58	37.85	1,626,058	2,686,096	
2008/01		1.00	0.8556	0.8556		58	37.85	1,635,632	2,709,064	
2008/07		1.00	0.6104	0.6104		58	37.85	1,642,503	2,725,594	
2009/01		1.00	1.3268	1.3268		58	37.85	1,657,500	2,761,786	
2009/07		1.00	0.6841	0.6841		58	37.85	1,665,303	2,780,694	
2010/01		1.00	0.8643	0.8643		58	37.57	1,675,135	2,804,706	
2010/07		1.00	0.7107	0.7107		58	37.57	1,683,267	2,824,658	
2011/01		1.00	0.9198	0.9198		58	37.57	1,693,843	2,850,642	
2011/07		0.95	0.9028	0.9028		58	34.68	1,703,004	2,876,394	
2012/01		0.95	0.3865	0.3865		58	41.52	1,707,725	2,887,530	
2012/07		0.90	0.9417	0.9417		58	41.52	1,718,651	2,914,732	
2013/01		0.90	0.4901	0.4901		58	41.52	1,724,374	2,929,000	
2013/07		0.85	0.6196	0.6196		58	41.52	1,731,230	2,947,154	
2014/01		0.85	0.8564	0.8564		58	41.52	1,740,743	2,972,384	
2014/07		0.80	1.2383	1.2383		58	41.52	1,753,761	3,009,214	
2015/01		0.80	0.7571	0.7571		58	48.01	1,763,034	3,032,008	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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0 043864-00 - 2015/01

205.89

Grand Oaks Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3001 PALM COAST PARKWAY SE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PALM COAST, FL 32137	Days in CR 518	Maximum: 62,160	Standard: 243
County: Flagler [18]	First Used: 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 59,167	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 32,039	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,124	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	37.39247%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.18501%	Cost: 1.04618269
Open Date: 05/16/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/16/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/16/1997	Low Occupancy Adjustment Factor:	121.54697%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252409			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,010,079	1,564,557	1,034,760	1,705,097		5,314,493	
1a	Audit Adjustments							
2	Cost Per Diem	45.6554	70.7177	46.7709	77.0700		240.2140	
3	Cost Per Diem Inflated	47.7639	73.1570	48.9309				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.7639	73.1570	48.9309	77.0700		246.9218	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.2333		55.6476				
7	Provider Target Rate	54.1461		57.6855				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	50.2263		59.3909				
10b	Base for line 10a	48.4519		57.2928				
11	Lesser of 5,7,8,10, 10a	47.7639	73.1570	48.9309	13.6500		183.5018	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.7639	73.1570	48.9309	13.6500		183.5018	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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205.89

Rate Semester 01/01/2015 through 08/31/2015

Grand Oaks Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/16/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,165,066.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed	80% Capital(1):	4,430,032	11.0710
Indexed Asset Value	5,537,540	<60% of Base:	False	20% ROE(2):	1,107,508	0.4813
FRVS Base Asset:	4,383,120	Interest Rate:	10.6343%	Insurance Cost(3):	66,572	1.1252
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	115,826	1.9576
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	59,589	1.0071
		Interest Only:	False	Replacement(3&4):	182,272	0.0000
		Yearly Payment:	436,419	Total FRVS PD:		15.6422

- (1) 80% Capital (\$4,430,032) amortized at 7.7500 % for 20 years Principal & Interest of \$436,419 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.0710
- (2) 20% ROE (\$1,107,508) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4813
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.7639	47.7639	0.8310	46.9329
Direct Care	73.1570	73.1570	1.2728	71.8842
Indirect Care	48.9309	48.9309	0.8513	48.0796
Property	13.6500	15.6422	0.2721	15.3701
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.7163
Supplemental Rate Add-on				9.9025
Totals	183.5018	185.4940	3.2272	205.8856

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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205.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	6,247,240	0.00	1.4109	1.4109		120	52.41	4,383,120	4,383,120	1
1997/07		0.10	1.0917	1.0917		120	52.41	4,387,681	4,493,400	
1998/01		0.10	1.1663	1.1663		120	52.41	4,392,556	4,545,840	
1998/07		0.20	1.0794	1.0794		120	52.41	4,401,593	4,594,920	
1999/01		0.20	1.4499	1.4499		120	52.41	4,413,757	4,661,520	
1999/07		0.30	1.2299	1.2299		120	52.41	4,429,277	4,718,880	
2000/01	84,685	0.30	1.3356	1.3356		120	59.50	4,531,710	4,781,880	
2000/07		0.40	1.1129	1.1129		120	59.50	4,551,885	4,835,040	
2001/01		0.40	1.2976	1.2976		120	65.72	4,575,509	4,897,800	
2001/07		0.50	0.9615	0.9615		120	62.99	4,597,508	4,944,840	
2002/01		0.50	1.0301	1.0301		120	62.99	4,621,190	4,995,720	
2002/07		0.60	0.8337	0.8337		120	62.99	4,644,305	5,037,360	
2003/01		0.60	1.3271	1.3271		120	62.99	4,681,288	5,104,200	
2003/07		0.70	1.1664	1.1664		120	62.99	4,719,511	5,163,720	
2004/01		0.70	1.1103	1.1103		120	62.99	4,756,191	5,221,080	
2004/07		0.80	0.8378	0.8378		120	61.46	4,788,067	5,264,880	
2005/01		0.80	0.8595	0.8595		120	61.46	4,820,990	5,310,120	
2005/07		0.90	0.7364	0.7364		120	58.68	4,852,944	5,349,240	
2006/01		0.90	0.9068	0.9068		120	58.68	4,892,549	5,397,720	
2006/07		1.00	0.8133	0.8133		120	54.45	4,931,942	5,441,640	
2007/01		1.00	1.0133	1.0133		120	55.67	4,981,917	5,496,720	
2007/07		1.00	1.1050	1.1050		120	55.67	5,036,967	5,557,440	
2008/01		1.00	0.8556	0.8556		120	55.67	5,080,063	5,604,960	
2008/07		1.00	0.6104	0.6104		120	53.30	5,110,113	5,639,160	
2009/01		1.00	1.3268	1.3268		120	47.61	5,168,804	5,714,040	
2009/07		1.00	0.6841	0.6841		120	47.61	5,199,413	5,753,160	
2010/01		1.00	0.8643	0.8643		120	47.61	5,238,313	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.88	5,268,015	5,844,120	
2011/01		1.00	0.9198	0.9198		120	44.26	5,307,008	5,897,880	
2011/07		1.00	0.9028	0.9028		120	44.26	5,345,564	5,951,160	



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205.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		120	36.69	5,359,347	5,974,200	
2012/07		1.00	0.9417	0.9417		120	36.69	5,393,014	6,030,480	
2013/01		1.00	0.4901	0.4901		120	36.69	5,410,646	6,060,000	
2013/07		1.00	0.6196	0.6196		120	36.69	5,433,010	6,097,560	
2014/01		1.00	0.8564	0.8564		120	36.69	5,464,049	6,149,760	
2014/07		1.00	1.2383	1.2383		120	36.69	5,509,185	6,225,960	
2015/01		1.00	0.7571	0.7571		120	37.39	5,537,540	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043864123120130801201205292014091839



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188.89

Harts Harbor Health Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
11565 HARTS ROAD	8/1/2012-12/31/2013	Number of Beds: 180	Superior: 0
JACKSONVILLE , FL 32218	Days in CR 518	Maximum: 93,240	Standard: 243
County: Duval [16]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 90,337	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,518	Inflation
Current Class North Large	Initial CR? False	Medicaid: 73,907	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	81.81255%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.88653%	Cost: 1.04618269
Open Date: 07/01/1977	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1977	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	123.71973%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252417			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,110,112	4,758,061	2,470,216	1,552,786		11,891,175
1a	Audit Adjustments						
2	Cost Per Diem	42.0814	64.3790	33.4233	21.0100		160.8937
3	Cost Per Diem Inflated	44.0248	66.5997	34.9669			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0248	66.5997	34.9669	21.0100		166.6014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9778		50.8022			
7	Provider Target Rate	47.6615		52.6626			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	52.1499		61.6580			
10a	New Provider Target Limitation	49.0695		58.2672			
10b	Base for line 10a	47.3360		56.2088			
11	Lesser of 5,7,8,10, 10a	44.0248	66.5997	34.9669	13.6500		159.2414
12/13	Medical Adjustment Rate		2.3835	1.2514			
14	Prospective Per Diem 11	44.0248	68.9832	36.2183	13.6500		162.8763
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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188.89

Rate Semester 01/01/2015 through 08/31/2015

Harts Harbor Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,901,700.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,829,987 6.2616
RS to Start Calcs:	1977/07	<60% of Base:	False	20% ROE(2):	957,497 0.2774
Indexed Asset Value	4,787,484	Interest Rate:	7.5000%	Insurance Cost(3):	67,871 0.7513
FRVS Base Asset:	2,722,556	Chase Rate:	13.0000%	Taxes Cost(3):	76,643 0.8484
Occup Adj Factor	0.9000	Amortization Rate:	7.5000%	Home Office(3):	67,526 0.7475
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	203,733 0.0000
		Yearly Payment:	370,249	Total FRVS PD:	8.8862

- (1) 80% Capital (\$3,829,987) amortized at 7.5000 % for 20 years Principal & Interest of \$370,249 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$6.2616
- (2) 20% ROE (\$957,497) times the ROE factor (0.017130) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.2774
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.0248	44.0248	0.7659	43.2589
Direct Care	68.9832	68.9832	1.2001	67.7831
Indirect Care	36.2183	36.2183	0.6301	35.5882
Property	13.6500	8.8862	0.1546	8.7316
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.6299
Supplemental Rate Add-on				9.9025
Totals	162.8763	158.1125	2.7507	188.8942

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 043865-00 - 2015/01

188.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	2,132,620	0.00	5.0576	3.0000	2.0576	180	100.00	2,132,620	3,058,020	
1978/01		0.10	6.7973	3.0000	3.7973	180	100.00	2,139,018	3,203,100	
1978/07		0.10	9.3367	3.0000	6.3367	180	100.00	2,145,435	3,380,400	
1979/01		0.20	11.4640	3.0000	8.4640	180	100.00	2,158,308	3,553,740	
1979/07		0.20	12.6622	3.0000	9.6622	180	100.00	2,171,258	3,702,960	
1980/01		0.30	15.8279	3.0000	12.8279	180	100.00	2,190,799	3,931,380	
1980/07		0.30	16.6385	3.0000	13.6385	180	100.00	2,210,516	4,081,140	
1981/01		0.40	17.4626	3.0000	14.4626	180	100.00	2,237,042	4,237,200	
1981/07		0.40	17.0514	3.0000	14.0514	180	100.00	2,263,887	4,346,820	
1982/01		0.50	16.7274	3.0000	13.7274	180	100.00	2,297,845	4,463,280	
1982/07	14,740	0.50	16.0251	3.0000	13.0251	180	100.00	2,347,053	4,565,700	
1983/04	16,022	0.60	15.6539	3.0000	12.6539	180	87.18	2,405,322	4,685,760	
1983/07		0.60	16.6117	3.0000	13.6117	180	87.18	2,448,618	4,871,160	
1984/01	20,415	0.70	14.9069	3.0000	11.9069	180	84.22	2,520,454	4,934,340	
1984/07	7,103	0.70	13.8248	3.0000	10.8248	180	84.22	2,580,487	5,029,020	
1985/01	16,327	0.80	11.9719	3.0000	8.9719	180	84.24	2,658,746	5,086,620	
1985/10		0.80	9.8241	3.0000	6.8241	180	84.24	2,722,556	5,130,000	
1986/01		0.90	7.6540	3.0000	4.6540	180	84.02	2,796,065	5,172,660	
1986/07		0.90	4.9514	3.0000	1.9514	180	84.02	2,871,559	5,162,760	
1987/01	19,216	1.00	2.9605	2.9605		180	86.53	2,975,788	5,255,100	
1987/07		1.00	0.9007	0.9007		180	86.53	3,002,591	5,296,140	
1988/01		1.00	0.9007	0.9007		180	87.38	3,029,635	5,339,160	
1988/07		1.00	0.5899	0.5899		180	87.38	3,047,507	5,336,280	
1989/01		1.00	0.5899	0.5899		180	86.85	3,065,484	5,367,780	
1989/07		1.00	0.5899	0.5899		180	86.85	3,083,567	5,404,140	
1990/01		1.00	0.5899	0.5899		180	81.01	3,101,757	5,431,320	
1990/07		1.00	0.5899	0.5899		180	81.01	3,120,054	5,463,360	
1991/01		1.00	0.5899	0.5899		180	74.92	3,138,459	5,495,400	
1991/07		1.00	1.4932	1.4932		180	74.92	3,185,322	5,577,480	
1992/01		1.00	2.0117	2.0117		180	84.63	3,249,401	5,689,620	



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188.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		180	84.63	3,308,384	5,792,940	
1993/01		1.00	1.7710	1.7710		180	80.80	3,366,975	5,895,540	
1993/07		1.00	1.5329	1.5329		180	80.80	3,418,587	5,985,900	
1994/01		1.00	1.6983	1.6983		180	78.43	3,476,645	6,087,600	
1994/07		1.00	1.5991	1.5991		180	78.43	3,532,240	6,184,980	
1995/01		1.00	1.5812	1.5812		180	80.03	3,588,092	6,282,720	
1995/07		1.00	1.5250	1.5250		180	80.03	3,642,810	6,378,480	
1996/01		1.00	1.7228	1.7228		180	83.39	3,705,568	6,488,460	
1996/07		1.00	1.3294	1.3294		180	83.39	3,754,830	6,574,680	
1997/01		1.00	1.4109	1.4109		180	87.94	3,807,807	6,667,380	
1997/07		1.00	1.0917	1.0917		180	87.94	3,849,377	6,740,100	
1998/01		0.95	1.1663	1.1663		180	89.59	3,892,028	6,818,760	
1998/07		0.95	1.0794	1.0794		180	89.59	3,931,937	6,892,380	
1999/01		0.90	1.4499	1.4499		180	93.00	3,983,245	6,992,280	
1999/07		0.90	1.2299	1.2299		180	93.00	4,027,336	7,078,320	
2000/01	106,098	0.85	1.3356	1.3356		180	91.01	4,179,156	7,172,820	
2000/07		0.85	1.1129	1.1129		180	91.01	4,218,691	7,252,560	
2001/01		0.80	1.2976	1.2976		180	92.70	4,262,485	7,346,700	
2001/07		0.80	0.9615	0.9615		180	87.23	4,295,272	7,417,260	
2002/01		0.75	1.0301	1.0301		180	87.23	4,328,457	7,493,580	
2002/07		0.75	0.8337	0.8337		180	87.23	4,355,523	7,556,040	
2003/01		0.70	1.3271	1.3271		180	87.23	4,355,523	7,656,300	5
2003/07		0.70	1.1664	1.1664		180	87.23	4,431,879	7,745,580	
2004/01		0.65	1.1103	1.1103		180	87.23	4,463,864	7,831,620	
2004/07		0.65	0.8378	0.8378		180	87.78	4,488,174	7,897,320	
2005/01		0.60	0.8595	0.8595		180	87.78	4,511,320	7,965,180	
2005/07		0.60	0.7364	0.7364		180	84.87	4,531,251	8,023,860	
2006/01		0.55	0.9068	0.9068		180	84.87	4,553,848	8,096,580	
2006/07		0.55	0.8133	0.8133		180	83.44	4,574,217	8,162,460	
2007/01		0.50	1.0133	1.0133		180	83.44	4,597,395	8,245,080	



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188.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		180	83.24	4,622,796	8,336,160	
2008/01		0.45	0.8556	0.8556		180	83.24	4,640,594	8,407,440	
2008/07		0.45	0.6104	0.6104		180	80.46	4,653,342	8,458,740	
2009/01		0.40	1.3268	1.3268		180	80.46	4,653,342	8,571,060	5
2009/07		0.40	0.6841	0.6841		180	81.73	4,690,836	8,629,740	
2010/01		0.35	0.8643	0.8643		180	84.86	4,705,026	8,704,260	
2010/07		0.35	0.7107	0.7107		180	84.86	4,716,727	8,766,180	
2011/01		0.30	0.9198	0.9198		180	84.86	4,729,740	8,846,820	
2011/07		0.30	0.9028	0.9028		180	85.82	4,742,548	8,926,740	
2012/01		0.25	0.3865	0.3865		180	82.99	4,742,548	8,961,300	5
2012/07		0.25	0.9417	0.9417		180	82.99	4,758,304	9,045,720	
2013/01		0.20	0.4901	0.4901		180	82.99	4,762,967	9,090,000	
2013/07		0.20	0.6196	0.6196		180	82.99	4,768,868	9,146,340	
2014/01		0.15	0.8564	0.8564		180	82.99	4,774,996	9,224,640	
2014/07		0.15	1.2383	1.2383		180	82.99	4,783,863	9,338,940	
2015/01		0.10	0.7571	0.7571		180	81.81	4,787,484	9,409,680	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043866-00 - 2015/01

208.73

Fletcher Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
518 W FLETCHER AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
TAMPA, FL 33612	Days in CR 518	Maximum: 62,160	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 60,025	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 21,114	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 33,951	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	56.56143%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.56532%	Cost: 1.04618269
Open Date: 05/19/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/19/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/19/1998	Low Occupancy Adjustment Factor:	123.30956%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252221			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,596,804	2,337,443	1,538,502	1,849,990		7,322,739	
1a	Audit Adjustments							
2	Cost Per Diem	47.0326	68.8475	45.3154	54.4900		215.6855	
3	Cost Per Diem Inflated	49.2047	71.2223	47.4082				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.2047	71.2223	47.4082	54.4900		222.3252	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.8466		55.0800				
7	Provider Target Rate	49.5988		57.0971				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.2986		61.5134				
10b	Base for line 10a	48.5217		59.3403				
11	Lesser of 5,7,8,10, 10a	49.2047	71.2223	47.4082	13.6500		181.4852	
12/13	Medical Adjustment Rate		0.5257	0.3499				
14	Prospective Per Diem 11	49.2047	71.7480	47.7581	13.6500		182.3608	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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208.73

Rate Semester 01/01/2015 through 08/31/2015

Fletcher Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/19/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,950,925.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,540,951 11.3482
RS to Start Calcs:	1998/01	<60% of Base:	False	20% ROE(2):	1,135,238 0.4933
Indexed Asset Value	5,676,189	Interest Rate:	10.6343%	Insurance Cost(3):	61,151 1.0188
FRVS Base Asset:	4,493,400	Chase Rate:	4.7500%	Taxes Cost(3):	82,986 1.3825
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	53,664 0.8940
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	198,336 0.0000
		Yearly Payment:	447,347	Total FRVS PD:	15.1368

- (1) 80% Capital (\$4,540,951) amortized at 7.7500 % for 20 years Principal & Interest of \$447,347 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.3482
- (2) 20% ROE (\$1,135,238) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4933
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 07/01/1997	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.2047	49.2047	0.8560	48.3487
Direct Care	71.7480	71.7480	1.2482	70.4998
Indirect Care	47.7581	47.7581	0.8309	46.9272
Property	13.6500	15.1368	0.2633	14.8735
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.1779
Supplemental Rate Add-on				9.9025
Totals	182.3608	183.8476	3.1984	208.7296

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	5,117,539	0.00	1.1663	1.1663		120	76.44	4,493,400	4,493,400	1
1998/07	51,570	0.10	1.0794	1.0794		120	76.44	4,544,970	4,594,920	5
1999/01	6,074	0.10	1.4499	1.4499		120	76.44	4,562,489	4,661,520	
1999/07		0.20	1.2299	1.2299		120	76.44	4,573,713	4,718,880	
2000/01		0.20	1.3356	1.3356		120	76.44	4,585,929	4,781,880	
2000/07		0.30	1.1129	1.1129		120	76.44	4,601,241	4,835,040	
2001/01	44,473	0.30	1.2976	1.2976		120	79.22	4,663,627	4,897,800	
2001/07		0.40	0.9615	0.9615		120	79.81	4,681,563	4,944,840	
2002/01		0.40	1.0301	1.0301		120	79.81	4,700,851	4,995,720	
2002/07		0.50	0.8337	0.8337		120	79.81	4,720,449	5,037,360	
2003/01		0.50	1.3271	1.3271		120	79.81	4,751,774	5,104,200	
2003/07		0.60	1.1664	1.1664		120	79.81	4,785,027	5,163,720	
2004/01		0.60	1.1103	1.1103		120	79.81	4,816,905	5,221,080	
2004/07		0.70	0.8378	0.8378		120	80.13	4,845,156	5,264,880	
2005/01		0.70	0.8595	0.8595		120	80.13	4,874,309	5,310,120	
2005/07		0.80	0.7364	0.7364		120	74.19	4,903,024	5,349,240	
2006/01		0.80	0.9068	0.9068		120	74.19	4,938,591	5,397,720	
2006/07		0.90	0.8133	0.8133		120	72.63	4,974,741	5,441,640	
2007/01		0.90	1.0133	1.0133		120	72.63	5,020,111	5,496,720	
2007/07		1.00	1.1050	1.1050		120	66.03	5,075,583	5,557,440	
2008/01		1.00	0.8556	0.8556		120	62.13	5,119,010	5,604,960	
2008/07		1.00	0.6104	0.6104		120	62.13	5,150,256	5,639,160	
2009/01		1.00	1.3268	1.3268		120	53.20	5,216,353	5,714,040	
2009/07		1.00	0.6841	0.6841		120	53.20	5,250,870	5,753,160	
2010/01		1.00	0.8643	0.8643		120	53.20	5,294,768	5,802,840	
2010/07		1.00	0.7107	0.7107		120	52.01	5,330,352	5,844,120	
2011/01		1.00	0.9198	0.9198		120	52.39	5,377,054	5,897,880	
2011/07		1.00	0.9028	0.9028		120	52.39	5,423,294	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.32	5,440,947	5,974,200	
2012/07		1.00	0.9417	0.9417		120	46.32	5,484,098	6,030,480	



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208.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		120	46.32	5,506,734	6,060,000	
2013/07		1.00	0.6196	0.6196		120	46.32	5,535,469	6,097,560	
2014/01		1.00	0.8564	0.8564		120	46.32	5,575,393	6,149,760	
2014/07		1.00	1.2383	1.2383		120	46.32	5,633,537	6,225,960	
2015/01		1.00	0.7571	0.7571		120	56.56	5,676,189	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043866123120130801201205282014131243



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223.65

Wedgewood Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1010 CARPENTERS WAY	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
LAKELAND, FL 33809	Days in CR 518	Maximum: 62,160	Standard: 212
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 31
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 57,825	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 23,513	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,026	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	50.19628%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.02606%	Cost: 1.04618269
Open Date: 01/01/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 03/26/1999	Low Occupancy Adjustment Factor:	118.79009%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252328			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,431,672	2,105,510	1,673,086	1,112,857		6,323,125	
1a	Audit Adjustments							
2	Cost Per Diem	49.3238	72.5387	57.6409	38.3400		217.8434	
3	Cost Per Diem Inflated	51.6017	75.0408	60.3029				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.6017	75.0408	60.3029	38.3400		225.2854	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3882		62.8523				
7	Provider Target Rate	53.2701		65.1540				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.0816		62.0691				
10b	Base for line 10a	50.2417		59.8764				
11	Lesser of 5,7,8,10, 10a	51.6017	75.0408	60.3029	13.6500		200.5954	
12/13	Medical Adjustment Rate		0.0145	0.0116				
14	Prospective Per Diem 11	51.6017	75.0553	60.3145	13.6500		200.6215	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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223.65

Rate Semester 01/01/2015 through 08/31/2015

Wedgewood Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/26/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,128,040.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,391,985	10.9759
RS to Start Calcs:	1999/01	<60% of Base:	False	20% ROE(2):	1,097,996	0.4771
Indexed Asset Value	5,489,981	Interest Rate:	10.6343%	Insurance Cost(3):	52,928	0.9153
FRVS Base Asset:	4,594,920	Chase Rate:	4.7500%	Taxes Cost(3):	133,159	2.3028
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	57,591	0.9960
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	234,980	0.0000
		Yearly Payment:	432,671	Total FRVS PD:		15.6671

- (1) 80% Capital (\$4,391,985) amortized at 7.7500 % for 20 years Principal & Interest of \$432,671 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9759
- (2) 20% ROE (\$1,097,996) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4771
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,291
Comparison Date:	07/01/1998	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.6017	51.6017	0.8977	50.7040
Direct Care	75.0553	75.0553	1.3058	73.7495
Indirect Care	60.3145	60.3145	1.0493	59.2652
Property	13.6500	15.6671	0.2726	15.3945
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.6346
Supplemental Rate Add-on				9.9025
Totals	200.6215	202.6386	3.5254	223.6503

Medicaid Trend Adjustment



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223.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	5,061,151	0.00	1.4499	1.4499		120	62.81	4,594,920	4,594,920	1
1999/07	7,871	0.10	1.2299	1.2299		120	62.81	4,608,443	4,718,880	
2000/01	17,785	0.10	1.3356	1.3356		120	62.81	4,632,385	4,781,880	
2000/07		0.20	1.1129	1.1129		120	62.81	4,642,697	4,835,040	
2001/01		0.20	1.2976	1.2976		120	62.81	4,654,745	4,897,800	
2001/07		0.30	0.9615	0.9615		120	67.52	4,668,174	4,944,840	
2002/01	31,903	0.30	1.0301	1.0301		120	67.52	4,714,502	4,995,720	
2002/07		0.40	0.8337	0.8337		120	67.52	4,730,225	5,037,360	
2003/01		0.40	1.3271	1.3271		120	67.52	4,755,333	5,104,200	
2003/07		0.50	1.1664	1.1664		120	67.52	4,783,066	5,163,720	
2004/01		0.50	1.1103	1.1103		120	67.52	4,809,622	5,221,080	
2004/07		0.60	0.8378	0.8378		120	64.37	4,833,800	5,264,880	
2005/01		0.60	0.8595	0.8595		120	59.21	4,858,728	5,310,120	
2005/07		0.70	0.7364	0.7364		120	59.21	4,883,775	5,349,240	
2006/01		0.70	0.9068	0.9068		120	59.21	4,914,777	5,397,720	
2006/07		0.80	0.8133	0.8133		120	60.08	4,946,753	5,441,640	
2007/01		0.80	1.0133	1.0133		120	47.91	4,981,682	5,496,720	
2007/07		0.90	1.1050	1.1050		120	47.91	5,024,838	5,557,440	
2008/01		0.90	0.8556	0.8556		120	42.93	5,055,038	5,604,960	
2008/07		1.00	0.6104	0.6104		120	42.93	5,079,122	5,639,160	
2009/01		1.00	1.3268	1.3268		120	42.93	5,131,723	5,714,040	
2009/07		1.00	0.6841	0.6841		120	35.97	5,154,682	5,753,160	
2010/01		1.00	0.8643	0.8643		120	35.97	5,183,819	5,802,840	
2010/07		1.00	0.7107	0.7107		120	36.36	5,208,175	5,844,120	
2011/01		1.00	0.9198	0.9198		120	36.36	5,239,844	5,897,880	
2011/07		1.00	0.9028	0.9028		120	41.59	5,275,615	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.10	5,290,481	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.10	5,326,805	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.10	5,345,839	6,060,000	
2013/07		1.00	0.6196	0.6196		120	40.10	5,369,989	6,097,560	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		1.00	0.8564	0.8564		120	40.10	5,369,989	6,149,760	5
2014/07		1.00	1.2383	1.2383		120	40.10	5,452,304	6,225,960	
2015/01		1.00	0.7571	0.7571		120	50.20	5,489,981	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
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211.57

Deltona Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1851 ELKCAM BLVD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
DELTONA, FL 32725	Days in CR 518	Maximum: 62,160	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 59,553	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,404	Inflation
Current Class North Large	Initial CR? False	Medicaid: 37,053	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	62.21853%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.80598%	Cost: 1.04618269
Open Date: 09/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/01/1983	Low Occupancy Adjustment Factor:	122.33992%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252158			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,693,040	2,728,513	1,542,474	518,001		6,482,028	
1a	Audit Adjustments							
2	Cost Per Diem	45.6924	73.6381	41.6289	13.9800		174.9394	
3	Cost Per Diem Inflated	47.8026	76.1782	43.5514				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.8026	76.1782	43.5514	13.9800		181.5122	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.6940		56.4955				
7	Provider Target Rate	49.4406		58.5644				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		58.3419				
10b	Base for line 10a	47.7008		56.2808				
11	Lesser of 5,7,8,10, 10a	47.8026	76.1782	43.5514	13.6500		181.1822	
12/13	Medical Adjustment Rate		1.0471	0.5987				
14	Prospective Per Diem 11	47.8026	77.2253	44.1501	13.6500		182.8280	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Deltona Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,702,508.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed	80% Capital(1):	4,634,750	11.5826
Indexed Asset Value	5,793,438	<60% of Base:	False	20% ROE(2):	1,158,688	0.5035
FRVS Base Asset:	3,100,660	Interest Rate:	10.6343%	Insurance Cost(3):	42,621	0.7157
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	99,243	1.6665
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	53,705	0.9018
		Interest Only:	False	Replacement(3&4):	177,833	0.0000
		Yearly Payment:	456,587	Total FRVS PD:		15.3701

- (1) 80% Capital (\$4,634,750) amortized at 7.7500 % for 20 years Principal & Interest of \$456,587 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.5826
- (2) 20% ROE (\$1,158,688) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5035
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.8026	47.8026	0.8317	46.9709
Direct Care	77.2253	77.2253	1.3435	75.8818
Indirect Care	44.1501	44.1501	0.7681	43.3820
Property	13.6500	15.3701	0.2674	15.1027
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3286
Supplemental Rate Add-on				9.9025
Totals	182.8280	184.5481	3.2107	211.5685

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,999,299	0.00	3.9578	3.0000	0.9578	120	42.79	2,999,299	3,247,440	
1984/01	73,220	0.10	2.2530	2.2530		120	42.79	3,077,776	3,289,560	
1984/07	3,364	0.10	1.9179	1.9179		120	42.79	3,085,733	3,352,680	
1985/01	5,315	0.20	1.1471	1.1471		120	42.79	3,096,555	3,391,080	
1985/10		0.20	0.8522	0.8522		120	42.79	3,100,660	3,420,000	
1986/01		0.30	0.8299	0.8299		120	55.29	3,108,381	3,448,440	
1986/07		0.30	0.2974	0.2974		120	55.29	3,111,154	3,441,840	
1987/01	20,014	0.40	1.0091	1.0091		120	64.90	3,143,725	3,503,400	
1987/07		0.40	0.9007	0.9007		120	64.90	3,155,052	3,530,760	
1988/01		0.50	0.9007	0.9007		120	61.87	3,169,262	3,559,440	
1988/07		0.50	0.5899	0.5899		120	61.87	3,178,611	3,557,520	
1989/01		0.60	0.5899	0.5899		120	61.27	3,189,860	3,578,520	
1989/07		0.60	0.5899	0.5899		120	61.27	3,201,149	3,602,760	
1990/01		0.70	0.5899	0.5899		120	55.68	3,214,367	3,620,880	
1990/07		0.70	0.5899	0.5899		120	55.68	3,227,639	3,642,240	
1991/01		0.80	0.5899	0.5899		120	57.96	3,242,870	3,663,600	
1991/07		0.80	1.4932	1.4932		120	57.96	3,281,609	3,718,320	
1992/01	18,058	0.90	2.0117	2.0117		120	67.09	3,359,081	3,793,080	
1992/07		0.90	1.8152	1.8152		120	67.09	3,413,958	3,861,960	
1993/01		1.00	1.7710	1.7710		120	66.90	3,474,419	3,930,360	
1993/07		1.00	1.5329	1.5329		120	66.90	3,527,678	3,990,600	
1994/01	24,788	1.00	1.6983	1.6983		120	63.56	3,612,377	4,058,400	
1994/07		1.00	1.5991	1.5991		120	63.56	3,670,143	4,123,320	
1995/01	40,504	1.00	1.5812	1.5812		120	61.84	3,768,679	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.84	3,826,151	4,252,320	
1996/01	201,035	1.00	1.7228	1.7228		120	67.40	4,093,103	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.40	4,147,517	4,383,120	
1997/01	105,240	1.00	1.4109	1.4109		120	70.67	4,311,274	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.67	4,358,340	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.00	4,409,171	4,545,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		120	75.00	4,456,764	4,594,920	
1999/01		1.00	1.4499	1.4499		120	76.81	4,521,383	4,661,520	
1999/07		1.00	1.2299	1.2299		120	76.81	4,576,991	4,718,880	
2000/01	22,969	1.00	1.3356	1.3356		120	78.02	4,661,090	4,781,880	
2000/07		1.00	1.1129	1.1129		120	78.02	4,712,963	4,835,040	
2001/01	24,316	1.00	1.2976	1.2976		120	72.84	4,798,434	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.23	4,844,571	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.23	4,894,475	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.23	4,935,280	5,037,360	
2003/01		1.00	1.3271	1.3271		120	71.23	5,000,776	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.23	5,059,105	5,163,720	
2004/01		0.95	1.1103	1.1103		120	71.23	5,112,468	5,221,080	
2004/07		0.95	0.8378	0.8378		120	74.94	5,153,158	5,264,880	
2005/01		0.90	0.8595	0.8595		120	74.94	5,193,023	5,310,120	
2005/07		0.90	0.7364	0.7364		120	72.54	5,227,442	5,349,240	
2006/01		0.85	0.9068	0.9068		120	72.54	5,267,735	5,397,720	
2006/07		0.85	0.8133	0.8133		120	71.03	5,304,151	5,441,640	
2007/01		0.80	1.0133	1.0133		120	71.03	5,347,146	5,496,720	
2007/07		0.80	1.1050	1.1050		120	69.52	5,394,415	5,557,440	
2008/01		0.75	0.8556	0.8556		120	69.52	5,429,031	5,604,960	
2008/07		0.75	0.6104	0.6104		120	66.81	5,453,885	5,639,160	
2009/01		0.70	1.3268	1.3268		120	62.00	5,504,541	5,714,040	
2009/07		0.70	0.6841	0.6841		120	62.00	5,530,902	5,753,160	
2010/01		0.65	0.8643	0.8643		120	62.00	5,561,975	5,802,840	
2010/07		0.65	0.7107	0.7107		120	59.07	5,587,671	5,844,120	
2011/01		0.60	0.9198	0.9198		120	61.39	5,618,509	5,897,880	
2011/07		0.60	0.9028	0.9028		120	61.39	5,648,944	5,951,160	
2012/01		0.55	0.3865	0.3865		120	59.95	5,660,954	5,974,200	
2012/07		0.55	0.9417	0.9417		120	59.95	5,690,272	6,030,480	
2013/01		0.50	0.4901	0.4901		120	59.95	5,704,219	6,060,000	



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211.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	59.95	5,721,891	6,097,560	
2014/01		0.45	0.8564	0.8564		120	59.95	5,743,943	6,149,760	
2014/07		0.45	1.2383	1.2383		120	59.95	5,775,948	6,225,960	
2015/01		0.40	0.7571	0.7571		120	62.22	5,793,438	6,273,120	

Message Code:

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207.58

Lake Mary Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
710 NORTH SUN DRIVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
LAKE MARY, FL 32746	Days in CR 518	Maximum: 62,160	Standard: 243
County: Seminole [59]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 59,887	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 30,898	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,609	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	42.76220%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.34331%	Cost: 1.04618269
Open Date: 10/16/2000	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/16/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 11/08/2000	Low Occupancy Adjustment Factor:	123.02606%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252310			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,156,766	1,959,494	1,143,392	1,987,002		6,246,654	
1a	Audit Adjustments							
2	Cost Per Diem	45.1703	76.5158	44.6481	77.5900		243.9242	
3	Cost Per Diem Inflated	47.2564	79.1551	46.7101				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.2564	79.1551	46.7101	77.5900		250.7116	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0604		56.4609				
7	Provider Target Rate	49.8204		58.5285				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.2559		61.5134				
10b	Base for line 10a	49.4452		59.3403				
11	Lesser of 5,7,8,10, 10a	47.2564	79.1551	46.7101	13.6500		186.7716	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.2564	79.1551	46.7101	13.6500		186.7716	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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207.58

Rate Semester 01/01/2015 through 08/31/2015

Lake Mary Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/08/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,064,996.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,459,090 11.1436
RS to Start Calcs:	2000/07	<60% of Base:	False	20% ROE(2):	1,114,773 0.4844
Indexed Asset Value	5,573,863	Interest Rate:	10.6343%	Insurance Cost(3):	60,209 1.0054
FRVS Base Asset:	4,781,880	Chase Rate:	4.7500%	Taxes Cost(3):	127,362 2.1267
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	60,291 1.0067
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	231,228 0.0000
		Yearly Payment:	439,282	Total FRVS PD:	15.7668

- (1) 80% Capital (\$4,459,090) amortized at 7.7500 % for 20 years Principal & Interest of \$439,282 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.1436
- (2) 20% ROE (\$1,114,773) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4844
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,849
Comparison Date:	01/01/2000	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,781,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.2564	47.2564	0.8221	46.4343
Direct Care	79.1551	79.1551	1.3771	77.7780
Indirect Care	46.7101	46.7101	0.8126	45.8975
Property	13.6500	15.7668	0.2743	15.4925
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				12.0707
Supplemental Rate Add-on				9.9025
Totals	186.7716	188.8884	3.2861	207.5755

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 043871-00 - 2015/01

207.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	8,564,230	0.00	1.1129	1.1129		120	36.93	4,781,880	4,781,880	1
2001/01		0.10	1.2976	1.2976		120	36.93	4,786,048	4,897,800	
2001/07		0.10	0.9615	0.9615		120	59.64	4,790,652	4,944,840	
2002/01		0.20	1.0301	1.0301		120	59.64	4,790,652	4,995,720	5
2002/07		0.20	0.8337	0.8337		120	59.64	4,808,523	5,037,360	
2003/01		0.30	1.3271	1.3271		120	59.64	4,827,666	5,104,200	
2003/07		0.30	1.1664	1.1664		120	59.64	4,844,558	5,163,720	
2004/01		0.40	1.1103	1.1103		120	59.64	4,866,073	5,221,080	
2004/07		0.40	0.8378	0.8378		120	57.11	4,882,379	5,264,880	
2005/01		0.50	0.8595	0.8595		120	57.11	4,903,363	5,310,120	
2005/07		0.50	0.7364	0.7364		120	59.37	4,921,417	5,349,240	
2006/01		0.60	0.9068	0.9068		120	59.37	4,948,194	5,397,720	
2006/07		0.60	0.8133	0.8133		120	60.28	4,972,341	5,441,640	
2007/01		0.70	1.0133	1.0133		120	60.28	5,007,610	5,496,720	
2007/07		0.70	1.1050	1.1050		120	55.77	5,046,344	5,557,440	
2008/01		0.80	0.8556	0.8556		120	53.88	5,080,183	5,604,960	
2008/07		0.80	0.6104	0.6104		120	53.88	5,104,484	5,639,160	
2009/01		0.90	1.3268	1.3268		120	53.98	5,164,306	5,714,040	
2009/07		0.90	0.6841	0.6841		120	53.98	5,195,513	5,753,160	
2010/01		1.00	0.8643	0.8643		120	53.98	5,239,585	5,802,840	
2010/07		1.00	0.7107	0.7107		120	53.59	5,275,868	5,844,120	
2011/01		1.00	0.9198	0.9198		120	48.21	5,318,405	5,897,880	
2011/07		1.00	0.9028	0.9028		120	48.21	5,360,492	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.37	5,375,699	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.37	5,412,856	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.37	5,432,328	6,060,000	
2013/07		1.00	0.6196	0.6196		120	40.37	5,457,033	6,097,560	
2014/01		1.00	0.8564	0.8564		120	40.37	5,491,336	6,149,760	
2014/07		1.00	1.2383	1.2383		120	40.37	5,541,247	6,225,960	
2015/01		1.00	0.7571	0.7571		120	42.76	5,573,863	6,273,120	

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043871123120130801201205292014100209



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043872-00 - 2015/01

199.14

Countryside Rehab and Healthcare Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3825 COUNTRYSIDE BLVD N	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PALM HARBOR, FL 34684	Days in CR 518	Maximum: 62,160	Standard: 219
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 24
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 58,315	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,665	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 42,928	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	73.61399%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.81435%	Cost: 1.04618269
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/19/1987	Low Occupancy Adjustment Factor:	119.79670%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252115			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,025,783	2,766,350	1,535,802	3,023,848		9,351,783	
1a	Audit Adjustments							
2	Cost Per Diem	47.1902	64.4416	35.7762	70.4400		217.8480	
3	Cost Per Diem Inflated	49.3696	66.6644	37.4284				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.3696	66.6644	37.4284	70.4400		223.9024	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.1166		57.0519				
7	Provider Target Rate	52.9885		59.1412				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.0324		62.2482				
10b	Base for line 10a	50.1942		60.0491				
11	Lesser of 5,7,8,10, 10a	49.3696	66.6644	37.4284	13.6500		167.1124	
12/13	Medical Adjustment Rate		1.5961	0.8961				
14	Prospective Per Diem 11	49.3696	68.2605	38.3245	13.6500		169.6046	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

Countryside Rehab and Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/19/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,852,736.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,534,677 11.3325
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,133,669 0.4926
Indexed Asset Value	5,668,346	Interest Rate:	10.6343%	Insurance Cost(3):	52,663 0.9031
FRVS Base Asset:	3,503,400	Chase Rate:	4.7500%	Taxes Cost(3):	97,857 1.6781
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	50,354 0.8635
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	121,318 0.0000
		Yearly Payment:	446,728	Total FRVS PD:	15.2698

- (1) 80% Capital (\$4,534,677) amortized at 7.7500 % for 20 years Principal & Interest of \$446,728 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.3325
- (2) 20% ROE (\$1,133,669) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4926
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.3696	49.3696	0.8589	48.5107
Direct Care	68.2605	68.2605	1.1876	67.0729
Indirect Care	38.3245	38.3245	0.6668	37.6577
Property	13.6500	15.2698	0.2657	15.0041
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.9960
Supplemental Rate Add-on				9.9025
Totals	169.6046	171.2244	2.9790	199.1439

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,222,224	0.00	0.9007	0.9007		120	35.25	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	35.25	3,505,423	3,559,440	
1988/07		0.10	0.5899	0.5899		120	35.25	3,506,749	3,557,520	
1989/01		0.20	0.5899	0.5899		120	35.25	3,509,401	3,578,520	
1989/07		0.20	0.5899	0.5899		120	35.25	3,512,055	3,602,760	
1990/01		0.30	0.5899	0.5899		120	35.25	3,512,055	3,620,880	5
1990/07		0.30	0.5899	0.5899		120	49.55	3,516,039	3,642,240	5
1991/01		0.40	0.5899	0.5899		120	49.55	3,521,646	3,663,600	5
1991/07		0.40	1.4932	1.4932		120	55.25	3,550,214	3,718,320	
1992/01		0.50	2.0117	2.0117		120	61.25	3,585,926	3,793,080	
1992/07		0.50	1.8152	1.8152		120	61.25	3,618,472	3,861,960	
1993/01		0.60	1.7710	1.7710		120	70.78	3,656,922	3,930,360	
1993/07		0.60	1.5329	1.5329		120	70.78	3,690,555	3,990,600	
1994/01		0.70	1.6983	1.6983		120	70.72	3,734,428	4,058,400	
1994/07		0.70	1.5991	1.5991		120	70.72	3,776,231	4,123,320	
1995/01	17,613	0.80	1.5812	1.5812		120	64.23	3,841,613	4,188,480	
1995/07		0.80	1.5250	1.5250		120	64.23	3,888,481	4,252,320	
1996/01	23,381	0.90	1.7228	1.7228		120	59.40	3,972,153	4,325,640	
1996/07		0.90	1.3294	1.3294		120	59.40	4,019,680	4,383,120	
1997/01		1.00	1.4109	1.4109		120	64.91	4,076,394	4,444,920	
1997/07		1.00	1.0917	1.0917		120	64.91	4,120,896	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.72	4,168,958	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.72	4,213,958	4,594,920	
1999/01		1.00	1.4499	1.4499		120	78.63	4,275,056	4,661,520	
1999/07		1.00	1.2299	1.2299		120	78.63	4,327,635	4,718,880	
2000/01	47,296	1.00	1.3356	1.3356		120	76.98	4,432,731	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.98	4,482,063	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.22	4,540,222	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.94	4,583,876	4,944,840	
2002/01		1.00	1.0301	1.0301		120	75.94	4,631,095	4,995,720	



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199.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	75.94	4,669,704	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.94	4,731,676	5,104,200	
2003/07		1.00	1.1664	1.1664		120	75.94	4,786,866	5,163,720	
2004/01		1.00	1.1103	1.1103		120	75.94	4,840,015	5,221,080	
2004/07		1.00	0.8378	0.8378		120	71.38	4,880,565	5,264,880	
2005/01		1.00	0.8595	0.8595		120	77.68	4,922,513	5,310,120	
2005/07		1.00	0.7364	0.7364		120	77.68	4,958,762	5,349,240	
2006/01		1.00	0.9068	0.9068		120	77.68	5,003,728	5,397,720	
2006/07		1.00	0.8133	0.8133		120	69.74	5,044,423	5,441,640	
2007/01		1.00	1.0133	1.0133		120	69.74	5,095,538	5,496,720	
2007/07		1.00	1.1050	1.1050		120	70.32	5,151,844	5,557,440	
2008/01		0.95	0.8556	0.8556		120	70.19	5,193,718	5,604,960	
2008/07		0.95	0.6104	0.6104		120	70.19	5,223,836	5,639,160	
2009/01		0.90	1.3268	1.3268		120	70.19	5,286,214	5,714,040	
2009/07		0.90	0.6841	0.6841		120	69.21	5,318,761	5,753,160	
2010/01		0.85	0.8643	0.8643		120	69.21	5,357,838	5,802,840	
2010/07		0.85	0.7107	0.7107		120	76.29	5,390,205	5,844,120	
2011/01		0.80	0.9198	0.9198		120	76.29	5,429,866	5,897,880	
2011/07		0.80	0.9028	0.9028		120	77.74	5,469,080	5,951,160	
2012/01		0.75	0.3865	0.3865		120	73.40	5,484,935	5,974,200	
2012/07		0.75	0.9417	0.9417		120	73.40	5,523,675	6,030,480	
2013/01		0.70	0.4901	0.4901		120	73.40	5,542,627	6,060,000	
2013/07		0.70	0.6196	0.6196		120	73.40	5,566,665	6,097,560	
2014/01		0.65	0.8564	0.8564		120	73.40	5,597,655	6,149,760	
2014/07		0.65	1.2383	1.2383		120	73.40	5,642,711	6,225,960	
2015/01		0.60	0.7571	0.7571		120	73.61	5,668,346	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043873-00 - 2015/01

226.54

Harbor Beach Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1615 MIAMI ROAD	8/1/2012-12/31/2013	Number of Beds: 59	Superior: 0
FORT LAUDERDALE, FL 33316	Days in CR 518	Maximum: 30,562	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 21,535	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 28,249	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,180	Inflation
Current Class South Small	Initial CR? False	Medicaid: 21,402	FY Index: 1.31107019
Class at 1/94: South Small	Medical Utilization	75.76197%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.43178%	Cost: 1.04618269
Open Date: 12/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/01/1986	Low Occupancy Adjustment Factor:	118.03122%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252255			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,293,870	1,433,287	940,575	836,604		4,504,336	
1a	Audit Adjustments							
2	Cost Per Diem	60.4556	66.9698	43.9480	39.0900		210.4634	
3	Cost Per Diem Inflated	63.2476	69.2798	45.9776				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	63.2476	69.2798	45.9776	39.0900		217.5950	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.3227		70.1038				
7	Provider Target Rate	66.6783		72.6711				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	64.6576		75.4099				
10b	Base for line 10a	62.3734		72.7459				
11	Lesser of 5,7,8,10, 10a	62.1716	69.2798	45.9776	13.6500		191.0790	
12/13	Medical Adjustment Rate		2.0079	1.3325				
14	Prospective Per Diem 11	62.1716	71.2877	47.3101	13.6500		194.4194	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 043873-00 - 2015/01

226.54

Rate Semester 01/01/2015 through 08/31/2015

Harbor Beach Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/28/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,822,258.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	2,261,540	11.4951
Indexed Asset Value	2,826,925	<60% of Base:	False	20% ROE(2):	565,385	0.4997
FRVS Base Asset:	1,938,500	Interest Rate:	10.6343%	Insurance Cost(3):	28,005	0.9914
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	78,740	2.7874
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	24,255	0.8586
		Interest Only:	False	Replacement(3&4):	49,219	0.0000
		Yearly Payment:	222,793	Total FRVS PD:		16.6322

- (1) 80% Capital (\$2,261,540) amortized at 7.7500 % for 20 years Principal & Interest of \$222,793 divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$11.4951
- (2) 20% ROE (\$565,385) times the ROE factor (0.017130) divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$0.4997
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,413
Comparison Date:	01/01/1984	Current RS PBS:	52,276
Comparison Bed	59	Effective PBS Limitation	1,617,367

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	71.2877	71.2877	1.2402	70.0475
Indirect Care	47.3101	47.3101	0.8231	46.4870
Property	13.6500	16.6322	0.2894	16.3428
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.6737
Supplemental Rate Add-on				9.9025
Totals	194.4194	197.4016	3.4343	226.5435

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,938,500	0.00	1.9179	1.9179		59		1,938,500	1,648,401	
1985/01		0.10	1.1471	1.1471		59		1,938,500	1,667,281	
1985/10		0.10	0.8522	0.8522		59		1,938,500	1,681,500	
1986/01		0.20	0.8299	0.8299		59	22.25	1,617,367	1,617,367	1
1986/07	17,721	0.20	0.2974	0.2974		59	22.25	1,635,088	1,692,238	
1987/01		0.30	1.0091	1.0091		59	22.25	1,635,088	1,722,505	
1987/07		0.30	0.9007	0.9007		59	22.25	1,635,088	1,735,957	
1988/01		0.40	0.9007	0.9007		59	22.25	1,635,088	1,750,058	
1988/07		0.40	0.5899	0.5899		59	22.25	1,635,088	1,749,114	
1989/01		0.50	0.5899	0.5899		59	22.25	1,635,088	1,759,439	
1989/07		0.50	0.5899	0.5899		59	51.62	1,639,615	1,771,357	
1990/01	32,037	0.60	0.5899	0.5899		59	54.93	1,677,447	1,780,266	
1990/07		0.60	0.5899	0.5899		59	54.93	1,677,447	1,790,768	5
1991/01		0.70	0.5899	0.5899		59	56.28	1,690,327	1,801,270	
1991/07		0.70	1.4932	1.4932		59	56.28	1,707,994	1,828,174	
1992/01	11,494	0.80	2.0117	2.0117		59	69.01	1,719,488	1,864,931	5
1992/07		0.80	1.8152	1.8152		59	69.01	1,746,976	1,898,797	5
1993/01	8,842	0.90	1.7710	1.7710		59	68.16	1,809,437	1,932,427	
1993/07		0.90	1.5329	1.5329		59	68.16	1,834,400	1,962,045	
1994/01		1.00	1.6983	1.6983		59	65.50	1,865,554	1,995,380	
1994/07		1.00	1.5991	1.5991		59	65.50	1,895,386	2,027,299	
1995/01	12,621	1.00	1.5812	1.5812		59	62.80	1,937,977	2,059,336	
1995/07		1.00	1.5250	1.5250		59	62.80	1,967,531	2,090,724	
1996/01		1.00	1.7228	1.7228		59	64.34	2,001,428	2,126,773	
1996/07		1.00	1.3294	1.3294		59	64.34	2,028,035	2,155,034	
1997/01		1.00	1.4109	1.4109		59	67.90	2,028,035	2,185,419	5
1997/07		1.00	1.0917	1.0917		59	67.90	2,079,101	2,209,255	
1998/01	11,095	1.00	1.1663	1.1663		59	64.70	2,114,445	2,235,038	
1998/07		1.00	1.0794	1.0794		59	64.70	2,137,268	2,259,169	
1999/01		1.00	1.4499	1.4499		59	60.59	2,168,256	2,291,914	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		59	60.59	2,194,923	2,320,116	
2000/01	39,649	1.00	1.3356	1.3356		59	70.12	2,263,887	2,351,091	
2000/07		1.00	1.1129	1.1129		59	70.12	2,289,082	2,377,228	
2001/01		1.00	1.2976	1.2976		59	73.10	2,318,785	2,408,085	
2001/07		1.00	0.9615	0.9615		59	64.43	2,341,080	2,431,213	
2002/01		1.00	1.0301	1.0301		59	64.43	2,365,195	2,456,229	
2002/07		1.00	0.8337	0.8337		59	64.43	2,384,914	2,476,702	
2003/01		1.00	1.3271	1.3271		59	64.43	2,416,564	2,509,565	
2003/07		1.00	1.1664	1.1664		59	64.43	2,444,751	2,538,829	
2004/01		1.00	1.1103	1.1103		59	64.43	2,471,895	2,567,031	
2004/07		1.00	0.8378	0.8378		59	68.51	2,492,605	2,588,566	
2005/01		0.95	0.8595	0.8595		59	68.51	2,512,957	2,610,809	
2005/07		0.95	0.7364	0.7364		59	73.93	2,530,538	2,630,043	
2006/01		0.90	0.9068	0.9068		59	73.93	2,551,190	2,653,879	
2006/07		0.90	0.8133	0.8133		59	65.40	2,569,865	2,675,473	
2007/01		0.85	1.0133	1.0133		59	58.55	2,591,999	2,702,554	
2007/07		0.85	1.1050	1.1050		59	58.55	2,616,346	2,732,408	
2008/01		0.80	0.8556	0.8556		59	58.55	2,634,255	2,755,772	
2008/07		0.80	0.6104	0.6104		59	59.92	2,647,118	2,772,587	
2009/01		0.75	1.3268	1.3268		59	62.94	2,673,459	2,809,403	
2009/07		0.75	0.6841	0.6841		59	62.94	2,687,177	2,828,637	
2010/01		0.70	0.8643	0.8643		59	62.94	2,703,434	2,853,063	
2010/07		0.70	0.7107	0.7107		59	69.65	2,716,884	2,873,359	
2011/01		0.65	0.9198	0.9198		59	72.30	2,733,128	2,899,791	
2011/07		0.65	0.9028	0.9028		59	72.30	2,749,166	2,925,987	
2012/01		0.60	0.3865	0.3865		59	73.19	2,755,541	2,937,315	
2012/07		0.60	0.9417	0.9417		59	73.19	2,771,110	2,964,986	
2013/01		0.55	0.4901	0.4901		59	73.19	2,778,581	2,979,500	
2013/07		0.55	0.6196	0.6196		59	73.19	2,788,050	2,997,967	
2014/01		0.50	0.8564	0.8564		59	73.19	2,799,988	3,023,632	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		59	73.19	2,817,326	3,061,097	
2015/01		0.45	0.7571	0.7571		59	75.76	2,826,925	3,084,284	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

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Health Center at Brentwood

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2333 N BRENTWOOD CIR	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
LECANTO, FL 34461	Days in CR 518	Maximum: 62,160	Standard: 243
County: Citrus [9]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 59,793	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,160	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,722	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	49.70816%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.19208%	Cost: 1.04618269
Open Date: 04/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 04/01/1984	Low Occupancy Adjustment Factor:	122.83295%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252263			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,304,242	1,960,974	1,126,015	1,040,864		5,432,095	
1a	Audit Adjustments							
2	Cost Per Diem	43.8814	65.9772	37.8849	35.0200		182.7635	
3	Cost Per Diem Inflated	45.9080	68.2530	39.6345				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.9080	68.2530	39.6345	35.0200		188.8155	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9016		50.3868				
7	Provider Target Rate	52.7657		52.2320				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	50.3900		60.9992				
10b	Base for line 10a	48.6099		58.8443				
11	Lesser of 5,7,8,10, 10a	45.9080	68.2530	39.6345	13.6500		167.4455	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.9080	68.2530	39.6345	13.6500		167.4455	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Health Center at Brentwood

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,919,568.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,392,994	10.9785
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,098,249	0.4772
Indexed Asset Value	5,491,243	Interest Rate:	10.6343%	Insurance Cost(3):	47,749	0.7986
FRVS Base Asset:	1,710,000	Chase Rate:	4.7500%	Taxes Cost(3):	141,952	2.3741
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	48,410	0.8096
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	273,447	0.0000
		Yearly Payment:	432,771	Total FRVS PD:		15.4380

- (1) 80% Capital (\$4,392,994) amortized at 7.7500 % for 20 years Principal & Interest of \$432,771 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9785
- (2) 20% ROE (\$1,098,249) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4772
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.9080	45.9080	0.7987	45.1093
Direct Care	68.2530	68.2530	1.1874	67.0656
Indirect Care	39.6345	39.6345	0.6895	38.9450
Property	13.6500	15.4380	0.2686	15.1694
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.9862
Supplemental Rate Add-on				9.9025
Totals	167.4455	169.2335	2.9442	195.1780

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,025,342	0.00	1.2952	1.2952		60	33.07	2,025,342	1,644,780	
1984/07		0.10	1.9179	1.9179		60	33.07	2,027,678	1,676,340	
1985/01	19,318	0.10	1.1471	1.1471		60	33.07	2,048,394	1,695,540	
1985/10		0.20	0.8522	0.8522		60	33.07	1,710,000	1,710,000	1
1986/01		0.20	0.8299	0.8299		60	33.07	1,711,707	1,724,220	
1986/07		0.30	0.2974	0.2974		60	33.07	1,712,625	1,720,920	
1987/01		0.30	1.0091	1.0091		60	49.52	1,717,293	1,751,700	
1987/07		0.40	0.9007	0.9007		60	49.52	1,722,864	1,765,380	
1988/01		0.40	0.9007	0.9007		60	49.52	1,728,453	1,779,720	
1988/07		0.50	0.5899	0.5899		60	49.52	1,733,044	1,778,760	
1989/01		0.50	0.5899	0.5899		60	42.54	1,736,998	1,789,260	
1989/07		0.60	0.5899	0.5899		60	38.84	1,741,339	1,801,380	
1990/01		0.60	0.5899	0.5899		60	38.84	1,745,691	1,810,440	
1990/07		0.70	0.5899	0.5899		60	38.84	1,750,781	1,821,120	
1991/01	7,474	0.70	0.5899	0.5899		60	35.84	1,762,966	1,831,800	
1991/07		0.80	1.4932	1.4932		60	45.51	1,780,393	1,859,160	
1992/01		0.80	2.0117	2.0117		60	45.51	1,804,103	1,896,540	
1992/07		0.90	1.8152	1.8152		60	42.18	1,826,707	1,930,980	
1993/01	5,502	0.90	1.7710	1.7710		60	36.23	1,851,388	1,965,180	
1993/07		1.00	1.5329	1.5329		60	43.07	1,873,612	1,995,300	
1994/01		1.00	1.6983	1.6983		60	43.07	1,898,530	2,029,200	
1994/07		1.00	1.5991	1.5991		60	43.07	1,922,304	2,061,660	
1995/01		1.00	1.5812	1.5812		60	43.07	1,946,106	2,094,240	
1995/07		1.00	1.5250	1.5250		60	43.07	1,969,347	2,126,160	
1996/01	33,594	1.00	1.7228	1.7228		60	40.45	2,027,893	2,162,820	
1996/07		1.00	1.3294	1.3294		60	40.45	2,047,720	2,191,560	
1997/01	10,240	1.00	1.4109	1.4109		60	52.36	2,085,464	2,222,460	
1997/07		1.00	1.0917	1.0917		60	52.36	2,107,138	2,246,700	
1998/01		1.00	1.1663	1.1663		60	46.33	2,127,840	2,272,920	
1998/07		1.00	1.0794	1.0794		60	46.33	2,147,187	2,297,460	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	2,246,700	1.00	1.4499	1.4499		120	39.75	4,416,387	4,661,520	
1999/07		1.00	1.2299	1.2299		120	39.75	4,455,643	4,718,880	
2000/01	71,407	1.00	1.3356	1.3356		120	42.94	4,573,511	4,781,880	
2000/07		1.00	1.1129	1.1129		120	42.94	4,613,249	4,835,040	
2001/01		1.00	1.2976	1.2976		120	54.64	4,672,719	4,897,800	
2001/07		1.00	0.9615	0.9615		120	41.15	4,706,333	4,944,840	
2002/01		1.00	1.0301	1.0301		120	41.15	4,742,605	4,995,720	
2002/07		1.00	0.8337	0.8337		120	41.15	4,772,187	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.15	4,819,571	5,104,200	
2003/07		1.00	1.1664	1.1664		120	41.15	4,861,630	5,163,720	
2004/01		1.00	1.1103	1.1103		120	41.15	4,902,016	5,221,080	
2004/07		0.95	0.8378	0.8378		120	50.69	4,937,974	5,264,880	
2005/01		0.95	0.8595	0.8595		120	50.69	4,975,133	5,310,120	
2005/07		0.90	0.7364	0.7364		120	53.64	5,007,293	5,349,240	
2006/01		0.90	0.9068	0.9068		120	53.64	5,047,147	5,397,720	
2006/07		0.85	0.8133	0.8133		120	51.85	5,080,040	5,441,640	
2007/01		0.85	1.0133	1.0133		120	45.35	5,116,117	5,496,720	
2007/07		0.80	1.1050	1.1050		120	45.35	5,153,408	5,557,440	
2008/01		0.80	0.8556	0.8556		120	45.35	5,182,494	5,604,960	
2008/07		0.75	0.6104	0.6104		120	44.63	5,201,746	5,639,160	
2009/01		0.75	1.3268	1.3268		120	44.63	5,243,749	5,714,040	
2009/07		0.70	0.6841	0.6841		120	46.63	5,265,040	5,753,160	
2010/01		0.70	0.8643	0.8643		120	53.03	5,295,753	5,802,840	
2010/07		0.65	0.7107	0.7107		120	53.03	5,319,343	5,844,120	
2011/01		0.65	0.9198	0.9198		120	53.03	5,350,008	5,897,880	
2011/07		0.60	0.9028	0.9028		120	47.77	5,375,179	5,951,160	
2012/01		0.60	0.3865	0.3865		120	43.53	5,385,045	5,974,200	
2012/07		0.55	0.9417	0.9417		120	43.53	5,407,118	6,030,480	
2013/01		0.55	0.4901	0.4901		120	43.53	5,418,655	6,060,000	
2013/07		0.50	0.6196	0.6196		120	43.53	5,431,941	6,097,560	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	43.53	5,431,941	6,149,760	5
2014/07		0.45	1.2383	1.2383		120	43.53	5,474,386	6,225,960	
2015/01		0.45	0.7571	0.7571		120	49.71	5,491,243	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043875-00 - 2015/01

200.35

Governor's Creek Health and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
803 OAK ST	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
GREEN COVE SPRINGS, FL	Days in CR 518	Maximum: 62,160	Standard: 243
32043	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Clay [10]	Last Used: 2015/01	Total Patient: 59,072	Total: 243
Region: North Area: 4	Unaudited	Medicare: 5,867	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 46,994	FY Index: 1.31107019
Current Class North Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	79.55376%	Cost: 1.04618269
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	95.03218%	Target: 1.02563464
Open Date: 01/01/1983	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21266554
Acquired Date: 01/01/1983	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 01/01/1983	Weighted Low Occ Adjustment Factor:	121.35181%	DC Inflation: 1.03449382
Med # Active Date: 02/01/2012		100.00000%	PS Target: 1.03662091
Previous Med # 252387			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,172,463	3,028,500	1,790,172	646,637		7,637,772	
1a	Audit Adjustments							
2	Cost Per Diem	46.2285	64.4444	38.0936	13.7600		162.5265	
3	Cost Per Diem Inflated	48.3635	66.6673	39.8529				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.3635	66.6673	39.8529	13.7600		168.6437	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.4301		54.4662				
7	Provider Target Rate	49.1670		56.4608				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		59.3909				
10b	Base for line 10a	47.7008		57.2928				
11	Lesser of 5,7,8,10, 10a	48.3635	66.6673	39.8529	13.6500		168.5337	
12/13	Medical Adjustment Rate		2.2166	1.3250				
14	Prospective Per Diem 11	48.3635	68.8839	41.1779	13.6500		172.0753	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,253,128.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,280,442	8.1981
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	820,110	0.3564
Indexed Asset Value	4,100,552	Interest Rate:	10.6343%	Insurance Cost(3):	41,648	0.7050
FRVS Base Asset:	2,253,887	Chase Rate:	4.7500%	Taxes Cost(3):	38,850	0.6577
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	40,142	0.6795
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	740,332	0.0000
		Yearly Payment:	323,169	Total FRVS PD:		10.5967

- (1) 80% Capital (\$3,280,442) amortized at 7.7500 % for 20 years Principal & Interest of \$323,169 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.1981
- (2) 20% ROE (\$820,110) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3564
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.3635	48.3635	0.8414	47.5221
Direct Care	68.8839	68.8839	1.1984	67.6855
Indirect Care	41.1779	41.1779	0.7164	40.4615
Property	13.6500	10.5967	0.1844	10.4123
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3643
Supplemental Rate Add-on				9.9025
Totals	172.0753	169.0220	2.9406	200.3482

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	5,492	0.00	2.6288	2.6288		120	86.02	5,492	3,123,840	
1983/07	2,207,250	0.10	3.9578	3.0000	0.9578	120	86.02	2,212,758	3,247,440	
1984/01	3,993	0.10	2.2530	2.2530		120	85.80	2,221,736	3,289,560	
1984/07	5,330	0.20	1.9179	1.9179		120	85.80	2,235,589	3,352,680	
1985/01	7,422	0.20	1.1471	1.1471		120	85.80	2,248,139	3,391,080	
1985/10		0.30	0.8522	0.8522		120	85.80	2,253,887	3,420,000	
1986/01		0.30	0.8299	0.8299		120	86.18	2,259,499	3,448,440	
1986/07		0.40	0.2974	0.2974		120	86.18	2,262,188	3,441,840	
1987/01		0.40	1.0091	1.0091		120	86.31	2,271,318	3,503,400	
1987/07		0.50	0.9007	0.9007		120	86.31	2,281,548	3,530,760	
1988/01		0.50	0.9007	0.9007		120	88.99	2,281,548	3,559,440	5
1988/07		0.60	0.5899	0.5899		120	88.99	2,291,824	3,557,520	5
1989/01		0.60	0.5899	0.5899		120	90.91	2,308,074	3,578,520	
1989/07		0.70	0.5899	0.5899		120	90.91	2,317,604	3,602,760	
1990/01		0.70	0.5899	0.5899		120	92.17	2,327,173	3,620,880	
1990/07		0.80	0.5899	0.5899		120	92.17	2,338,155	3,642,240	
1991/01		0.80	0.5899	0.5899		120	73.22	2,349,189	3,663,600	
1991/07		0.90	1.4932	1.4932		120	73.22	2,380,760	3,718,320	
1992/01	67,124	0.90	2.0117	2.0117		120	84.01	2,490,988	3,793,080	
1992/07		1.00	1.8152	1.8152		120	84.01	2,536,204	3,861,960	
1993/01		1.00	1.7710	1.7710		120	81.07	2,581,120	3,930,360	
1993/07		1.00	1.5329	1.5329		120	81.07	2,620,686	3,990,600	
1994/01	44,185	1.00	1.6983	1.6983		120	78.00	2,709,378	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.00	2,752,704	4,123,320	
1995/01		1.00	1.5812	1.5812		120	78.74	2,796,230	4,188,480	
1995/07		1.00	1.5250	1.5250		120	78.74	2,838,873	4,252,320	
1996/01		1.00	1.7228	1.7228		120	80.86	2,887,781	4,325,640	
1996/07		1.00	1.3294	1.3294		120	80.86	2,926,171	4,383,120	
1997/01		1.00	1.4109	1.4109		120	82.36	2,967,456	4,444,920	
1997/07		1.00	1.0917	1.0917		120	82.36	2,999,852	4,493,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	83.00	3,034,839	4,545,840	
1998/07		1.00	1.0794	1.0794		120	83.00	3,067,597	4,594,920	
1999/01	66,411	1.00	1.4499	1.4499		120	84.71	3,178,485	4,661,520	
1999/07		1.00	1.2299	1.2299		120	84.71	3,217,577	4,718,880	
2000/01	72,460	1.00	1.3356	1.3356		120	82.64	3,333,011	4,781,880	
2000/07		1.00	1.1129	1.1129		120	82.64	3,370,104	4,835,040	
2001/01		1.00	1.2976	1.2976		120	83.50	3,413,834	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.12	3,446,658	4,944,840	
2002/01		1.00	1.0301	1.0301		120	77.12	3,482,162	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.12	3,511,193	5,037,360	
2003/01		1.00	1.3271	1.3271		120	77.12	3,557,790	5,104,200	
2003/07		0.95	1.1664	1.1664		120	77.12	3,597,214	5,163,720	
2004/01		0.95	1.1103	1.1103		120	77.12	3,635,157	5,221,080	
2004/07		0.90	0.8378	0.8378		120	78.75	3,662,566	5,264,880	
2005/01		0.90	0.8595	0.8595		120	78.75	3,690,900	5,310,120	
2005/07		0.85	0.7364	0.7364		120	80.45	3,714,001	5,349,240	
2006/01		0.85	0.9068	0.9068		120	80.45	3,742,629	5,397,720	
2006/07		0.80	0.8133	0.8133		120	81.48	3,766,979	5,441,640	
2007/01		0.80	1.0133	1.0133		120	81.48	3,797,514	5,496,720	
2007/07		0.75	1.1050	1.1050		120	81.68	3,828,988	5,557,440	
2008/01		0.75	0.8556	0.8556		120	81.68	3,853,559	5,604,960	
2008/07		0.70	0.6104	0.6104		120	80.20	3,853,559	5,639,160	5
2009/01		0.70	1.3268	1.3268		120	85.53	3,905,970	5,714,040	
2009/07		0.65	0.6841	0.6841		120	85.53	3,923,340	5,753,160	
2010/01		0.65	0.8643	0.8643		120	82.76	3,945,381	5,802,840	
2010/07		0.60	0.7107	0.7107		120	82.76	3,962,204	5,844,120	
2011/01		0.60	0.9198	0.9198		120	82.76	3,984,071	5,897,880	
2011/07		0.55	0.9028	0.9028		120	81.86	4,003,852	5,951,160	
2012/01		0.55	0.3865	0.3865		120	79.71	4,003,852	5,974,200	5
2012/07		0.50	0.9417	0.9417		120	79.71	4,031,258	6,030,480	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	79.71	4,041,139	6,060,000	
2013/07		0.45	0.6196	0.6196		120	79.71	4,052,406	6,097,560	
2014/01		0.45	0.8564	0.8564		120	79.71	4,068,024	6,149,760	
2014/07		0.40	1.2383	1.2383		120	79.71	4,088,173	6,225,960	
2015/01		0.40	0.7571	0.7571		120	79.55	4,100,552	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043875123120130801201205292014092838



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Largo Rehab & Spa

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9035 BRYAN DAIRY RD	8/1/2012-12/31/2013	Number of Beds: 158	Superior: 0
LARGO, FL 33777	Days in CR 518	Maximum: 81,844	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 57,670	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 78,053	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,799	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 51,692	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	66.22679%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.36802%	Cost: 1.04618269
Open Date: 06/02/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/02/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/02/1999	Low Occupancy Adjustment Factor:	121.78066%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252336			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,396,775	3,654,143	1,959,464	3,021,397		11,031,779
1a	Audit Adjustments						
2	Cost Per Diem	46.3665	70.6907	37.9065	58.4500		213.4137
3	Cost Per Diem Inflated	48.5078	73.1291	39.6571			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5078	73.1291	39.6571	58.4500		219.7440
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7301		56.4181			
7	Provider Target Rate	50.5146		58.4842			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	50.8844		61.8646			
10b	Base for line 10a	49.0868		59.6791			
11	Lesser of 5,7,8,10, 10a	48.5078	73.1291	39.6571	13.6500		174.9440
12/13	Medical Adjustment Rate		1.3350	0.7239			
14	Prospective Per Diem 11	48.5078	74.4641	40.3810	13.6500		177.0029
15	Inflated Usual & Customary Charge						0.00



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Largo Rehab & Spa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,478,480.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Fixed	80% Capital(1):	5,932,862	11.2608
Indexed Asset Value	7,416,077	<60% of Base:	False	20% ROE(2):	1,483,215	0.4895
FRVS Base Asset:	6,049,978	Interest Rate:	10.6343%	Insurance Cost(3):	71,125	0.9112
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	186,253	2.3862
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	65,205	0.8354
		Interest Only:	False	Replacement(3&4):	219,644	0.0000
		Yearly Payment:	584,469	Total FRVS PD:		15.8831

- (1) 80% Capital (\$5,932,862) amortized at 7.7500 % for 20 years Principal & Interest of \$584,469 divided by annual available days (57670) divided by Occup. Adj. (0.90) = \$11.2608
- (2) 20% ROE (\$1,483,215) times the ROE factor (0.017130) divided by annual available days (57670) divided by Occup. Adj. (0.90) = \$0.4895
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,291
Comparison Date:	07/01/1998	Current RS PBS:	52,276
Comparison Bed	158	Effective PBS Limitation	6,049,978

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5078	48.5078	0.8439	47.6639
Direct Care	74.4641	74.4641	1.2955	73.1686
Indirect Care	40.3810	40.3810	0.7025	39.6785
Property	13.6500	15.8831	0.2763	15.6068
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7180
Supplemental Rate Add-on				9.9025
Totals	177.0029	179.2360	3.1182	207.7383

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	6,686,261	0.00	1.4499	1.4499		158	81.23	6,049,978	6,049,978	1
1999/07	12,835	0.10	1.2299	1.2299		158	81.23	6,070,254	6,213,192	
2000/01	11,056	0.10	1.3356	1.3356		158	81.23	6,089,420	6,296,142	
2000/07		0.20	1.1129	1.1129		158	81.23	6,102,975	6,366,136	
2001/01		0.20	1.2976	1.2976		158	81.23	6,118,812	6,448,770	
2001/07		0.30	0.9615	0.9615		158	80.68	6,136,465	6,510,706	
2002/01		0.30	1.0301	1.0301		158	80.68	6,155,427	6,577,698	
2002/07		0.40	0.8337	0.8337		158	80.68	6,175,955	6,632,524	
2003/01		0.40	1.3271	1.3271		158	80.68	6,208,737	6,720,530	
2003/07		0.50	1.1664	1.1664		158	80.68	6,244,946	6,798,898	
2004/01		0.50	1.1103	1.1103		158	80.68	6,279,618	6,874,422	
2004/07		0.60	0.8378	0.8378		158	78.73	6,311,186	6,932,092	
2005/01		0.60	0.8595	0.8595		158	78.73	6,343,733	6,991,658	
2005/07		0.70	0.7364	0.7364		158	73.92	6,376,435	7,043,166	
2006/01		0.70	0.9068	0.9068		158	73.92	6,416,913	7,106,998	
2006/07		0.80	0.8133	0.8133		158	68.82	6,458,661	7,164,826	
2007/01		0.80	1.0133	1.0133		158	63.99	6,511,015	7,237,348	
2007/07		0.90	1.1050	1.1050		158	63.99	6,575,767	7,317,296	
2008/01		0.90	0.8556	0.8556		158	65.54	6,626,400	7,379,864	
2008/07		1.00	0.6104	0.6104		158	65.54	6,666,848	7,424,894	
2009/01		1.00	1.3268	1.3268		158	65.31	6,755,304	7,523,486	
2009/07		1.00	0.6841	0.6841		158	65.31	6,801,517	7,574,994	
2010/01		1.00	0.8643	0.8643		158	65.31	6,860,303	7,640,406	
2010/07		1.00	0.7107	0.7107		158	58.97	6,909,059	7,694,758	
2011/01		1.00	0.9198	0.9198		158	58.97	6,972,609	7,765,542	
2011/07		1.00	0.9028	0.9028		158	58.03	7,035,558	7,835,694	
2012/01		1.00	0.3865	0.3865		158	65.36	7,062,750	7,866,030	
2012/07		1.00	0.9417	0.9417		158	65.36	7,129,260	7,940,132	
2013/01		1.00	0.4901	0.4901		158	65.36	7,164,201	7,979,000	
2013/07		1.00	0.6196	0.6196		158	65.36	7,208,590	8,028,454	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		1.00	0.8564	0.8564		158	65.36	7,270,324	8,097,184	
2014/07		1.00	1.2383	1.2383		158	65.36	7,360,352	8,197,514	
2015/01		1.00	0.7571	0.7571		158	66.23	7,416,077	8,259,608	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043876123120130801201205292014095343



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 043877-00 - 2015/01

211.88

Magnolia Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1507 SOUTH TUTTLE AVENUE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
SARASOTA, FL 34239	Days in CR 518	Maximum: 62,160	Standard: 198
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 45
Region: South Area: 8	Last Used: 2015/01	Total Patient: 59,400	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,844	Inflation
Current Class South Large	Initial CR? False	Medicaid: 40,987	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	69.00168%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.55985%	Cost: 1.04618269
Open Date: 09/14/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/14/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/14/1994	Low Occupancy Adjustment Factor:	122.02562%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252182			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,013,860	2,904,915	1,586,898	1,624,725		8,130,398	
1a	Audit Adjustments							
2	Cost Per Diem	49.1341	70.8741	38.7171	39.6400		198.3653	
3	Cost Per Diem Inflated	51.4032	73.3188	40.5052				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.4032	73.3188	40.5052	39.6400		204.8672	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3234		57.4933				
7	Provider Target Rate	53.2029		59.5988				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	52.7118		63.7003				
10b	Base for line 10a	50.8496		61.4499				
11	Lesser of 5,7,8,10, 10a	51.4032	73.3188	40.5052	13.6500		178.8772	
12/13	Medical Adjustment Rate		1.2771	0.7055				
14	Prospective Per Diem 11	51.4032	74.5959	41.2107	13.6500		180.8598	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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211.88

Rate Semester 01/01/2015 through 08/31/2015

Magnolia Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/14/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,964,729.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,532,893 11.3281
RS to Start Calcs:	1994/07	<60% of Base:	False	20% ROE(2):	1,133,223 0.4924
Indexed Asset Value	5,666,116	Interest Rate:	10.6343%	Insurance Cost(3):	47,953 0.8073
FRVS Base Asset:	4,058,400	Chase Rate:	4.7500%	Taxes Cost(3):	170,914 2.8773
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	48,649 0.8190
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	432,915 0.0000
		Yearly Payment:	446,553	Total FRVS PD:	16.3241

- (1) 80% Capital (\$4,532,893) amortized at 7.7500 % for 20 years Principal & Interest of \$446,553 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.3281
- (2) 20% ROE (\$1,133,223) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4924
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.4032	51.4032	0.8943	50.5089
Direct Care	74.5959	74.5959	1.2978	73.2981
Indirect Care	41.2107	41.2107	0.7170	40.4937
Property	13.6500	16.3241	0.2840	16.0401
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6388
Supplemental Rate Add-on				9.9025
Totals	180.8598	183.5339	3.1931	211.8821

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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211.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	7,615,390	0.00	1.5991	1.5991		120	5.05	4,058,400	4,058,400	1
1995/01		0.10	1.5812	1.5812		120	5.05	4,058,400	4,188,480	
1995/07		0.10	1.5250	1.5250		120	5.05	4,058,400	4,252,320	
1996/01		0.20	1.7228	1.7228		120	5.05	4,058,400	4,325,640	
1996/07		0.20	1.3294	1.3294		120	5.05	4,058,400	4,383,120	
1997/01	114,616	0.30	1.4109	1.4109		120	33.96	4,173,016	4,444,920	5
1997/07		0.30	1.0917	1.0917		120	33.96	4,192,083	4,493,400	
1998/01		0.40	1.1663	1.1663		120	52.79	4,210,853	4,545,840	
1998/07		0.40	1.0794	1.0794		120	52.79	4,228,305	4,594,920	
1999/01		0.50	1.4499	1.4499		120	48.53	4,255,354	4,661,520	
1999/07		0.50	1.2299	1.2299		120	48.53	4,278,446	4,718,880	
2000/01	59,731	0.60	1.3356	1.3356		120	50.00	4,369,347	4,781,880	
2000/07		0.60	1.1129	1.1129		120	50.00	4,395,869	4,835,040	
2001/01	34,748	0.70	1.2976	1.2976		120	48.25	4,465,644	4,897,800	
2001/07		0.70	0.9615	0.9615		120	61.25	4,495,702	4,944,840	
2002/01		0.80	1.0301	1.0301		120	61.25	4,532,751	4,995,720	
2002/07		0.80	0.8337	0.8337		120	61.25	4,562,984	5,037,360	
2003/01		0.90	1.3271	1.3271		120	61.25	4,617,484	5,104,200	
2003/07		0.90	1.1664	1.1664		120	61.25	4,665,958	5,163,720	
2004/01		1.00	1.1103	1.1103		120	61.25	4,717,764	5,221,080	
2004/07		1.00	0.8378	0.8378		120	66.67	4,757,289	5,264,880	
2005/01		1.00	0.8595	0.8595		120	66.67	4,798,178	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.02	4,833,512	5,349,240	
2006/01		1.00	0.9068	0.9068		120	58.78	4,877,342	5,397,720	
2006/07		1.00	0.8133	0.8133		120	58.78	4,917,009	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.78	4,966,833	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.31	5,021,717	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.31	5,064,683	5,604,960	
2008/07		1.00	0.6104	0.6104		120	68.27	5,095,598	5,639,160	
2009/01		1.00	1.3268	1.3268		120	68.27	5,163,206	5,714,040	



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211.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		120	67.00	5,198,527	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.00	5,243,458	5,802,840	
2010/07		1.00	0.7107	0.7107		120	66.10	5,280,723	5,844,120	
2011/01		1.00	0.9198	0.9198		120	68.44	5,329,295	5,897,880	
2011/07		1.00	0.9028	0.9028		120	68.44	5,377,408	5,951,160	
2012/01		1.00	0.3865	0.3865		120	64.76	5,398,192	5,974,200	
2012/07		1.00	0.9417	0.9417		120	64.76	5,449,027	6,030,480	
2013/01		1.00	0.4901	0.4901		120	64.76	5,475,733	6,060,000	
2013/07		1.00	0.6196	0.6196		120	64.76	5,509,661	6,097,560	
2014/01		1.00	0.8564	0.8564		120	64.76	5,556,846	6,149,760	
2014/07		1.00	1.2383	1.2383		120	64.76	5,625,656	6,225,960	
2015/01		0.95	0.7571	0.7571		120	69.00	5,666,116	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
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0 043878-00 - 2015/01

194.23

Marshall Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
207 MARSHALL DRIVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PERRY, FL 32347	Days in CR 518	Maximum: 62,160	Standard: 243
County: Taylor [62]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 53,419	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,117	Inflation
Current Class North Large	Initial CR? False	Medicaid: 43,652	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	81.71624%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.93790%	Cost: 1.04618269
Open Date: 09/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 03/01/1984	Low Occupancy Adjustment Factor:	109.73882%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252425			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,198,189	2,736,890	1,493,714	1,326,584		7,755,377	
1a	Audit Adjustments							
2	Cost Per Diem	50.3571	62.6979	34.2187	30.3900		177.6637	
3	Cost Per Diem Inflated	52.6827	64.8606	35.7990				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.6827	64.8606	35.7990	30.3900		183.7323	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.3818		52.0268				
7	Provider Target Rate	53.2634		53.9321				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		57.5444				
10b	Base for line 10a	47.7008		55.5115				
11	Lesser of 5,7,8,10, 10a	49.4476	64.8606	35.7990	13.6500		163.7572	
12/13	Medical Adjustment Rate		2.3143	1.2773				
14	Prospective Per Diem 11	49.4476	67.1749	37.0763	13.6500		167.3488	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Marshall Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,901,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed	80% Capital(1):	2,855,458	7.1360
Indexed Asset Value	3,569,323	<60% of Base:	False	20% ROE(2):	713,865	0.3102
FRVS Base Asset:	2,027,076	Interest Rate:	10.6343%	Insurance Cost(3):	40,306	0.7545
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	44,593	0.8348
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	39,973	0.7483
		Interest Only:	False	Replacement(3&4):	810,760	0.0000
		Yearly Payment:	281,302	Total FRVS PD:		9.7838

- (1) 80% Capital (\$2,855,458) amortized at 7.7500 % for 20 years Principal & Interest of \$281,302 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.1360
- (2) 20% ROE (\$713,865) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3102
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.4476	49.4476	0.8603	48.5873
Direct Care	67.1749	67.1749	1.1687	66.0062
Indirect Care	37.0763	37.0763	0.6450	36.4313
Property	13.6500	9.7838	0.1702	9.6136
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.6939
Supplemental Rate Add-on				9.9025
Totals	167.3488	163.4826	2.8442	194.2348

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	1,439,619	0.00	4.1982	3.0000	1.1982	92	100.00	1,439,619	1,892,624	
1980/01		0.10	7.3640	3.0000	4.3640	92	92.69	1,443,938	2,009,372	
1980/07		0.10	8.1746	3.0000	5.1746	92	92.69	1,448,270	2,085,916	
1981/01		0.20	8.9986	3.0000	5.9986	92	88.94	1,456,960	2,165,680	
1981/07		0.20	8.5874	3.0000	5.5874	92	88.94	1,465,702	2,221,708	
1982/01		0.30	8.2634	3.0000	5.2634	92	85.32	1,478,893	2,281,232	
1982/07		0.30	7.5611	3.0000	4.5611	92	85.32	1,492,203	2,333,580	
1983/04		0.40	7.1899	3.0000	4.1899	92	86.83	1,510,109	2,394,944	
1983/07		0.40	8.1477	3.0000	5.1477	92	86.83	1,528,230	2,489,704	
1984/01		0.50	6.4429	3.0000	3.4429	92	88.70	1,551,153	2,521,996	
1984/07	357,737	0.50	5.3608	3.0000	2.3608	92	88.70	1,932,157	2,570,388	
1985/01	43,731	0.60	3.5079	3.0000	0.5079	92	88.70	2,010,667	2,599,828	
1985/10		0.60	1.3601	1.3601		92	88.70	2,027,076	2,622,000	
1986/01		0.70	0.8299	0.8299		92	84.57	2,038,851	2,643,804	
1986/07		0.70	0.2974	0.2974		92	84.57	2,043,096	2,638,744	
1987/01	29,706	0.80	1.0091	1.0091		92	85.38	2,089,296	2,685,940	
1987/07		0.80	0.9007	0.9007		92	85.38	2,104,351	2,706,916	
1988/01		0.90	0.9007	0.9007		92	86.62	2,121,409	2,728,904	
1988/07		0.90	0.5899	0.5899		92	86.62	2,132,672	2,727,432	
1989/01		1.00	0.5899	0.5899		92	89.05	2,145,253	2,743,532	
1989/07		1.00	0.5899	0.5899		92	89.05	2,157,908	2,762,116	
1990/01		1.00	0.5899	0.5899		92	85.57	2,170,637	2,776,008	
1990/07		1.00	0.5899	0.5899		92	85.57	2,183,442	2,792,384	
1991/01		1.00	0.5899	0.5899		92	81.59	2,196,322	2,808,760	
1991/07		1.00	1.4932	1.4932		92	81.59	2,229,117	2,850,712	
1992/01	19,210	1.00	2.0117	2.0117		92	88.52	2,293,170	2,908,028	
1992/07		1.00	1.8152	1.8152		92	88.52	2,334,796	2,960,836	
1993/01		1.00	1.7710	1.7710		92	80.74	2,376,145	3,013,276	
1993/07		1.00	1.5329	1.5329		120	80.74	2,412,569	3,990,600	
1994/01		1.00	1.6983	1.6983		120	79.46	2,453,542	4,058,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	79.46	2,492,777	4,123,320	
1995/01	33,865	1.00	1.5812	1.5812		120	78.92	2,566,058	4,188,480	
1995/07		1.00	1.5250	1.5250		120	78.92	2,605,190	4,252,320	
1996/01		1.00	1.7228	1.7228		120	82.20	2,650,072	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.20	2,685,302	4,383,120	
1997/01	47,072	1.00	1.4109	1.4109		120	78.07	2,770,261	4,444,920	
1997/07		1.00	1.0917	1.0917		120	78.07	2,800,504	4,493,400	
1998/01		1.00	1.1663	1.1663		120	76.83	2,833,166	4,545,840	
1998/07		1.00	1.0794	1.0794		120	76.83	2,863,747	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.22	2,905,268	4,661,520	
1999/07		1.00	1.2299	1.2299		120	75.22	2,941,000	4,718,880	
2000/01	54,075	0.95	1.3356	1.3356		120	76.95	3,032,390	4,781,880	
2000/07		0.95	1.1129	1.1129		120	76.95	3,064,451	4,835,040	
2001/01		0.90	1.2976	1.2976		120	77.66	3,100,238	4,897,800	
2001/07		0.90	0.9615	0.9615		120	80.62	3,127,067	4,944,840	
2002/01		0.85	1.0301	1.0301		120	80.62	3,154,448	4,995,720	
2002/07		0.85	0.8337	0.8337		120	80.62	3,154,448	5,037,360	5
2003/01		0.80	1.3271	1.3271		120	80.62	3,210,528	5,104,200	
2003/07		0.80	1.1664	1.1664		120	80.62	3,240,485	5,163,720	
2004/01		0.75	1.1103	1.1103		120	80.62	3,267,469	5,221,080	
2004/07		0.75	0.8378	0.8378		120	79.86	3,288,002	5,264,880	
2005/01		0.70	0.8595	0.8595		120	81.58	3,307,786	5,310,120	
2005/07		0.70	0.7364	0.7364		120	81.58	3,324,838	5,349,240	
2006/01		0.65	0.9068	0.9068		120	81.58	3,344,435	5,397,720	
2006/07		0.65	0.8133	0.8133		120	83.53	3,362,114	5,441,640	
2007/01		0.60	1.0133	1.0133		120	86.15	3,382,556	5,496,720	
2007/07		0.60	1.1050	1.1050		120	86.15	3,382,556	5,557,440	5
2008/01		0.55	0.8556	0.8556		120	77.67	3,421,006	5,604,960	
2008/07		0.55	0.6104	0.6104		120	77.67	3,432,490	5,639,160	
2009/01		0.50	1.3268	1.3268		120	77.67	3,455,261	5,714,040	



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0 043878-00 - 2015/01

194.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		120	80.07	3,467,081	5,753,160	
2010/01		0.45	0.8643	0.8643		120	80.07	3,480,564	5,802,840	
2010/07		0.45	0.7107	0.7107		120	72.65	3,491,695	5,844,120	
2011/01		0.40	0.9198	0.9198		120	72.65	3,504,541	5,897,880	
2011/07		0.40	0.9028	0.9028		120	77.04	3,517,196	5,951,160	
2012/01		0.35	0.3865	0.3865		120	75.30	3,521,955	5,974,200	
2012/07		0.35	0.9417	0.9417		120	75.30	3,533,563	6,030,480	
2013/01		0.30	0.4901	0.4901		120	75.30	3,538,757	6,060,000	
2013/07		0.30	0.6196	0.6196		120	75.30	3,545,336	6,097,560	
2014/01		0.25	0.8564	0.8564		120	75.30	3,552,927	6,149,760	
2014/07		0.25	1.2383	1.2383		120	75.30	3,563,927	6,225,960	
2015/01		0.20	0.7571	0.7571		120	81.72	3,569,323	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 043880-00 - 2015/01

200.81

North Florida Rehabilitation and Specialty Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6700 NW 10TH PLACE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
GAINESVILLE, FL 32605	Days in CR 518	Maximum: 62,160	Standard: 243
County: Alachua [1]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 59,588	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 19,951	Inflation
Current Class North Large	Initial CR? False	Medicaid: 28,548	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	47.90897%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.86229%	Cost: 1.04618269
Open Date: 03/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 03/01/1984	Low Occupancy Adjustment Factor:	122.41182%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252361			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,202,262	1,993,294	1,221,314	1,725,156		6,142,026	
1a	Audit Adjustments							
2	Cost Per Diem	42.1137	69.8225	42.7811	60.4300		215.1473	
3	Cost Per Diem Inflated	44.0586	72.2309	44.7568				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.0586	72.2309	44.7568	60.4300		221.4763	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.9705		56.5809				
7	Provider Target Rate	48.6906		58.6529				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		61.0463				
10b	Base for line 10a	47.7008		58.8897				
11	Lesser of 5,7,8,10, 10a	44.0586	72.2309	44.7568	13.6500		174.6963	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.0586	72.2309	44.7568	13.6500		174.6963	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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200.81

Rate Semester 01/01/2015 through 08/31/2015

North Florida Rehabilitation and Specialty Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,231,418.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	4,321,014	10.7986
Indexed Asset Value	5,401,268	<60% of Base:	False	20% ROE(2):	1,080,254	0.4694
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343%	Insurance Cost(3):	57,600	0.9666
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	123,914	2.0795
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	51,050	0.8567
		Interest Only:	False	Replacement(3&4):	253,172	0.0000
		Yearly Payment:	425,680	Total FRVS PD:		15.1708

- (1) 80% Capital (\$4,321,014) amortized at 7.7500 % for 20 years Principal & Interest of \$425,680 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.7986
- (2) 20% ROE (\$1,080,254) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4694
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.0586	44.0586	0.7665	43.2921
Direct Care	72.2309	72.2309	1.2566	70.9743
Indirect Care	44.7568	44.7568	0.7787	43.9781
Property	13.6500	15.1708	0.2639	14.9069
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7604
Supplemental Rate Add-on				9.9025
Totals	174.6963	176.2171	3.0657	200.8143

Medicaid Trend Adjustment



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200.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	4,503,907	0.00	1.2952	1.2952		120	65.73	4,503,907	3,289,560	
1984/07		0.10	1.9179	1.9179		120	65.73	4,512,545	3,352,680	
1985/01	9,086	0.10	1.1471	1.1471		120	65.73	4,526,807	3,391,080	
1985/10		0.20	0.8522	0.8522		120	65.73	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	65.73	3,425,677	3,448,440	
1986/07		0.30	0.2974	0.2974		120	65.73	3,428,733	3,441,840	
1987/01		0.30	1.0091	1.0091		120	73.34	3,439,112	3,503,400	
1987/07		0.40	0.9007	0.9007		120	73.34	3,451,503	3,530,760	
1988/01		0.40	0.9007	0.9007		120	74.20	3,463,939	3,559,440	
1988/07		0.50	0.5899	0.5899		120	74.20	3,474,158	3,557,520	
1989/01		0.50	0.5899	0.5899		120	72.56	3,484,407	3,578,520	
1989/07		0.60	0.5899	0.5899		120	72.56	3,496,738	3,602,760	
1990/01		0.60	0.5899	0.5899		120	69.38	3,509,113	3,620,880	
1990/07		0.70	0.5899	0.5899		120	69.38	3,523,602	3,642,240	
1991/01		0.70	0.5899	0.5899		120	62.48	3,538,151	3,663,600	
1991/07		0.80	1.4932	1.4932		120	62.48	3,580,418	3,718,320	
1992/01		0.80	2.0117	2.0117		120	66.96	3,638,041	3,793,080	
1992/07		0.90	1.8152	1.8152		120	66.96	3,697,476	3,861,960	
1993/01		0.90	1.7710	1.7710		120	64.63	3,756,410	3,930,360	
1993/07		1.00	1.5329	1.5329		120	64.63	3,813,992	3,990,600	
1994/01		1.00	1.6983	1.6983		120	53.80	3,877,352	4,058,400	
1994/07		1.00	1.5991	1.5991		120	53.80	3,938,002	4,123,320	
1995/01	18,735	1.00	1.5812	1.5812		120	41.22	4,003,404	4,188,480	
1995/07		1.00	1.5250	1.5250		120	41.22	4,049,160	4,252,320	
1996/01		1.00	1.7228	1.7228		120	34.06	4,092,360	4,325,640	
1996/07		1.00	1.3294	1.3294		120	34.06	4,126,051	4,383,120	
1997/01		1.00	1.4109	1.4109		120	31.80	4,126,051	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	31.80	4,185,966	4,493,400	
1998/01	19,730	1.00	1.1663	1.1663		120	32.56	4,234,598	4,545,840	
1998/07		1.00	1.0794	1.0794		120	32.56	4,261,657	4,594,920	



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200.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	37.50	4,303,786	4,661,520	
1999/07		1.00	1.2299	1.2299		120	37.50	4,339,876	4,718,880	
2000/01	51,958	1.00	1.3356	1.3356		120	41.86	4,435,949	4,781,880	
2000/07		1.00	1.1129	1.1129		120	41.86	4,473,522	4,835,040	
2001/01		1.00	1.2976	1.2976		120	55.90	4,531,570	4,897,800	
2001/07		1.00	0.9615	0.9615		120	54.81	4,574,991	4,944,840	
2002/01		1.00	1.0301	1.0301		120	54.81	4,621,955	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.81	4,660,355	5,037,360	
2003/01		1.00	1.3271	1.3271		120	54.81	4,721,989	5,104,200	
2003/07		1.00	1.1664	1.1664		120	54.81	4,776,876	5,163,720	
2004/01		1.00	1.1103	1.1103		120	54.81	4,829,730	5,221,080	
2004/07		0.95	0.8378	0.8378		120	54.68	4,867,946	5,264,880	
2005/01		0.95	0.8595	0.8595		120	51.02	4,904,817	5,310,120	
2005/07		0.90	0.7364	0.7364		120	51.02	4,934,974	5,349,240	
2006/01		0.90	0.9068	0.9068		120	51.02	4,972,334	5,397,720	
2006/07		0.85	0.8133	0.8133		120	51.85	5,004,739	5,441,640	
2007/01		0.85	1.0133	1.0133		120	46.53	5,041,207	5,496,720	
2007/07		0.80	1.1050	1.1050		120	46.53	5,078,908	5,557,440	
2008/01		0.80	0.8556	0.8556		120	46.53	5,108,319	5,604,960	
2008/07		0.75	0.6104	0.6104		120	49.54	5,129,383	5,639,160	
2009/01		0.75	1.3268	1.3268		120	47.65	5,173,604	5,714,040	
2009/07		0.70	0.6841	0.6841		120	47.65	5,195,069	5,753,160	
2010/01		0.70	0.8643	0.8643		120	47.65	5,222,299	5,802,840	
2010/07		0.65	0.7107	0.7107		120	44.93	5,242,009	5,844,120	
2011/01		0.65	0.9198	0.9198		120	44.93	5,267,613	5,897,880	
2011/07		0.60	0.9028	0.9028		120	45.89	5,291,421	5,951,160	
2012/01		0.60	0.3865	0.3865		120	41.85	5,300,758	5,974,200	
2012/07		0.55	0.9417	0.9417		120	41.85	5,321,647	6,030,480	
2013/01		0.55	0.4901	0.4901		120	41.85	5,332,564	6,060,000	
2013/07		0.50	0.6196	0.6196		120	41.85	5,345,134	6,097,560	



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200.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	41.85	5,362,550	6,149,760	
2014/07		0.45	1.2383	1.2383		120	41.85	5,385,286	6,225,960	
2015/01		0.45	0.7571	0.7571		120	47.91	5,401,268	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 043880123120130801201205292014094019



Florida Agency for Health Care Administration
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0 044886-00 - 2015/01

195.17

Crestview Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1849 FIRST AVENUE EAST	8/1/2012-12/31/2013	Number of Beds: 180	Superior: 0
CRESTVIEW , FL 32539	Days in CR 518	Maximum: 93,240	Standard: 243
County: Okaloosa [46]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 62,651	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,414	Inflation
Current Class North Large	Initial CR? False	Medicaid: 46,041	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	73.48805%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	67.19326%	Cost: 1.04618269
Open Date: 10/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 05/01/1979	Low Occupancy Adjustment Factor:	85.80276%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 251101			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,839,549	3,350,845	1,541,935	1,077,359		7,809,688	
1a	Audit Adjustments							
2	Cost Per Diem	39.9546	72.7796	33.4905	23.4000		169.6247	
3	Cost Per Diem Inflated	41.7998	75.2900	35.0372				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.7998	75.2900	35.0372	23.4000		175.5270	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.9282		57.6311				
7	Provider Target Rate	56.9397		59.7416				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4994		55.5541				
10b	Base for line 10a	47.7507		53.5915				
11	Lesser of 5,7,8,10, 10a	41.7998	75.2900	35.0372	13.6500		165.7770	
12/13	Medical Adjustment Rate		1.9895	0.9258				
14	Prospective Per Diem 11	41.7998	77.2795	35.9630	13.6500		168.6923	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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195.17

Rate Semester 01/01/2015 through 08/31/2015

Crestview Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/30/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,761,778.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,083,682 7.9976
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,020,921 0.2958
Indexed Asset Value	5,104,603	Interest Rate:	11.5000%	Insurance Cost(3):	111,398 1.7781
FRVS Base Asset:	2,097,280	Chase Rate:	8.0000%	Taxes Cost(3):	48,034 0.7667
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	15,054 0.2403
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	71,290 0.0000
		Yearly Payment:	472,901	Total FRVS PD:	11.0785

- (1) 80% Capital (\$4,083,682) amortized at 10.0000 % for 20 years Principal & Interest of \$472,901 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$7.9976
- (2) 20% ROE (\$1,020,921) times the ROE factor (0.017130) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.2958
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.7998	41.7998	0.7272	41.0726
Direct Care	77.2795	77.2795	1.3445	75.9350
Indirect Care	35.9630	35.9630	0.6257	35.3373
Property	13.6500	11.0785	0.1927	10.8858
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0408
Supplemental Rate Add-on				9.9025
Totals	168.6923	166.1208	2.8901	195.1740

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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0 044886-00 - 2015/01

195.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	468,527	0.00				120	100.00	468,527	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	469,933	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	471,343	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	474,171	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	477,016	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	481,309	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	485,641	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	491,469	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	497,367	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	504,828	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	512,400	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	521,623	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	531,012	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	542,163	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	553,548	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	566,833	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	580,437	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120	55.00	596,109	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	55.00	612,204	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	84.07	630,570	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	84.07	649,487	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	84.29	668,972	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	84.29	689,041	3,043,800	
1983/04	79,181	1.00	29.1375	3.0000	26.1375	120	83.46	788,893	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	83.46	812,560	3,247,440	
1984/01	1,082,371	1.00	28.3905	3.0000	25.3905	120	79.62	1,919,308	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	79.62	1,976,887	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	83.46	2,036,194	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	79.62	2,097,280	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	79.62	2,160,198	3,448,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	79.11	2,225,004	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	82.41	2,291,754	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	82.41	2,360,507	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	82.41	2,431,322	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	82.41	2,504,262	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	82.41	2,579,390	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	81.07	2,656,772	3,602,760	
1990/01		1.00	2.6051	2.6051		120	80.52	2,725,984	3,620,880	
1990/07		1.00	0.5899	0.5899		120	80.52	2,742,065	3,642,240	
1991/01	1,088,011	1.00	0.5899	0.5899		180	81.16	3,846,251	5,495,400	
1991/07		1.00	1.4932	1.4932		180	81.16	3,903,683	5,577,480	
1992/01		0.95	2.0117	2.0117		180	81.16	3,903,683	5,689,620	5
1992/07		0.95	1.8152	1.8152		180	88.18	3,978,286	5,792,940	5
1993/01		0.90	1.7710	1.7710		180	89.01	4,046,888	5,895,540	5
1993/07		0.90	1.5329	1.5329		180	89.01	4,168,112	5,985,900	
1994/01		0.85	1.6983	1.6983		180	89.01	4,228,283	6,087,600	
1994/07		0.85	1.5991	1.5991		180	81.39	4,285,754	6,184,980	
1995/01		0.80	1.5812	1.5812		180	81.39	4,339,969	6,282,720	
1995/07		0.80	1.5250	1.5250		180	81.39	4,392,917	6,378,480	
1996/01		0.75	1.7228	1.7228		180	81.39	4,449,678	6,488,460	
1996/07		0.75	1.3294	1.3294		180	81.69	4,494,046	6,574,680	
1997/01		0.70	1.4109	1.4109		180	81.69	4,538,429	6,667,380	
1997/07		0.70	1.0917	1.0917		180	86.46	4,573,112	6,740,100	
1998/01		0.65	1.1663	1.1663		180	86.46	4,607,781	6,818,760	
1998/07		0.65	1.0794	1.0794		180	85.50	4,640,109	6,892,380	
1999/01		0.60	1.4499	1.4499		180	85.50	4,680,473	6,992,280	
1999/07		0.60	1.2299	1.2299		180	79.10	4,715,010	7,078,320	
2000/01		0.55	1.3356	1.3356		180	79.10	4,749,646	7,172,820	
2000/07		0.55	1.1129	1.1129		180	81.95	4,778,719	7,252,560	
2001/01		0.50	1.2976	1.2976		180	79.87	4,809,723	7,346,700	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		180	79.87	4,832,848	7,417,260	
2002/01		0.45	1.0301	1.0301		180	79.87	4,855,248	7,493,580	
2002/07		0.45	0.8337	0.8337		180	79.87	4,873,465	7,556,040	
2003/01		0.40	1.3271	1.3271		180	78.26	4,899,333	7,656,300	
2003/07		0.40	1.1664	1.1664		180	78.26	4,922,193	7,745,580	
2004/01		0.35	1.1103	1.1103		180	79.57	4,941,321	7,831,620	
2004/07		0.35	0.8378	0.8378		180	79.57	4,955,809	7,897,320	
2005/01		0.30	0.8595	0.8595		180	81.05	4,968,590	7,965,180	
2005/07		0.30	0.7364	0.7364		180	81.05	4,979,566	8,023,860	
2006/01		0.25	0.9068	0.9068		180	81.05	4,990,855	8,096,580	
2006/07	56,720	0.25	0.8133	0.8133		180	73.60	5,057,721	8,162,460	
2007/01		0.20	1.0133	1.0133		180	70.38	5,067,973	8,245,080	
2007/07		0.20	1.1050	1.1050		180	70.38	5,079,173	8,336,160	
2008/01		0.15	0.8556	0.8556		180	70.38	5,085,690	8,407,440	
2008/07		0.15	0.6104	0.6104		180	65.30	5,090,348	8,458,740	
2009/01		0.10	1.3268	1.3268		180	69.08	5,097,103	8,571,060	
2009/07		0.10	0.6841	0.6841		180	69.08	5,100,589	8,629,740	
2010/01		0.05	0.8643	0.8643		180	65.66	5,102,792	8,704,260	
2010/07		0.05	0.7107	0.7107		180	65.66	5,104,603	8,766,180	
2011/01		0.00	0.9198	0.9198		180	65.66	5,104,603	8,846,820	
2011/07		0.00	0.9028	0.9028		180	65.28	5,104,603	8,926,740	
2012/01		0.00	0.3865	0.3865		180	69.27	5,104,603	8,961,300	
2012/07		0.00	0.9417	0.9417		180	69.27	5,104,603	9,045,720	
2013/01		0.00	0.4901	0.4901		180	69.27	5,104,603	9,090,000	
2013/07		0.00	0.6196	0.6196		180	69.27	5,104,603	9,146,340	
2014/01		0.00	0.8564	0.8564		180	69.27	5,104,603	9,224,640	
2014/07		0.00	1.2383	1.2383		180	69.27	5,104,603	9,338,940	
2015/01		0.00	0.7571	0.7571		180	73.49	5,104,603	9,409,680	

Message Code:

5 Uncorrected Licensure Deficiency



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Fort Walton Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1 LBJ SR DRIVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
FORT WALTON BEACH, FL	Days in CR 518	Maximum: 62,160	Standard: 243
32548	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Okaloosa [46]	Last Used: 2015/01	Total Patient: 48,639	Total: 243
Region: North Area: 1	Unaudited	Medicare: 12,289	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 26,751	FY Index: 1.31107019
Current Class North Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	54.99907%	Cost: 1.04618269
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.24807%	Target: 1.02563464
Open Date: 08/01/1960	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21266554
Acquired Date: 08/01/1960	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 03/01/1982	Weighted Low Occ Adjustment Factor:	99.91926%	DC Inflation: 1.03449382
Med # Active Date: 02/01/2012		100.00000%	PS Target: 1.03662091
Previous Med # 229237			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,151,245	2,113,926	1,153,380	371,571		4,790,122	
1a	Audit Adjustments							
2	Cost Per Diem	43.0356	79.0223	43.1154	13.8900		179.0633	
3	Cost Per Diem Inflated	45.0231	81.7481	45.1066				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.0231	81.7481	45.1066	13.8900		185.7678	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.6995		58.5522				
7	Provider Target Rate	58.7759		60.6964				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	50.1266		57.9063				
10b	Base for line 10a	48.3558		55.8606				
11	Lesser of 5,7,8,10, 10a	45.0231	81.7481	45.1066	13.6500		185.5278	
12/13	Medical Adjustment Rate		0.4597	0.2537				
14	Prospective Per Diem 11	45.0231	82.2078	45.3603	13.6500		186.2412	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Fort Walton Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/08/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,880,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	4,011,405	12.1915
Indexed Asset Value	5,014,256	<60% of Base:	False	20% ROE(2):	1,002,851	0.4358
FRVS Base Asset:	2,711,737	Interest Rate:	11.5000%	Insurance Cost(3):	66,530	1.3678
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	36,550	0.7515
ROE Factor	0.017130	Amortization Rate:	10.5000%	Home Office(3):	11,691	0.2404
		Interest Only:	False	Replacement(3&4):	141,462	0.0000
		Yearly Payment:	480,589	Total FRVS PD:		14.9870

- (1) 80% Capital (\$4,011,405) amortized at 10.5000 % for 20 years Principal & Interest of \$480,589 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.1915
- (2) 20% ROE (\$1,002,851) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4358
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.0231	45.0231	0.7833	44.2398
Direct Care	82.2078	82.2078	1.4302	80.7776
Indirect Care	45.3603	45.3603	0.7892	44.5711
Property	13.6500	14.9870	0.2607	14.7263
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2911
Supplemental Rate Add-on				9.9025
Totals	186.2412	187.5782	3.2634	213.5084

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,727,942	0.00				120	100.00	1,727,942	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	1,733,126	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	1,738,325	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	1,748,755	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	1,759,248	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	1,775,081	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	1,791,057	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	1,812,550	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	1,834,301	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	1,861,816	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	1,889,743	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	1,923,758	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	1,958,386	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	1,999,512	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	2,041,502	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	2,090,498	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	2,140,670	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120		2,140,670	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120		2,140,670	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120		2,140,670	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120		2,140,670	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	80.75	2,204,890	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	80.75	2,271,037	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	80.75	2,339,168	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	80.75	2,409,343	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	79.74	2,481,623	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	79.74	2,556,072	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	80.75	2,632,754	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	75.37	2,711,737	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	78.26	2,793,089	3,448,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	75.37	2,876,882	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	78.26	2,963,188	3,503,400	
1987/07	188,419	1.00	14.3448	3.0000	11.3448	120	78.26	3,240,503	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	80.04	3,337,718	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	80.04	3,437,850	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	80.04	3,540,986	3,578,520	
1989/07	21,089	1.00	5.0152	3.0000	2.0152	120	80.45	3,668,305	3,602,760	
1990/01		1.00	2.6051	2.6051		120	79.21	3,763,868	3,620,880	
1990/07	24,513	1.00	0.5899	0.5899		120	79.21	3,810,584	3,642,240	
1991/01		1.00	0.5899	0.5899		120	79.21	3,833,063	3,663,600	
1991/07		1.00	1.4932	1.4932		120	76.24	3,890,298	3,718,320	
1992/01		0.95	2.0117	2.0117		120	79.88	3,964,645	3,793,080	
1992/07		0.95	1.8152	1.8152		120	79.88	4,033,011	3,861,960	
1993/01		0.90	1.7710	1.7710		120	76.58	4,097,293	3,930,360	
1993/07		0.90	1.5329	1.5329		120	76.58	4,153,819	3,990,600	
1994/01		0.85	1.6983	1.6983		120	76.58	4,213,784	4,058,400	
1994/07	17,949	0.85	1.5991	1.5991		120	71.41	4,289,007	4,123,320	
1995/01		0.80	1.5812	1.5812		120	71.41	4,343,263	4,188,480	
1995/07		0.80	1.5250	1.5250		120	71.41	4,396,251	4,252,320	
1996/01		0.75	1.7228	1.7228		120	71.41	4,453,055	4,325,640	
1996/07		0.75	1.3294	1.3294		120	71.41	4,453,055	4,383,120	3
1997/01		0.70	1.4109	1.4109		120	71.41	4,453,055	4,444,920	3
1997/07		0.70	1.0917	1.0917		120	67.55	4,487,085	4,493,400	
1998/01		0.65	1.1663	1.1663		120	67.55	4,521,102	4,545,840	
1998/07		0.65	1.0794	1.0794		120	74.99	4,552,822	4,594,920	
1999/01		0.60	1.4499	1.4499		120	74.99	4,592,427	4,661,520	
1999/07		0.60	1.2299	1.2299		120	79.47	4,626,315	4,718,880	
2000/01		0.55	1.3356	1.3356		120	79.47	4,660,300	4,781,880	
2000/07		0.55	1.1129	1.1129		120	80.12	4,688,826	4,835,040	
2001/01		0.50	1.2976	1.2976		120	67.26	4,719,247	4,897,800	



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213.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	67.26	4,741,937	4,944,840	
2002/01		0.45	1.0301	1.0301		120	67.26	4,763,916	4,995,720	
2002/07		0.45	0.8337	0.8337		120	67.26	4,781,790	5,037,360	
2003/01		0.40	1.3271	1.3271		120	71.13	4,807,172	5,104,200	
2003/07		0.40	1.1664	1.1664		120	71.13	4,829,602	5,163,720	
2004/01		0.35	1.1103	1.1103		120	69.99	4,848,370	5,221,080	
2004/07		0.35	0.8378	0.8378		120	69.99	4,862,585	5,264,880	
2005/01		0.30	0.8595	0.8595		120	57.51	4,875,126	5,310,120	
2005/07		0.30	0.7364	0.7364		120	57.51	4,885,895	5,349,240	
2006/01		0.25	0.9068	0.9068		120	57.51	4,896,971	5,397,720	
2006/07	30,260	0.25	0.8133	0.8133		120	58.01	4,937,187	5,441,640	
2007/01		0.20	1.0133	1.0133		120	59.46	4,947,195	5,496,720	
2007/07		0.20	1.1050	1.1050		120	59.46	4,958,128	5,557,440	
2008/01		0.15	0.8556	0.8556		120	61.21	4,964,489	5,604,960	
2008/07		0.15	0.6104	0.6104		120	61.21	4,969,036	5,639,160	
2009/01		0.10	1.3268	1.3268		120	61.21	4,975,630	5,714,040	
2009/07		0.10	0.6841	0.6841		120	59.11	4,979,033	5,753,160	
2010/01		0.05	0.8643	0.8643		120	59.11	4,981,184	5,802,840	
2010/07		0.05	0.7107	0.7107		120	61.49	4,982,952	5,844,120	
2011/01		0.00	0.9198	0.9198		120	61.49	4,982,952	5,897,880	
2011/07		0.00	0.9028	0.9028		120	62.22	4,982,952	5,951,160	
2012/01		0.00	0.3865	0.3865		120	61.04	4,982,952	5,974,200	
2012/07		0.00	0.9417	0.9417		120	61.04	4,982,952	6,030,480	
2013/01		0.00	0.4901	0.4901		120	61.04	4,982,952	6,060,000	
2013/07		0.00	0.6196	0.6196		120	61.04	4,982,952	6,097,560	
2014/01		0.00	0.8564	0.8564		120	61.04	4,982,952	6,149,760	
2014/07		0.00	1.2383	1.2383		120	61.04	4,982,952	6,225,960	
2015/01	31,304	0.00	0.7571	0.7571		120	55.00	5,014,256	6,273,120	

Message Code:

3 Index Cost Limitation - January 1996



Florida Agency for Health Care Administration
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200.12

River Valley Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
17884 NE CROZIER ST	8/1/2012-12/31/2013	Number of Beds: 150	Superior: 0
BLOUNTSTOWN, FL 32424	Days in CR 518	Maximum: 77,700	Standard: 243
County: Calhoun [7]	First Used : 2015/01	Max Annualized: 54,750	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 66,001	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,490	Inflation
Current Class North Large	Initial CR? False	Medicaid: 55,216	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	83.65934%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.94337%	Cost: 1.04618269
Open Date: 05/01/1974	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1974	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 12/01/1980	Low Occupancy Adjustment Factor:	108.46885%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 251097			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,124,665	3,981,454	1,945,482	1,261,686		9,313,287	
1a	Audit Adjustments							
2	Cost Per Diem	38.4792	72.1069	35.2340	22.8500		168.6701	
3	Cost Per Diem Inflated	40.2563	74.5941	36.8612				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.2563	74.5941	36.8612	22.8500		174.5616	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.0701		51.5676				
7	Provider Target Rate	50.8671		53.4561				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.2228		54.6518				
10b	Base for line 10a	47.4839		52.7211				
11	Lesser of 5,7,8,10, 10a	40.2563	74.5941	36.8612	13.6500		165.3616	
12/13	Medical Adjustment Rate		2.8246	1.3958				
14	Prospective Per Diem 11	40.2563	77.4187	38.2570	13.6500		169.5820	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

River Valley Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1974/01	Type:	None	80% Capital(1):	3,787,962	9.5575
Indexed Asset Value	4,734,953	<60% of Base:	True	20% ROE(2):	946,991	0.3292
FRVS Base Asset:	2,082,681	Interest Rate:	12.5000%	Insurance Cost(3):	60,073	0.9102
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	45,191	0.6847
ROE Factor	0.017130	Amortization Rate:	12.5000%	Home Office(3):	15,862	0.2403
		Interest Only:	True	Replacement(3&4):	59,922	0.0000
		Yearly Payment:	470,948	Total FRVS PD:		11.7219

(1) 80% Capital (\$3,787,962) amortized at 12.5000 % for 20 years Interest of \$470,948 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$9.5575

(2) 20% ROE (\$946,991) times the ROE factor (0.017130) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.3292

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.2563	40.2563	0.7004	39.5559
Direct Care	77.4187	77.4187	1.3469	76.0718
Indirect Care	38.2570	38.2570	0.6656	37.5914
Property	13.6500	11.7219	0.2039	11.5180
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.4806
Supplemental Rate Add-on				9.9025
Totals	169.5820	167.6539	2.9168	200.1202

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1974/01	174,781	0.00	5.2272	3.0000	2.2272	120	100.00	174,781	1,570,560	
1974/07		0.10	5.3308	3.0000	2.3308	120	100.00	175,305	1,619,280	
1975/01		0.10	5.4213	3.0000	2.4213	120	100.00	175,831	1,669,320	
1975/07	678,476	0.20	6.4847	3.0000	3.4847	120	100.00	855,362	1,737,240	
1976/01		0.20	7.5292	3.0000	4.5292	120	100.00	860,494	1,807,440	
1976/07	4,577	0.30	8.0145	3.0000	5.0145	120	100.00	872,815	1,870,440	
1977/01		0.30	8.7650	3.0000	5.7650	120	100.00	880,670	1,940,640	
1977/07	8,115	0.40	10.8226	3.0000	7.8226	120	100.00	899,353	2,038,680	
1978/01		0.40	12.5623	3.0000	9.5623	120	100.00	910,145	2,135,400	
1978/07	15,500	0.50	15.1018	3.0000	12.1018	120	100.00	939,297	2,253,600	
1979/01	7,630	0.50	17.2290	3.0000	14.2290	120	100.00	961,016	2,369,160	
1979/07		0.60	18.4272	3.0000	15.4272	120	100.00	978,314	2,468,640	
1980/01		0.60	21.5930	3.0000	18.5930	120	55.00	995,924	2,620,920	
1980/07	3,325	0.70	22.4036	3.0000	19.4036	120	55.00	1,020,163	2,720,760	
1981/01		0.70	23.2276	3.0000	20.2276	120	94.58	1,041,586	2,824,800	
1981/07	6,907	0.80	22.8164	3.0000	19.8164	120	94.58	1,073,491	2,897,880	
1982/01	500	0.80	22.4924	3.0000	19.4924	120	90.95	1,099,755	2,975,520	
1982/07		0.90	21.7901	3.0000	18.7901	120	90.95	1,129,448	3,043,800	
1983/04		0.90	21.4189	3.0000	18.4189	120	88.60	1,159,943	3,123,840	
1983/07	59,391	1.00	22.3767	3.0000	19.3767	120	88.60	1,254,132	3,247,440	
1984/01		1.00	20.6719	3.0000	17.6719	120	89.25	1,291,756	3,289,560	
1984/07	632,617	1.00	19.5898	3.0000	16.5898	120	89.25	1,963,126	3,352,680	
1985/01		1.00	17.7369	3.0000	14.7369	120	89.25	2,022,020	3,391,080	
1985/10		1.00	15.5891	3.0000	12.5891	120	89.25	2,082,681	3,420,000	
1986/01		1.00	13.4190	3.0000	10.4190	120	85.21	2,145,161	3,448,440	
1986/07		1.00	10.7164	3.0000	7.7164	120	85.21	2,209,516	3,441,840	
1987/01		1.00	8.7255	3.0000	5.7255	120	85.21	2,275,801	3,503,400	
1987/07		1.00	6.6262	3.0000	3.6262	120	82.33	2,344,075	3,530,760	
1988/01		1.00	4.5269	3.0000	1.5269	120	83.05	2,414,397	3,559,440	
1988/07		1.00	2.1168	2.1168		120	83.05	2,465,505	3,557,520	



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200.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01		1.00	0.5899	0.5899		120	83.05	2,480,049	3,578,520	
1989/07		1.00	0.5899	0.5899		120	85.43	2,494,679	3,602,760	
1990/01		1.00	0.5899	0.5899		120	84.61	2,509,395	3,620,880	
1990/07		1.00	0.5899	0.5899		120	84.61	2,524,198	3,642,240	
1991/01	785,777	1.00	0.5899	0.5899		120	82.29	3,324,865	3,663,600	
1991/07		1.00	1.4932	1.4932		120	82.29	3,374,512	3,718,320	
1992/01		1.00	2.0117	2.0117		120	87.24	3,374,512	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	87.24	3,504,883	3,861,960	
1993/01	33,940	1.00	1.7710	1.7710		120	85.37	3,538,823	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	85.37	3,656,092	3,990,600	
1994/01		1.00	1.6983	1.6983		120	85.37	3,718,183	4,058,400	
1994/07		0.95	1.5991	1.5991		120	85.37	3,774,666	4,123,320	
1995/01		0.95	1.5812	1.5812		120	85.37	3,831,365	4,188,480	
1995/07		0.90	1.5250	1.5250		150	85.37	3,883,950	5,315,400	
1996/01		0.90	1.7228	1.7228		150	84.13	3,944,171	5,407,050	
1996/07		0.85	1.3294	1.3294		150	86.54	3,988,740	5,478,900	
1997/01		0.85	1.4109	1.4109		150	86.54	4,036,577	5,556,150	
1997/07		0.80	1.0917	1.0917		150	82.68	4,071,832	5,616,750	
1998/01		0.80	1.1663	1.1663		150	82.68	4,109,822	5,682,300	
1998/07		0.75	1.0794	1.0794		150	82.68	4,143,095	5,743,650	
1999/01		0.75	1.4499	1.4499		150	82.68	4,188,147	5,826,900	
1999/07		0.70	1.2299	1.2299		150	82.68	4,224,203	5,898,600	
2000/01		0.70	1.3356	1.3356		150	82.68	4,263,695	5,977,350	
2000/07		0.65	1.1129	1.1129		150	85.01	4,294,539	6,043,800	
2001/01		0.65	1.2976	1.2976		150	87.87	4,330,759	6,122,250	
2001/07		0.60	0.9615	0.9615		150	87.87	4,355,743	6,181,050	
2002/01		0.60	1.0301	1.0301		150	87.87	4,382,666	6,244,650	
2002/07		0.55	0.8337	0.8337		150	87.87	4,402,761	6,296,700	
2003/01	30,389	0.55	1.3271	1.3271		150	85.13	4,465,286	6,380,250	
2003/07		0.50	1.1664	1.1664		150	85.13	4,491,328	6,454,650	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		0.50	1.1103	1.1103		150	86.92	4,516,264	6,526,350	
2004/07		0.45	0.8378	0.8378		150	86.92	4,533,290	6,581,100	
2005/01		0.45	0.8595	0.8595		150	85.74	4,550,825	6,637,650	
2005/07		0.40	0.7364	0.7364		150	85.74	4,564,232	6,686,550	
2006/01		0.40	0.9068	0.9068		150	85.74	4,580,786	6,747,150	
2006/07	39,046	0.35	0.8133	0.8133		150	84.46	4,632,873	6,802,050	
2007/01		0.35	1.0133	1.0133		150	80.83	4,649,306	6,870,900	
2007/07		0.30	1.1050	1.1050		150	80.83	4,664,718	6,946,800	
2008/01		0.30	0.8556	0.8556		150	80.83	4,676,692	7,006,200	
2008/07		0.25	0.6104	0.6104		150	82.66	4,683,829	7,048,950	
2009/01		0.25	1.3268	1.3268		150	82.66	4,699,365	7,142,550	
2009/07		0.20	0.6841	0.6841		150	81.86	4,705,794	7,191,450	
2010/01		0.20	0.8643	0.8643		150	81.86	4,713,930	7,253,550	
2010/07		0.15	0.7107	0.7107		150	78.14	4,718,955	7,305,150	
2011/01		0.15	0.9198	0.9198		150	78.14	4,725,467	7,372,350	
2011/07		0.10	0.9028	0.9028		150	79.70	4,729,734	7,438,950	
2012/01		0.10	0.3865	0.3865		150	81.56	4,731,564	7,467,750	
2012/07		0.05	0.9417	0.9417		150	81.56	4,733,793	7,538,100	
2013/01		0.05	0.4901	0.4901		150	81.56	4,734,953	7,575,000	
2013/07		0.00	0.6196	0.6196		150	81.56	4,734,953	7,621,950	
2014/01		0.00	0.8564	0.8564		150	81.56	4,734,953	7,687,200	
2014/07		0.00	1.2383	1.2383		150	81.56	4,734,953	7,782,450	
2015/01		0.00	0.7571	0.7571		150	83.66	4,734,953	7,841,400	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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0 044975-00 - 2015/01

268.10

Plantation Key Nursing Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
48 HIGH POINT ROAD	8/1/2011-7/31/2012	Number of Beds: 120	Superior: 0
TAVERNIER, FL 33070	Days in CR 366	Maximum: 43,920	Standard: 243
County: Monroe [44]	First Used : 2011/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 10,033	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,364	Inflation
Current Class South Large	Initial CR? False	Medicaid: 7,092	FY Index: 1.27004145
Class at 1/94: South Large	Medical Utilization	70.68673%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	22.84381%	Cost: 1.00000000
Open Date: 10/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.19666435
Entered Medicaid 10/01/1984	Low Occupancy Adjustment Factor:	29.17052%	DC Sem Index: 1.25449501
Med # Active Date: 12/19/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 208906			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	521,471	854,906	433,771	270,205		2,080,353
1a	Audit Adjustments						
2	Cost Per Diem	73.5295	120.5451	61.1634	38.1000		293.3380
3	Cost Per Diem Inflated	73.5295	120.5451	61.1634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	73.5295	120.5451	61.1634	38.1000		293.3380
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	57.3943		65.9225			
10b	Base for line 10a	55.3667		63.5936			
11	Lesser of 5,7,8,10, 10a	56.7419	99.8648	61.1634	13.6500		231.4201
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	56.7419	99.8648	61.1634	13.6500		231.4201
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

Plantation Key Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/19/2011	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,438,246 14.5629
RS to Start Calcs:	1984/07	<60% of Base:	True	20% ROE(2):	1,109,562 0.6950
Indexed Asset Value	5,547,808	Interest Rate:	0.0000%	Insurance Cost(3):	38,550 3.8423
FRVS Base Asset:	0	Chase Rate:	13.0000%	Taxes Cost(3):	40,230 4.0098
Occup Adj Factor	0.9000	Amortization Rate:	13.0000%	Home Office(3):	0 0.0000
ROE Factor	0.024690	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	574,068	Total FRVS PD:	23.1100

- (1) 80% Capital (\$4,438,246) amortized at 13.0000 % for 20 years Interest of \$574,068 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.5629
- (2) 20% ROE (\$1,109,562) times the ROE factor (0.024690) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6950
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	61.1634	61.1634	1.0641	60.0993
Property	13.6500	23.1100	0.4021	22.7079
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.5043
Supplemental Rate Add-on				9.9025
Totals	231.4201	240.8801	4.1908	268.0961

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	3,271,556	0.00	0.8299	0.8299		120	75.49	3,271,556	3,448,440	
1986/07		0.10	0.2974	0.2974		120	75.49	3,272,528	3,441,840	
1987/01		0.10	1.0091	1.0091		120	75.49	3,275,830	3,503,400	
1987/07		0.20	0.9007	0.9007		120	75.49	3,281,730	3,530,760	
1988/01		0.20	0.9007	0.9007		120	75.49	3,287,640	3,559,440	
1988/07	22,500	0.30	0.5899	0.5899		120	76.45	3,315,959	3,557,520	
1989/01		0.30	0.5899	0.5899		120	76.45	3,321,828	3,578,520	
1989/07	15,000	0.40	0.5899	0.5899		120	83.03	3,344,668	3,602,760	
1990/01		0.40	0.5899	0.5899		120	83.03	3,352,561	3,620,880	
1990/07	78,950	0.50	0.5899	0.5899		120	83.77	3,431,511	3,642,240	5
1991/01		0.50	0.5899	0.5899		120	83.77	3,441,401	3,663,600	5
1991/07	22,000	0.60	1.4932	1.4932		120	86.60	3,473,553	3,718,320	5
1992/01		0.60	2.0117	2.0117		120	86.60	3,504,475	3,793,080	5
1992/07		0.70	1.8152	1.8152		120	87.02	3,546,774	3,861,960	5
1993/01		0.70	1.7710	1.7710		120	87.02	3,591,839	3,930,360	5
1993/07		0.80	1.5329	1.5329		120	81.31	3,680,960	3,990,600	
1994/01		0.80	1.6983	1.6983		120	81.31	3,730,970	4,058,400	
1994/07	58,238	0.90	1.5991	1.5991		120	82.50	3,789,208	4,123,320	5
1995/01		0.90	1.5812	1.5812		120	82.50	3,897,592	4,188,480	
1995/07		1.00	1.5250	1.5250		120	82.50	3,897,592	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	80.84	3,957,030	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	81.31	4,025,202	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	81.31	4,078,713	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	78.52	4,181,416	4,493,400	
1998/01		1.00	1.1663	1.1663		120	78.52	4,181,416	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	78.52	4,230,184	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	79.22	4,337,840	4,661,520	
1999/07		1.00	1.2299	1.2299		120	72.96	4,391,191	4,718,880	
2000/01		1.00	1.3356	1.3356		120	72.96	4,449,840	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.96	4,499,362	4,835,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	82.32	4,557,746	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.99	4,601,569	4,944,840	
2002/01		1.00	1.0301	1.0301		120	77.99	4,648,970	4,995,720	
2002/07		1.00	0.8337	0.8337		120	75.26	4,687,728	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.26	4,749,939	5,104,200	
2003/07		1.00	1.1664	1.1664		120	73.45	4,805,342	5,163,720	
2004/01		1.00	1.1103	1.1103		120	73.45	4,858,696	5,221,080	
2004/07		1.00	0.8378	0.8378		120	72.94	4,899,402	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.94	4,941,512	5,310,120	
2005/07		1.00	0.7364	0.7364		120	72.94	4,977,901	5,349,240	
2006/01		1.00	0.9068	0.9068		120	77.42	5,023,041	5,397,720	
2006/07		0.95	0.8133	0.8133		120	77.42	5,061,849	5,441,640	
2007/01		0.95	1.0133	1.0133		120	77.84	5,061,849	5,496,720	5
2007/07		0.90	1.1050	1.1050		120	77.84	5,161,399	5,557,440	
2008/01		0.90	0.8556	0.8556		120	76.48	5,201,142	5,604,960	
2008/07		0.85	0.6104	0.6104		120	76.48	5,228,126	5,639,160	
2009/01		0.85	1.3268	1.3268		120	74.10	5,287,089	5,714,040	
2009/07		0.80	0.6841	0.6841		120	72.47	5,316,025	5,753,160	
2010/01		0.80	0.8643	0.8643		120	72.47	5,352,780	5,802,840	11
2010/07		0.80	0.8643	0.8643		120	72.47	5,352,780	5,844,120	11
2011/01		0.80	0.8643	0.8643		120	72.47	5,352,780	5,897,880	11
2011/07		0.80	0.9028	0.9028		120	70.69	5,352,780	5,951,160	12
2012/01		0.75	0.3865	0.3865		120	70.69	5,368,298	5,974,200	
2012/07		0.75	0.9417	0.9417		120	70.69	5,406,214	6,030,480	
2013/01		0.70	0.4901	0.4901		120	70.69	5,424,763	6,060,000	
2013/07		0.70	0.6196	0.6196		120	70.69	5,448,290	6,097,560	
2014/01		0.65	0.8564	0.8564		120	70.69	5,478,621	6,149,760	
2014/07		0.65	1.2383	1.2383		120	70.69	5,522,718	6,225,960	
2015/01		0.60	0.7571	0.7571		120	70.69	5,547,808	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

11 Not in Medicaid



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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Homestead Manor A Palace Community

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1330 NW 1ST AVE	7/1/2012-6/30/2013	Number of Beds: 64	Superior: 0
HOMESTEAD, FL 33030	Days in CR 365	Maximum: 23,360	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 23,360	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 22,149	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,004	Inflation
Current Class South Small	Initial CR? False	Medicaid: 14,192	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization	64.07513%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.81592%	Cost: 1.05607860
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	121.07566%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 212121			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	813,911	1,095,900	792,776	291,078		2,993,665	
1a	Audit Adjustments							
2	Cost Per Diem	57.3500	77.2196	55.8608	20.5100		210.9404	
3	Cost Per Diem Inflated	60.5661	80.1585	58.9934				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.5661	80.1585	58.9934	20.5100		220.2280	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.8741		68.8074				
7	Provider Target Rate	84.8724		71.3272				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	60.1098		72.0037				
10b	Base for line 10a	57.9863		69.4600				
11	Lesser of 5,7,8,10, 10a	60.1098	80.1585	58.9934	13.6500		212.9117	
12/13	Medical Adjustment Rate		1.2693	0.9341				
14	Prospective Per Diem 11	60.1098	81.4278	59.9275	13.6500		215.1151	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Homestead Manor A Palace Community

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/2011	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,305,761 9.1650
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	576,440 0.3943
Indexed Asset Value	2,882,201	Interest Rate:	5.6500%	Insurance Cost(3):	43,889 1.9815
FRVS Base Asset:	1,361,312	Chase Rate:	3.2500%	Taxes Cost(3):	34,030 1.5364
Occup Adj Factor	0.9000	Amortization Rate:	5.6500%	Home Office(3):	34,703 1.5668
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	20,140 0.0000
		Yearly Payment:	192,684	Total FRVS PD:	14.6440

- (1) 80% Capital (\$2,305,761) amortized at 5.6500 % for 20 years Principal & Interest of \$192,684 divided by annual available days (23360) divided by Occup. Adj. (0.90) = \$9.1650
- (2) 20% ROE (\$576,440) times the ROE factor (0.014380) divided by annual available days (23360) divided by Occup. Adj. (0.90) = \$0.3943
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 54	Effective PBS Limitation	1,539,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	60.1098	60.1098	1.0458	59.0640
Direct Care	81.4278	81.4278	1.4166	80.0112
Indirect Care	59.9275	59.9275	1.0426	58.8849
Property	13.6500	14.6440	0.2548	14.3892
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.4675
Supplemental Rate Add-on				9.9025
Totals	215.1151	216.1091	3.7598	247.7193

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,310,180	0.00	2.6288	2.6288		54	2.93	1,310,180	1,405,728	
1983/07		0.10	3.9578	3.0000	0.9578	54	2.93	1,310,180	1,461,348	
1984/01	40,730	0.10	2.2530	2.2530		54	32.07	1,352,631	1,480,302	
1984/07		0.20	1.9179	1.9179		54	32.07	1,355,656	1,508,706	
1985/01		0.20	1.1471	1.1471		54	47.26	1,358,328	1,525,986	
1985/10		0.30	0.8522	0.8522		54	47.26	1,361,312	1,539,000	
1986/01		0.30	0.8299	0.8299		54	47.26	1,364,225	1,551,798	
1986/07		0.40	0.2974	0.2974		54	47.26	1,365,620	1,548,828	
1987/01		0.40	1.0091	1.0091		54	47.26	1,370,356	1,576,530	
1987/07		0.50	0.9007	0.9007		54	53.00	1,376,304	1,588,842	
1988/01		0.50	0.9007	0.9007		54	53.00	1,382,277	1,601,748	
1988/07		0.60	0.5899	0.5899		54	53.00	1,386,991	1,600,884	
1989/01		0.60	0.5899	0.5899		54	53.00	1,391,721	1,610,334	
1989/07	37,495	0.70	0.5899	0.5899		54	59.49	1,434,962	1,621,242	
1990/01		0.70	0.5899	0.5899		54	59.49	1,440,887	1,629,396	
1990/07		0.80	0.5899	0.5899		54	59.49	1,447,687	1,639,008	
1991/01		0.80	0.5899	0.5899		54	59.49	1,447,687	1,648,620	5
1991/07		0.90	1.4932	1.4932		54	59.49	1,474,066	1,673,244	
1992/01		0.90	2.0117	2.0117		54	59.49	1,474,066	1,706,886	5
1992/07		1.00	1.8152	1.8152		54	69.33	1,527,996	1,737,882	
1993/01	27,448	1.00	1.7710	1.7710		54	64.23	1,582,505	1,768,662	
1993/07		1.00	1.5329	1.5329		54	64.23	1,606,763	1,795,770	
1994/01		1.00	1.6983	1.6983		54	64.23	1,634,051	1,826,280	
1994/07		1.00	1.5991	1.5991		54	64.23	1,660,181	1,855,494	
1995/01		1.00	1.5812	1.5812		54	64.23	1,686,432	1,884,816	
1995/07		1.00	1.5250	1.5250		54	72.54	1,712,150	1,913,544	
1996/01		1.00	1.7228	1.7228		54	72.54	1,741,647	1,946,538	
1996/07		1.00	1.3294	1.3294		54	72.54	1,764,800	1,972,404	
1997/01		1.00	1.4109	1.4109		54	72.54	1,789,700	2,000,214	
1997/07		1.00	1.0917	1.0917		54	72.54	1,809,238	2,022,030	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		54	72.54	1,830,339	2,045,628	
1998/07		1.00	1.0794	1.0794		54	82.67	1,850,096	2,067,714	
1999/01		1.00	1.4499	1.4499		54	82.67	1,876,921	2,097,684	
1999/07		1.00	1.2299	1.2299		54	80.63	1,900,005	2,123,496	
2000/01		1.00	1.3356	1.3356		54	80.63	1,925,381	2,151,846	
2000/07		1.00	1.1129	1.1129		54	78.34	1,946,809	2,175,768	
2001/01		1.00	1.2976	1.2976		54	78.34	1,972,071	2,204,010	
2001/07		1.00	0.9615	0.9615		54	71.60	1,991,032	2,225,178	
2002/01		1.00	1.0301	1.0301		54	71.60	2,011,542	2,248,074	
2002/07		1.00	0.8337	0.8337		54	71.60	2,028,312	2,266,812	
2003/01		1.00	1.3271	1.3271		54	71.60	2,055,230	2,296,890	
2003/07		0.95	1.1664	1.1664		54	70.64	2,078,004	2,323,674	
2004/01		0.95	1.1103	1.1103		54	65.86	2,099,923	2,349,486	
2004/07		0.90	0.8378	0.8378		54	65.86	2,115,756	2,369,196	
2005/01		0.90	0.8595	0.8595		54	65.86	2,132,123	2,389,554	
2005/07	425,350	0.85	0.7364	0.7364		64	66.42	2,570,818	2,852,928	
2006/01		0.85	0.9068	0.9068		64	66.42	2,590,634	2,878,784	
2006/07		0.80	0.8133	0.8133		64	66.80	2,607,489	2,902,208	
2007/01		0.80	1.0133	1.0133		64	66.80	2,628,625	2,931,584	
2007/07		0.75	1.1050	1.1050		64	64.79	2,650,411	2,963,968	
2008/01	41,175	0.75	0.8556	0.8556		64	68.31	2,708,594	2,989,312	
2008/07		0.70	0.6104	0.6104		64	68.31	2,720,168	3,007,552	
2009/01		0.70	1.3268	1.3268		64	68.31	2,745,433	3,047,488	
2009/07		0.65	0.6841	0.6841		64	70.60	2,757,642	3,068,352	
2010/01		0.65	0.8643	0.8643		64	69.16	2,773,134	3,094,848	
2010/07		0.60	0.7107	0.7107		64	69.16	2,784,959	3,116,864	
2011/01		0.60	0.9198	0.9198		64	69.16	2,800,329	3,145,536	
2011/07		0.55	0.9028	0.9028		64	59.76	2,814,233	3,173,952	
2012/01		0.55	0.3865	0.3865		64	59.76	2,820,216	3,186,240	
2012/07		0.50	0.9417	0.9417		64	59.76	2,833,496	3,216,256	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 046017-00 - 2015/01

247.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		64	59.76	2,840,441	3,232,000	
2013/07		0.45	0.6196	0.6196		64	59.76	2,848,360	3,252,032	
2014/01		0.45	0.8564	0.8564		64	59.76	2,859,338	3,279,872	
2014/07		0.40	1.2383	1.2383		64	64.08	2,873,500	3,320,512	
2015/01		0.40	0.7571	0.7571		64	64.08	2,882,201	3,345,664	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 046017063020130701201203062014075017



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 046128-00 - 2015/01

250.67

Victoria Nursing and Rehabilitation Center, Inc.

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
955 NW 3RD ST	3/1/2013-2/28/2014	Number of Beds: 264	Superior: 0
MIAMI, FL 33128	Days in CR 365	Maximum: 96,360	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 96,360	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 94,389	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 18,203	Inflation
Current Class South Large	Initial CR? False	Medicaid: 61,276	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization	64.91858%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.95455%	Cost: 1.04336242
Open Date: 11/13/2000	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/13/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21766521
Entered Medicaid 11/13/2000	Low Occupancy Adjustment Factor:	125.08354%	DC Sem Index: 1.25449501
Med # Active Date: 08/19/2011	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 225177			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,316,811	5,955,194	3,888,781	2,944,312		16,105,098
1a	Audit Adjustments						
2	Cost Per Diem	54.1290	97.1864	63.4634	48.0500		262.8288
3	Cost Per Diem Inflated	56.4762	100.1259	66.2153			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.4762	100.1259	66.2153	48.0500		270.8674
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2236		85.0334			
7	Provider Target Rate	59.3192		88.1474			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	56.4762	99.8648	65.5807	13.6500		235.5717
12/13	Medical Adjustment Rate		1.6761	1.1007			
14	Prospective Per Diem 11	56.4762	101.5409	66.6814	13.6500		238.3485
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 046128-00 - 2015/01

250.67

Rate Semester 01/01/2015 through 08/31/2015

Victoria Nursing and Rehabilitation Center, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/13/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	15,121,948.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Variable	80% Capital(1):	10,287,982	14.1559
Indexed Asset Value	12,859,978	<60% of Base:	False	20% ROE(2):	2,571,996	0.5961
FRVS Base Asset:	5,618,709	Interest Rate:	10.5000%	Insurance Cost(3):	161,570	1.7117
Occup Adj Factor	0.9000	Chase Rate:	8.4408%	Taxes Cost(3):	163,609	1.7333
ROE Factor	0.020100	Amortization Rate:	10.4408%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	327,535	0.0000
		Yearly Payment:	1,227,652	Total FRVS PD:		18.1970

- (1) 80% Capital (\$10,287,982) amortized at 10.4408 % for 20 years Principal & Interest of \$1,227,652 divided by annual available days (96360) divided by Occup. Adj. (0.90) = \$14.1559
 (2) 20% ROE (\$2,571,996) times the ROE factor (0.020100) divided by annual available days (96360) divided by Occup. Adj. (0.90) = \$0.5961
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,849
Comparison Date:	01/01/2000	Current RS PBS:	52,276
Comparison Bed	141	Effective PBS Limitation	5,618,709

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.4762	56.4762	0.9826	55.4936
Direct Care	101.5409	101.5409	1.7666	99.7743
Indirect Care	66.6814	66.6814	1.1601	65.5213
Property	13.6500	18.1970	0.3166	17.8804
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.0978
Supplemental Rate Add-on				9.9025
Totals	238.3485	242.8955	4.2259	250.6699

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 2/28/2014

0 046128-00 - 2015/01

250.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	7,187,898	0.00	1.1129	1.1129		201	70.70	5,618,709	5,618,709	1
2001/01	2,448,900	0.10	1.2976	1.2976		201	70.70	8,074,902	8,203,815	
2001/07		0.10	0.9615	0.9615		201	70.70	8,082,670	8,282,607	
2002/01		0.20	1.0301	1.0301		201	70.70	8,099,320	8,367,831	
2002/07		0.20	0.8337	0.8337		201	70.70	8,112,822	8,437,578	
2003/01		0.30	1.3271	1.3271		201	70.70	8,145,119	8,549,535	
2003/07		0.30	1.1664	1.1664		201	69.93	8,173,619	8,649,231	
2004/01		0.40	1.1103	1.1103		201	69.93	8,209,918	8,745,309	
2004/07	2,299,481	0.40	0.8378	0.8378		253	64.34	10,536,910	11,100,122	
2005/01		0.50	0.8595	0.8595		253	64.34	10,582,198	11,195,503	
2005/07		0.50	0.7364	0.7364		253	58.96	10,621,162	11,277,981	
2006/01		0.60	0.9068	0.9068		253	58.96	10,678,952	11,380,193	
2006/07		0.60	0.8133	0.8133		253	58.51	10,731,065	11,472,791	
2007/01		0.70	1.0133	1.0133		253	58.51	10,807,180	11,588,918	
2007/07		0.70	1.1050	1.1050		253	55.58	10,890,774	11,716,936	
2008/01		0.80	0.8556	0.8556		253	55.58	10,965,321	11,817,124	
2008/07		0.80	0.6104	0.6104		253	55.58	11,018,865	11,889,229	
2009/01		0.90	1.3268	1.3268		253	56.71	11,150,441	12,047,101	
2009/07		0.90	0.6841	0.6841		253	56.71	11,219,094	12,129,579	
2010/01		1.00	0.8643	0.8643		253	62.02	11,316,061	12,234,321	
2010/07	523,787	1.00	0.7107	0.7107		264	63.86	11,920,271	12,857,064	
2011/01		1.00	0.9198	0.9198		264	63.86	12,029,914	12,975,336	
2011/07		1.00	0.9028	0.9028		264	63.86	12,138,520	13,092,552	
2012/01		1.00	0.3865	0.3865		264	65.36	12,185,435	13,143,240	
2012/07	62,432	1.00	0.9417	0.9417		264	63.02	12,362,617	13,267,056	
2013/01		1.00	0.4901	0.4901		264	63.02	12,423,206	13,332,000	
2013/07		1.00	0.6196	0.6196		264	63.02	12,500,180	13,414,632	
2014/01		1.00	0.8564	0.8564		264	61.21	12,607,232	13,529,472	
2014/07		1.00	1.2383	1.2383		264	64.92	12,763,347	13,697,112	
2015/01		1.00	0.7571	0.7571		264	64.92	12,859,978	13,800,864	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 046233-00 - 2015/01

264.05

Crossbreeze Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1755 18TH ST	4/1/2013-1/31/2014	Number of Beds: 101	Superior: 0
SARASOTA, FL 34234	Days in CR 306	Maximum: 30,906	Standard: 243
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 36,865	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 20,835	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,029	Inflation
Current Class South Large	Initial CR? False	Medicaid: 17,449	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.74850%	Cost: 1.04336242
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	67.41409%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21766521
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2011	Weighted Low Occ Adjustment Factor:	86.08475%	DC Inflation: 1.03024624
Previous Med # 202681		100.00000%	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,004,580	1,713,291	1,078,548	227,884		4,024,303	
1a	Audit Adjustments							
2	Cost Per Diem	57.5724	98.1885	61.8115	13.0600		230.6324	
3	Cost Per Diem Inflated	60.0689	101.1583	64.4918				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.0689	101.1583	64.4918	13.0600		238.7790	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.9134		64.2909				
7	Provider Target Rate	66.2540		66.6453				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	60.1206		63.9320				
10b	Base for line 10a	57.9967		61.6735				
11	Lesser of 5,7,8,10, 10a	56.7419	99.8648	63.9320	13.0600		233.5987	
12/13	Medical Adjustment Rate		3.7916	2.4273				
14	Prospective Per Diem 11	56.7419	103.6564	66.3593	13.0600		239.8176	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 046233-00 - 2015/01

264.05

Rate Semester 01/01/2015 through 08/31/2015

Crossbreeze Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,304,787 3.1840
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	826,197 0.5075
Indexed Asset Value	4,130,984	Interest Rate:	0.0000%	Insurance Cost(3):	41,575 1.9954
FRVS Base Asset:	1,364,843	Chase Rate:	3.2500%	Taxes Cost(3):	41,913 2.0117
Occup Adj Factor	0.9000	Amortization Rate:	3.2500%	Home Office(3):	0 0.0000
ROE Factor	0.020380	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	105,639	Total FRVS PD:	7.6986

(1) 80% Capital (\$3,304,787) amortized at 3.2500 % for 20 years Interest of \$105,639 divided by annual available days (36865) divided by Occup. Adj. (0.90) = \$3.1840

(2) 20% ROE (\$826,197) times the ROE factor (0.020380) divided by annual available days (36865) divided by Occup. Adj. (0.90) = \$0.5075

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	68	Effective PBS Limitation	1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	103.6564	103.6564	1.8034	101.8530
Indirect Care	66.3593	66.3593	1.1545	65.2048
Property	13.0600	7.6986	0.1339	7.5647
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7704
Supplemental Rate Add-on				9.9025
Totals	239.8176	234.4562	4.0790	264.0501

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

0 046233-00 - 2015/01

264.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	175,778	0.00				68	100.00	175,778	697,748	
1972/01		0.10	3.9787	3.0000	0.9787	68	100.00	176,305	725,492	
1972/07		0.10	5.9113	3.0000	2.9113	68	100.00	176,834	761,260	
1973/01	2,660	0.20	8.0622	3.0000	5.0622	68	100.00	180,555	800,496	
1973/07		0.20	10.7186	3.0000	7.7186	68	100.00	181,638	845,784	
1974/01		0.30	12.9457	3.0000	9.9457	68	100.00	183,273	889,984	
1974/07		0.30	13.0494	3.0000	10.0494	68	100.00	184,922	917,592	
1975/01	29,380	0.40	13.1399	3.0000	10.1399	68	100.00	216,521	945,948	
1975/07		0.40	14.2033	3.0000	11.2033	68	100.00	219,119	984,436	
1976/01		0.50	15.2478	3.0000	12.2478	68	100.00	222,406	1,024,216	
1976/07		0.50	15.7330	3.0000	12.7330	68	100.00	225,742	1,059,916	
1977/01	267,323	0.60	16.4836	3.0000	13.4836	68	100.00	497,128	1,099,696	
1977/07		0.60	18.5412	3.0000	15.5412	68	100.00	506,076	1,155,252	
1978/01	4,846	0.70	20.2809	3.0000	17.2809	68	100.00	521,550	1,210,060	
1978/07		0.70	22.8203	3.0000	19.8203	68	100.00	532,503	1,277,040	
1979/01		0.80	24.9476	3.0000	21.9476	68	100.00	545,283	1,342,524	
1979/07		0.80	26.1458	3.0000	23.1458	68	100.00	558,370	1,398,896	
1980/01	8,614	0.90	29.3115	3.0000	26.3115	68	97.91	582,060	1,485,188	
1980/07		0.90	30.1222	3.0000	27.1222	68	97.91	597,776	1,541,764	
1981/01		1.00	30.9462	3.0000	27.9462	68	98.50	615,709	1,600,720	
1981/07		1.00	30.5350	3.0000	27.5350	68	98.50	634,180	1,642,132	
1982/01		1.00	30.2110	3.0000	27.2110	68	98.96	653,205	1,686,128	
1982/07		1.00	29.5087	3.0000	26.5087	68	100.00	672,801	1,724,820	
1983/04	461,096	1.00	29.1375	3.0000	26.1375	68	100.00	1,154,081	1,770,176	
1983/07		1.00	30.0953	3.0000	27.0953	68	98.38	1,188,703	1,840,216	
1984/01	883	1.00	28.3905	3.0000	25.3905	68	100.00	1,225,247	1,864,084	
1984/07		1.00	27.3084	3.0000	24.3084	68	100.00	1,262,004	1,899,852	
1985/01	25,226	1.00	25.4555	3.0000	22.4555	68	98.38	1,325,090	1,921,612	
1985/10		1.00	23.3077	3.0000	20.3077	68	97.04	1,364,843	1,938,000	
1986/01		1.00	21.1376	3.0000	18.1376	68	98.81	1,405,788	1,954,116	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

0 046233-00 - 2015/01

264.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	68	98.81	1,447,962	1,950,376	
1987/01		1.00	16.4441	3.0000	13.4441	68	98.26	1,491,401	1,985,260	
1987/07		1.00	14.3448	3.0000	11.3448	68	98.26	1,536,143	2,000,764	
1988/01		1.00	12.2455	3.0000	9.2455	68	97.40	1,582,227	2,017,016	
1988/07		1.00	9.8354	3.0000	6.8354	68	97.40	1,629,694	2,015,928	
1989/01		1.00	7.4253	3.0000	4.4253	68	96.13	1,678,585	2,027,828	
1989/07		1.00	5.0152	3.0000	2.0152	68	96.13	1,728,943	2,041,564	
1990/01		1.00	2.6051	2.6051		68	96.44	1,773,984	2,051,832	
1990/07		1.00	0.5899	0.5899		68	96.44	1,784,449	2,063,936	
1991/01	30,220	1.00	0.5899	0.5899		68	95.34	1,825,195	2,076,040	
1991/07		1.00	1.4932	1.4932		68	95.34	1,852,449	2,107,048	
1992/01	14,573	0.95	2.0117	2.0117		68	97.78	1,902,424	2,149,412	
1992/07		0.95	1.8152	1.8152		68	97.78	1,935,229	2,188,444	
1993/01	42,106	0.90	1.7710	1.7710		68	99.13	2,008,181	2,227,204	
1993/07		0.90	1.5329	1.5329		68	99.13	2,035,886	2,261,340	
1994/01		0.85	1.6983	1.6983		68	96.98	2,065,276	2,299,760	
1994/07		0.85	1.5991	1.5991		68	96.98	2,093,347	2,336,548	
1995/01		0.80	1.5812	1.5812		68	97.12	2,119,828	2,373,472	
1995/07		0.80	1.5250	1.5250		68	97.12	2,145,690	2,409,648	
1996/01	811,681	0.75	1.7228	1.7228		89	96.28	2,985,095	3,208,183	
1996/07		0.75	1.3294	1.3294		89	96.28	3,014,859	3,250,814	
1997/01	446,277	0.70	1.4109	1.4109		101	89.28	3,490,911	3,741,141	
1997/07		0.70	1.0917	1.0917		101	89.28	3,517,589	3,781,945	
1998/01	16,842	0.65	1.1663	1.1663		101	89.53	3,561,098	3,826,082	
1998/07		0.65	1.0794	1.0794		101	89.53	3,586,083	3,867,391	
1999/01	53,003	0.60	1.4499	1.4499		101	87.68	3,670,281	3,923,446	
1999/07		0.60	1.2299	1.2299		101	87.68	3,697,364	3,971,724	
2000/01		0.55	1.3356	1.3356		101	87.68	3,724,525	4,024,749	
2000/07		0.55	1.1129	1.1129		101	88.12	3,747,323	4,069,492	
2001/01	15,974	0.50	1.2976	1.2976		101	88.46	3,787,610	4,122,315	



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264.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		101	88.46	3,805,821	4,161,907	
2002/01	75,994	0.45	1.0301	1.0301		101	86.88	3,899,455	4,204,731	
2002/07		0.45	0.8337	0.8337		101	86.88	3,914,086	4,239,778	
2003/01		0.40	1.3271	1.3271		101	87.77	3,934,862	4,296,035	
2003/07		0.40	1.1664	1.1664		101	87.77	3,953,222	4,346,131	
2004/01		0.35	1.1103	1.1103		101	91.98	3,968,584	4,394,409	
2004/07		0.35	0.8378	0.8378		101	91.98	3,980,220	4,431,274	
2005/01		0.30	0.8595	0.8595		101	91.98	3,990,485	4,469,351	
2005/07		0.30	0.7364	0.7364		101	90.79	3,999,300	4,502,277	
2006/01		0.25	0.9068	0.9068		101	88.40	4,008,366	4,543,081	
2006/07		0.25	0.8133	0.8133		101	88.40	4,016,515	4,580,047	
2007/01		0.20	1.0133	1.0133		101	88.40	4,024,656	4,626,406	
2007/07		0.20	1.1050	1.1050		101	90.30	4,033,550	4,677,512	
2008/01		0.15	0.8556	0.8556		101	90.30	4,038,725	4,717,508	
2008/07		0.15	0.6104	0.6104		101	85.04	4,042,424	4,746,293	
2009/01	77,126	0.10	1.3268	1.3268		101	78.39	4,124,914	4,809,317	
2009/07		0.10	0.6841	0.6841		101	78.39	4,127,735	4,842,243	
2010/01		0.05	0.8643	0.8643		101	78.39	4,129,518	4,884,057	
2010/07		0.05	0.7107	0.7107		101	80.86	4,130,984	4,918,801	
2011/01		0.00	0.9198	0.9198		101	85.58	4,130,984	4,964,049	
2011/07		0.00	0.9028	0.9028		101	84.80	4,130,984	5,008,893	
2012/01		0.00	0.3865	0.3865		101	84.80	4,130,984	5,028,285	
2012/07		0.00	0.9417	0.9417		101	84.80	4,130,984	5,075,654	
2013/01		0.00	0.4901	0.4901		101	84.80	4,130,984	5,100,500	
2013/07		0.00	0.6196	0.6196		101	84.80	4,130,984	5,132,113	
2014/01		0.00	0.8564	0.8564		101	84.01	4,130,984	5,176,048	
2014/07		0.00	1.2383	1.2383		101	83.75	4,130,984	5,240,183	
2015/01		0.00	0.7571	0.7571		101	83.75	4,130,984	5,279,876	

Message Code:



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Riverside Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
899 NW 4TH STREET	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 243
MIAMI, FL 33128	Days in CR 365	Maximum: 43,800	Standard: 0
County: Dade [13]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 43,103	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,953	Inflation
Current Class South Large	Initial CR? False	Medicaid: 36,066	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization	83.67399%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	98.40868%	Cost: 1.04336242
Open Date: 07/01/1975	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1975	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21766521
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	125.66345%	DC Sem Index: 1.25449501
Med # Active Date: 03/29/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 207276			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,954,417	3,448,963	2,230,668	543,154		8,177,202	
1a	Audit Adjustments							
2	Cost Per Diem	54.1900	95.6292	61.8496	15.0600		226.7288	
3	Cost Per Diem Inflated	56.5398	98.5216	64.5315				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.5398	98.5216	64.5315	15.0600		234.6529	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0987		71.2227				
7	Provider Target Rate	49.8601		73.8309				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	49.8601	98.5216	64.5315	13.6500		226.5632	
12/13	Medical Adjustment Rate		3.7323	2.4447				
14	Prospective Per Diem 11	49.8601	102.2539	66.9762	13.6500		232.7402	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Riverside Care Center
FRVS

FRVS Status as of this Semester

Not on FRVS

Began FRVS: Year of Phase-In/Full: RS to Start Calcs: Indexed Asset Value FRVS Base Asset: Occup Adj Factor ROE Factor	Mortgage Information Amount: Type: <60% of Base: Interest Rate: Chase Rate: Amortization Rate: Interest Only: Yearly Payment:	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
1975/07	2,500,000.00	80% Capital(1): 2,444,851	6.6962
3,056,064	Fixed	20% ROE(2): 611,213	0.3117
782,402	False	Insurance Cost(3): 109,178	2.5330
0.9000	9.0000%	Taxes Cost(3): 72,053	1.6716
0.020100	8.5000%	Home Office(3): 0	0.0000
	9.0000%	Replacement(3&4): 40,009	0.0000
	False	Total FRVS PD:	11.2125
	263,964		

- (1) 80% Capital (\$2,444,851) amortized at 9.0000 % for 20 years Principal & Interest of \$263,964 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.6962
- (2) 20% ROE (\$611,213) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3117
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	80	Effective PBS Limitation	2,280,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.8601	49.8601	0.8674	48.9927
Direct Care	102.2539	102.2539	1.7790	100.4749
Indirect Care	66.9762	66.9762	1.1652	65.8110
Property	13.6500	11.2125	0.2375	13.4125
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.3304
Supplemental Rate Add-on				9.9025
Totals	232.7402	230.3027	4.0491	263.9240

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/07	452,491	0.00	4.0634	3.0000	1.0634	80	100.00	452,491	1,158,160	
1976/01		0.10	5.1079	3.0000	2.1079	80	100.00	453,848	1,204,960	
1976/07		0.10	5.5931	3.0000	2.5931	80	100.00	455,210	1,246,960	
1977/01		0.20	6.3437	3.0000	3.3437	80	100.00	457,941	1,293,760	
1977/07		0.20	8.4013	3.0000	5.4013	80	100.00	460,689	1,359,120	
1978/01		0.30	10.1410	3.0000	7.1410	80	100.00	464,835	1,423,600	
1978/07		0.30	12.6805	3.0000	9.6805	80	100.00	469,019	1,502,400	
1979/01		0.40	14.8077	3.0000	11.8077	80	100.00	474,647	1,579,440	
1979/07		0.40	16.0059	3.0000	13.0059	80	100.00	480,343	1,645,760	
1980/01		0.50	19.1716	3.0000	16.1716	80		480,343	1,747,280	
1980/07		0.50	19.9823	3.0000	16.9823	80		480,343	1,813,840	
1981/01		0.60	20.8063	3.0000	17.8063	80		480,343	1,883,200	
1981/07		0.60	20.3951	3.0000	17.3951	80		480,343	1,931,920	
1982/01		0.70	20.0711	3.0000	17.0711	80		480,343	1,983,680	
1982/07		0.70	19.3688	3.0000	16.3688	80		480,343	2,029,200	
1983/04	190,962	0.80	18.9976	3.0000	15.9976	80	55.00	682,833	2,082,560	
1983/07		0.80	19.9554	3.0000	16.9554	80	55.00	699,221	2,164,960	
1984/01		0.90	18.2506	3.0000	15.2506	80	94.36	718,100	2,193,040	
1984/07		0.90	17.1685	3.0000	14.1685	80	94.36	737,489	2,235,120	
1985/01		1.00	15.3156	3.0000	12.3156	80	91.04	759,614	2,260,720	
1985/10		1.00	13.1678	3.0000	10.1678	80	94.36	782,402	2,280,000	
1986/01		1.00	10.9977	3.0000	7.9977	80	94.36	805,874	2,298,960	
1986/07		1.00	8.2951	3.0000	5.2951	80	97.37	830,050	2,294,560	
1987/01		1.00	6.3042	3.0000	3.3042	80	97.37	854,952	2,335,600	
1987/07		1.00	4.2049	3.0000	1.2049	80	97.13	880,601	2,353,840	
1988/01		1.00	2.1056	2.1056		80	97.13	899,143	2,372,960	
1988/07		1.00	0.5899	0.5899		80	97.73	904,447	2,371,680	
1989/01		1.00	0.5899	0.5899		80	97.73	909,782	2,385,680	
1989/07		1.00	0.5899	0.5899		80	98.98	915,149	2,401,840	
1990/01		1.00	0.5899	0.5899		80	98.98	920,547	2,413,920	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07		1.00	0.5899	0.5899		80	95.73	925,977	2,428,160	
1991/01		1.00	0.5899	0.5899		80	95.73	931,439	2,442,400	
1991/07		1.00	1.4932	1.4932		80	96.48	945,347	2,478,880	
1992/01		1.00	2.0117	2.0117		80	96.48	964,365	2,528,720	
1992/07		1.00	1.8152	1.8152		80	97.24	981,870	2,574,640	
1993/01		1.00	1.7710	1.7710		80	97.24	999,259	2,620,240	
1993/07		1.00	1.5329	1.5329		80	98.09	1,014,577	2,660,400	
1994/01		1.00	1.6983	1.6983		80	98.09	1,031,808	2,705,600	
1994/07		1.00	1.5991	1.5991		80	97.62	1,048,308	2,748,880	
1995/01		1.00	1.5812	1.5812		80	97.62	1,064,884	2,792,320	
1995/07		1.00	1.5250	1.5250		80	96.48	1,081,123	2,834,880	
1996/01		0.95	1.7228	1.7228		80	96.48	1,098,818	2,883,760	
1996/07		0.95	1.3294	1.3294		80	96.13	1,112,695	2,922,080	
1997/01		0.90	1.4109	1.4109		80	96.13	1,126,824	2,963,280	
1997/07		0.90	1.0917	1.0917		80	92.77	1,137,895	2,995,600	
1998/01		0.85	1.1663	1.1663		80	92.77	1,149,176	3,030,560	
1998/07	1,481,640	0.85	1.0794	1.0794		120	89.92	2,641,360	4,594,920	
1999/01		0.80	1.4499	1.4499		120	89.92	2,671,997	4,661,520	
1999/07		0.80	1.2299	1.2299		120	85.88	2,698,287	4,718,880	
2000/01		0.75	1.3356	1.3356		120	85.88	2,725,316	4,781,880	
2000/07		0.75	1.1129	1.1129		120	89.28	2,748,064	4,835,040	
2001/01		0.70	1.2976	1.2976		120	89.28	2,773,025	4,897,800	
2001/07		0.70	0.9615	0.9615		120	88.07	2,791,690	4,944,840	
2002/01		0.65	1.0301	1.0301		120	86.61	2,810,383	4,995,720	
2002/07		0.65	0.8337	0.8337		120	86.61	2,825,612	5,037,360	
2003/01		0.60	1.3271	1.3271		120	87.75	2,848,112	5,104,200	
2003/07		0.60	1.1664	1.1664		120	87.75	2,868,043	5,163,720	
2004/01		0.55	1.1103	1.1103		120	87.03	2,885,558	5,221,080	
2004/07		0.55	0.8378	0.8378		120	85.88	2,898,855	5,264,880	
2005/01		0.50	0.8595	0.8595		120	85.88	2,911,314	5,310,120	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		0.50	0.7364	0.7364		120	85.88	2,922,033	5,349,240	
2006/01		0.45	0.9068	0.9068		120	89.29	2,933,958	5,397,720	
2006/07		0.45	0.8133	0.8133		120	89.29	2,944,696	5,441,640	
2007/01		0.40	1.0133	1.0133		120	88.81	2,956,631	5,496,720	
2007/07		0.40	1.1050	1.1050		120	85.84	2,969,699	5,557,440	
2008/01		0.35	0.8556	0.8556		120	85.84	2,978,593	5,604,960	
2008/07		0.35	0.6104	0.6104		120	85.84	2,984,955	5,639,160	
2009/01		0.30	1.3268	1.3268		120	88.14	2,996,835	5,714,040	
2009/07		0.30	0.6841	0.6841		120	88.14	3,002,985	5,753,160	
2010/01		0.25	0.8643	0.8643		120	84.60	3,009,474	5,802,840	
2010/07		0.25	0.7107	0.7107		120	84.62	3,014,822	5,844,120	
2011/01		0.20	0.9198	0.9198		120	84.62	3,020,369	5,897,880	
2011/07		0.20	0.9028	0.9028		120	84.62	3,025,824	5,951,160	
2012/01		0.15	0.3865	0.3865		120	76.66	3,027,579	5,974,200	
2012/07	17,623	0.15	0.9417	0.9417		120	72.60	3,049,480	6,030,480	
2013/01		0.10	0.4901	0.4901		120	72.60	3,050,974	6,060,000	
2013/07		0.10	0.6196	0.6196		120	72.60	3,052,866	6,097,560	
2014/01		0.05	0.8564	0.8564		120	77.21	3,054,173	6,149,760	
2014/07		0.05	1.2383	1.2383		120	83.67	3,056,064	6,225,960	
2015/01		0.00	0.7571	0.7571		120	83.67	3,056,064	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 046758022820140301201304292014135320



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Renaissance Health and Rehabilitation
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Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
5065 WALLIS ROAD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
WEST PALM BEACH , FL	Days in CR 518	Maximum: 62,160	Standard: 243
33415	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Palm Beach [50]	Last Used: 2015/01	Total Patient: 56,067	Total: 243
Region: South Area: 9	Unaudited	Medicare: 5,935	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 45,889	FY Index: 1.31107019
Current Class South Large	Medical Utilization	81.84672%	Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	90.19788%	Cost: 1.04618269
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Open Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Acquired Date: 10/01/1984	Low Occupancy Adjustment Factor:	115.17863%	DC Sem Index: 1.25449501
Entered Medicaid 07/09/1986	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Med # Active Date: 02/01/2012			PS Target: 1.03662091
Previous Med # 252549			

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,418,655	3,395,994	2,023,514	685,582		8,523,745	
1a	Audit Adjustments							
2	Cost Per Diem	52.7066	74.0045	44.0958	14.9400		185.7469	
3	Cost Per Diem Inflated	55.1407	76.5572	46.1323				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.1407	76.5572	46.1323	14.9400		192.7702	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.6078		60.8189				
7	Provider Target Rate	57.6442		63.0461				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	56.2903		64.1201				
10b	Base for line 10a	54.3017		61.8549				
11	Lesser of 5,7,8,10, 10a	55.1407	76.5572	46.1323	13.6500		191.4802	
12/13	Medical Adjustment Rate		2.7429	1.6528				
14	Prospective Per Diem 11	55.1407	79.3001	47.7851	13.6500		195.8759	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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227.95

Rate Semester 01/01/2015 through 08/31/2015

Renaissance Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/09/1986	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,786,919.00	Total Amount	Per Diem	
Year of Phase-In/Full:	1984/07	Type:	Fixed	80% Capital(1):	4,368,862	10.9181
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,092,216	0.4746
Indexed Asset Value	5,461,078	Interest Rate:	10.6343%	Insurance Cost(3):	41,658	0.7430
FRVS Base Asset:	3,590,000	Chase Rate:	4.7500%	Taxes Cost(3):	98,077	1.7493
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	45,406	0.8099
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	359,419	0.0000
		Yearly Payment:	430,393	Total FRVS PD:		14.6949

- (1) 80% Capital (\$4,368,862) amortized at 7.7500 % for 20 years Principal & Interest of \$430,393 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9181
- (2) 20% ROE (\$1,092,216) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4746
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	27,413
Comparison Date:	01/01/1984	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.1407	55.1407	0.9593	54.1814
Direct Care	79.3001	79.3001	1.3796	77.9205
Indirect Care	47.7851	47.7851	0.8313	46.9538
Property	13.6500	14.6949	0.2557	14.4392
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5487
Supplemental Rate Add-on				9.9025
Totals	195.8759	196.9208	3.4259	227.9461

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,590,000	0.00	1.9179	1.9179		120		3,590,000	3,352,680	
1985/01		0.10	1.1471	1.1471		120		3,590,000	3,391,080	
1985/10		0.10	0.8522	0.8522		120		3,590,000	3,420,000	
1986/01		0.20	0.8299	0.8299		120		3,590,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	62.47	3,289,560	3,289,560	1
1987/01		0.30	1.0091	1.0091		120	62.47	3,299,517	3,503,400	
1987/07	16,039	0.30	0.9007	0.9007		120	62.47	3,324,471	3,530,760	
1988/01		0.40	0.9007	0.9007		120	62.47	3,336,449	3,559,440	
1988/07		0.40	0.5899	0.5899		120	62.47	3,344,323	3,557,520	
1989/01		0.50	0.5899	0.5899		120	62.47	3,354,189	3,578,520	
1989/07		0.50	0.5899	0.5899		120	76.65	3,364,084	3,602,760	
1990/01		0.60	0.5899	0.5899		120	72.68	3,375,989	3,620,880	
1990/07		0.60	0.5899	0.5899		120	72.68	3,387,937	3,642,240	
1991/01		0.70	0.5899	0.5899		120	72.68	3,401,926	3,663,600	
1991/07		0.70	1.4932	1.4932		120	75.79	3,437,483	3,718,320	
1992/01		0.80	2.0117	2.0117		120	74.89	3,492,806	3,793,080	
1992/07		0.80	1.8152	1.8152		120	74.89	3,543,529	3,861,960	
1993/01		0.90	1.7710	1.7710		120	74.88	3,600,009	3,930,360	
1993/07		0.90	1.5329	1.5329		120	74.88	3,649,675	3,990,600	
1994/01		1.00	1.6983	1.6983		120	70.80	3,711,657	4,058,400	
1994/07		1.00	1.5991	1.5991		120	70.80	3,771,010	4,123,320	
1995/01		1.00	1.5812	1.5812		120	70.34	3,830,637	4,188,480	
1995/07		1.00	1.5250	1.5250		120	70.34	3,889,054	4,252,320	
1996/01		1.00	1.7228	1.7228		120	73.72	3,956,055	4,325,640	
1996/07		1.00	1.3294	1.3294		120	73.72	4,008,647	4,383,120	
1997/01		1.00	1.4109	1.4109		120	69.88	4,065,205	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.88	4,109,585	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.85	4,109,585	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	65.85	4,157,515	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	70.53	4,263,321	4,661,520	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	70.53	4,263,321	4,718,880	5
2000/01		1.00	1.3356	1.3356		120	78.88	4,373,397	4,781,880	
2000/07		1.00	1.1129	1.1129		120	78.88	4,373,397	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	83.11	4,479,450	4,897,800	
2001/07		1.00	0.9615	0.9615		120	81.43	4,522,520	4,944,840	
2002/01		1.00	1.0301	1.0301		120	81.43	4,569,106	4,995,720	
2002/07		1.00	0.8337	0.8337		120	81.43	4,607,199	5,037,360	
2003/01		1.00	1.3271	1.3271		120	81.43	4,668,341	5,104,200	
2003/07		1.00	1.1664	1.1664		120	81.43	4,722,793	5,163,720	
2004/01		1.00	1.1103	1.1103		120	81.43	4,775,230	5,221,080	
2004/07		1.00	0.8378	0.8378		120	79.68	4,815,237	5,264,880	
2005/01		0.95	0.8595	0.8595		120	77.91	4,854,553	5,310,120	
2005/07		0.95	0.7364	0.7364		120	77.91	4,888,515	5,349,240	
2006/01		0.90	0.9068	0.9068		120	77.91	4,888,515	5,397,720	5
2006/07		0.90	0.8133	0.8133		120	80.08	4,964,486	5,441,640	
2007/01		0.85	1.0133	1.0133		120	74.14	5,007,245	5,496,720	
2007/07		0.85	1.1050	1.1050		120	74.14	5,054,278	5,557,440	
2008/01		0.80	0.8556	0.8556		120	74.14	5,088,875	5,604,960	
2008/07		0.80	0.6104	0.6104		120	73.14	5,113,724	5,639,160	
2009/01		0.75	1.3268	1.3268		120	76.99	5,164,611	5,714,040	
2009/07		0.75	0.6841	0.6841		120	76.99	5,191,111	5,753,160	
2010/01		0.70	0.8643	0.8643		120	81.56	5,222,517	5,802,840	
2010/07		0.70	0.7107	0.7107		120	81.56	5,248,499	5,844,120	
2011/01		0.65	0.9198	0.9198		120	81.56	5,279,880	5,897,880	
2011/07		0.65	0.9028	0.9028		120	82.12	5,310,862	5,951,160	
2012/01		0.60	0.3865	0.3865		120	82.88	5,323,178	5,974,200	
2012/07		0.60	0.9417	0.9417		120	82.88	5,353,254	6,030,480	
2013/01		0.55	0.4901	0.4901		120	82.88	5,367,686	6,060,000	
2013/07		0.55	0.6196	0.6196		120	82.88	5,385,979	6,097,560	
2014/01		0.50	0.8564	0.8564		120	82.88	5,409,042	6,149,760	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	82.88	5,442,535	6,225,960	
2015/01		0.45	0.7571	0.7571		120	81.85	5,461,078	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 047787123120130801201205282014203346



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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Wood Lake Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6414 13TH ROAD SOUTH	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
WEST PALM BEACH , FL	Days in CR 518	Maximum: 62,160	Standard: 243
33415	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Palm Beach [50]	Last Used: 2015/01	Total Patient: 56,127	Total: 243
Region: South Area: 9	Unaudited	Medicare: 7,455	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 40,687	FY Index: 1.31107019
Current Class South Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	72.49096%	Cost: 1.04618269
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	90.29440%	Target: 1.02563464
Open Date: 01/01/1988	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21266554
Acquired Date: 01/01/1988	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 07/11/1988	Weighted Low Occ Adjustment Factor:	115.30188%	DC Inflation: 1.03449382
Med # Active Date: 02/01/2012		100.00000%	PS Target: 1.03662091
Previous Med # 261599			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,150,603	2,586,438	1,802,835	889,418		7,429,294	
1a	Audit Adjustments							
2	Cost Per Diem	52.8573	63.5691	44.3099	21.8600		182.5963	
3	Cost Per Diem Inflated	55.2984	65.7618	46.3563				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2984	65.7618	46.3563	21.8600		189.2765	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.9445		58.6131				
7	Provider Target Rate	64.2130		60.7596				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	59.5964		67.7739				
10b	Base for line 10a	57.4910		65.3796				
11	Lesser of 5,7,8,10, 10a	55.2984	65.7618	46.3563	13.6500		181.0665	
12/13	Medical Adjustment Rate		1.6639	1.1729				
14	Prospective Per Diem 11	55.2984	67.4257	47.5292	13.6500		183.9033	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Wood Lake Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/11/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,825,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,906,899 14.9131
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	1,226,725 0.5331
Indexed Asset Value	6,133,624	Interest Rate:	10.9360%	Insurance Cost(3):	44,897 0.7999
FRVS Base Asset:	3,530,760	Chase Rate:	7.5000%	Taxes Cost(3):	119,305 2.1256
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	44,706 0.7965
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	99,570 0.0000
		Yearly Payment:	587,874	Total FRVS PD:	19.1682

- (1) 80% Capital (\$4,906,899) amortized at 10.5000 % for 20 years Principal & Interest of \$587,874 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.9131
- (2) 20% ROE (\$1,226,725) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5331
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.2984	55.2984	0.9621	54.3363
Direct Care	67.4257	67.4257	1.1730	66.2527
Indirect Care	47.5292	47.5292	0.8269	46.7023
Property	13.6500	19.1682	0.3335	18.8347
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0784
Supplemental Rate Add-on				9.9025
Totals	183.9033	189.4215	3.2955	220.1069

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	8,657,757	0.00	0.9007	0.9007		120		3,530,760	3,530,760	1
1988/07		0.00	0.5899	0.5899		120	3.21	3,530,760	3,557,520	
1989/01		0.10	0.5899	0.5899		120	3.21	3,530,760	3,578,520	
1989/07		0.10	0.5899	0.5899		120	3.21	3,530,760	3,602,760	
1990/01		0.20	0.5899	0.5899		120	3.21	3,530,760	3,620,880	
1990/07		0.20	0.5899	0.5899		120	3.21	3,530,760	3,642,240	
1991/01		0.30	0.5899	0.5899		120	3.21	3,530,760	3,663,600	
1991/07		0.30	1.4932	1.4932		120	3.21	3,530,760	3,718,320	
1992/01	36,374	0.40	2.0117	2.0117		120	24.68	3,567,134	3,793,080	
1992/07	676,616	0.40	1.8152	1.8152		120	50.35	4,267,461	3,861,960	
1993/01		0.50	1.7710	1.7710		120	50.35	4,302,055	3,930,360	
1993/07		0.50	1.5329	1.5329		120	50.35	4,332,242	3,990,600	
1994/01		0.60	1.6983	1.6983		120	50.35	4,058,400	4,058,400	5
1994/07		0.60	1.5991	1.5991		120	50.35	4,123,320	4,123,320	5
1995/01		0.70	1.5812	1.5812		120	50.35	4,455,757	4,188,480	
1995/07		0.70	1.5250	1.5250		120	51.70	4,500,468	4,252,320	
1996/01		0.80	1.7228	1.7228		120	51.70	4,325,640	4,325,640	5
1996/07	29,155	0.80	1.3294	1.3294		120	53.59	4,383,120	4,383,120	
1997/01		0.90	1.4109	1.4109		120	53.59	4,437,350	4,444,920	
1997/07	44,475	0.90	1.0917	1.0917		120	53.24	4,493,400	4,493,400	8
1998/01		1.00	1.1663	1.1663		120	53.24	4,544,130	4,545,840	
1998/07		1.00	1.0794	1.0794		120	45.26	4,584,493	4,594,920	
1999/01		1.00	1.4499	1.4499		120	45.26	4,639,192	4,661,520	
1999/07		1.00	1.2299	1.2299		120	45.26	4,686,145	4,718,880	
2000/01	69,196	1.00	1.3356	1.3356		120	43.38	4,781,880	4,781,880	8
2000/07		1.00	1.1129	1.1129		120	43.73	4,824,193	4,835,040	
2001/01		1.00	1.2976	1.2976		120	43.73	4,873,965	4,897,800	
2001/07		1.00	0.9615	0.9615		120	49.17	4,915,861	4,944,840	
2002/01		1.00	1.0301	1.0301		120	49.17	4,961,132	4,995,720	
2002/07		1.00	0.8337	0.8337		120	53.41	5,001,297	5,037,360	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	53.41	5,065,750	5,104,200	
2003/07	23,766	1.00	1.1664	1.1664		120	62.11	5,148,603	5,163,720	
2004/01		1.00	1.1103	1.1103		120	62.11	5,205,768	5,221,080	
2004/07		1.00	0.8378	0.8378		120	62.11	5,249,382	5,264,880	
2005/01		1.00	0.8595	0.8595		120	62.11	5,294,500	5,310,120	
2005/07		1.00	0.7364	0.7364		120	62.11	5,333,489	5,349,240	
2006/01		1.00	0.9068	0.9068		120	61.01	5,381,853	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.01	5,425,624	5,441,640	
2007/01		1.00	1.0133	1.0133		120	65.32	5,480,602	5,496,720	
2007/07		1.00	1.1050	1.1050		120	65.32	5,541,163	5,557,440	
2008/01		1.00	0.8556	0.8556		120	78.39	5,588,573	5,604,960	
2008/07		1.00	0.6104	0.6104		120	78.39	5,622,686	5,639,160	
2009/01		0.95	1.3268	1.3268		120	74.49	5,693,560	5,714,040	
2009/07		0.95	0.6841	0.6841		120	74.49	5,730,562	5,753,160	
2010/01		0.90	0.8643	0.8643		120	64.39	5,775,140	5,802,840	
2010/07		0.90	0.7107	0.7107		120	64.39	5,812,078	5,844,120	
2011/01		0.85	0.9198	0.9198		120	71.62	5,857,517	5,897,880	
2011/07		0.85	0.9028	0.9028		120	71.62	5,902,468	5,951,160	
2012/01		0.80	0.3865	0.3865		120	73.09	5,920,718	5,974,200	
2012/07		0.80	0.9417	0.9417		120	73.09	5,965,325	6,030,480	
2013/01		0.75	0.4901	0.4901		120	73.09	5,987,254	6,060,000	
2013/07		0.75	0.6196	0.6196		120	73.09	6,015,077	6,097,560	
2014/01		0.70	0.8564	0.8564		120	73.09	6,051,137	6,149,760	
2014/07		0.70	1.2383	1.2383		120	73.09	6,103,588	6,225,960	
2015/01		0.65	0.7571	0.7571		120	72.49	6,133,624	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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Hillcrest Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4200 WASHINGTON STREET	8/1/2012-12/31/2013	Number of Beds: 240	Superior: 0
HOLLYWOOD , FL 33021	Days in CR 518	Maximum: 124,320	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 87,600	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 113,369	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 27,735	Inflation
Current Class South Large	Initial CR? False	Medicaid: 75,683	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	66.75811%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.19128%	Cost: 1.04618269
Open Date: 01/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/27/1989	Low Occupancy Adjustment Factor:	116.44715%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252531			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,512,961	5,550,889	3,359,409	1,404,676		13,827,935
1a	Audit Adjustments						
2	Cost Per Diem	46.4168	73.3439	44.3879	18.5600		182.7086
3	Cost Per Diem Inflated	48.5605	75.8738	46.4379			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5605	75.8738	46.4379	18.5600		189.4322
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8063		58.1210			
7	Provider Target Rate	52.6669		60.2494			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	54.3578		63.7003			
10b	Base for line 10a	52.4375		61.4499			
11	Lesser of 5,7,8,10, 10a	48.5605	75.8738	46.4379	13.6500		184.5222
12/13	Medical Adjustment Rate		1.4304	0.8755			
14	Prospective Per Diem 11	48.5605	77.3042	47.3134	13.6500		186.8281
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Hillcrest Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 06/27/1989		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,780,937.00	Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed	80% Capital(1):	8,878,687 11.0943
Indexed Asset Value	11,098,359	<60% of Base:	False	20% ROE(2):	2,219,672 0.4823
FRVS Base Asset:	6,840,000	Interest Rate:	10.6343%	Insurance Cost(3):	92,059 0.8120
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	295,605 2.6075
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	94,805 0.8363
		Interest Only:	False	Replacement(3&4):	204,484 0.0000
		Yearly Payment:	874,674	Total FRVS PD:	15.8324

- (1) 80% Capital (\$8,878,687) amortized at 7.7500 % for 20 years Principal & Interest of \$874,674 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$11.0943
- (2) 20% ROE (\$2,219,672) times the ROE factor (0.017130) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.4823
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5605	48.5605	0.8448	47.7157
Direct Care	77.3042	77.3042	1.3449	75.9593
Indirect Care	47.3134	47.3134	0.8231	46.4903
Property	13.6500	15.8324	0.2754	15.5570
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.4256
Supplemental Rate Add-on				9.9025
Totals	186.8281	189.0105	3.2882	198.0504

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	12,125,940	0.00	0.8299	0.8299		240		6,840,000	6,840,000	1
1986/07		0.10	0.2974	0.2974		240		6,840,000	6,883,680	
1987/01		0.10	1.0091	1.0091		240		6,840,000	7,006,800	
1987/07		0.20	0.9007	0.9007		240		6,840,000	7,061,520	
1988/01		0.20	0.9007	0.9007		240		6,840,000	7,118,880	
1988/07		0.30	0.5899	0.5899		240		6,840,000	7,115,040	
1989/01		0.30	0.5899	0.5899		240	16.11	6,840,000	7,157,040	
1989/07		0.40	0.5899	0.5899		240	16.11	6,840,000	7,205,520	
1990/01		0.40	0.5899	0.5899		240	16.11	6,840,000	7,241,760	
1990/07		0.50	0.5899	0.5899		240	16.11	6,840,000	7,284,480	
1991/01		0.50	0.5899	0.5899		240	16.11	6,840,000	7,327,200	
1991/07		0.60	1.4932	1.4932		240	16.11	6,840,000	7,436,640	
1992/01		0.60	2.0117	2.0117		240	34.20	6,891,337	7,586,160	
1992/07		0.70	1.8152	1.8152		240	34.20	6,945,784	7,723,920	
1993/01		0.70	1.7710	1.7710		240	41.19	7,010,270	7,860,720	
1993/07		0.80	1.5329	1.5329		240	41.19	7,074,651	7,981,200	
1994/01	58,106	0.80	1.6983	1.6983		240	36.67	7,196,840	8,116,800	
1994/07		0.90	1.5991	1.5991		240	36.67	7,265,898	8,246,640	
1995/01	39,125	0.90	1.5812	1.5812		240	37.45	7,375,430	8,376,960	
1995/07		1.00	1.5250	1.5250		240	37.45	7,452,015	8,504,640	
1996/01	72,848	1.00	1.7228	1.7228		240	39.59	7,617,276	8,651,280	
1996/07		1.00	1.3294	1.3294		240	39.59	7,690,168	8,766,240	
1997/01	45,412	1.00	1.4109	1.4109		240	43.86	7,822,104	8,889,840	
1997/07		1.00	1.0917	1.0917		240	43.86	7,890,202	8,986,800	
1998/01		1.00	1.1663	1.1663		240	50.97	7,975,483	9,091,680	
1998/07		1.00	1.0794	1.0794		240	50.97	8,055,263	9,189,840	
1999/01	212,819	1.00	1.4499	1.4499		240	60.23	8,268,082	9,323,040	5
1999/07		1.00	1.2299	1.2299		240	60.23	8,488,001	9,437,760	
2000/01	129,860	1.00	1.3356	1.3356		240	65.73	8,731,227	9,563,760	
2000/07		1.00	1.1129	1.1129		240	65.73	8,828,397	9,670,080	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	43,814	1.00	1.2976	1.2976		240	71.64	8,986,768	9,795,600	
2001/07		1.00	0.9615	0.9615		240	64.20	9,073,176	9,889,680	
2002/01		1.00	1.0301	1.0301		240	64.20	9,166,639	9,991,440	
2002/07		1.00	0.8337	0.8337		240	64.20	9,243,061	10,074,720	
2003/01		1.00	1.3271	1.3271		240	64.20	9,365,726	10,208,400	
2003/07		1.00	1.1664	1.1664		240	64.20	9,474,968	10,327,440	
2004/01		1.00	1.1103	1.1103		240	64.20	9,580,169	10,442,160	
2004/07		1.00	0.8378	0.8378		240	72.07	9,660,432	10,529,760	
2005/01		1.00	0.8595	0.8595		240	72.07	9,743,463	10,620,240	
2005/07		1.00	0.7364	0.7364		240	71.65	9,815,214	10,698,480	
2006/01		1.00	0.9068	0.9068		240	68.63	9,904,218	10,795,440	
2006/07		0.95	0.8133	0.8133		240	68.63	9,980,738	10,883,280	
2007/01		0.95	1.0133	1.0133		240	64.34	10,076,813	10,993,440	
2007/07		0.90	1.1050	1.1050		240	64.34	10,177,027	11,114,880	
2008/01		0.90	0.8556	0.8556		240	64.34	10,255,390	11,209,920	
2008/07		0.85	0.6104	0.6104		240	64.30	10,308,595	11,278,320	
2009/01		0.85	1.3268	1.3268		240	60.70	10,424,855	11,428,080	
2009/07		0.80	0.6841	0.6841		240	60.70	10,481,910	11,506,320	
2010/01		0.80	0.8643	0.8643		240	60.70	10,554,382	11,605,680	
2010/07		0.75	0.7107	0.7107		240	62.01	10,610,637	11,688,240	
2011/01		0.75	0.9198	0.9198		240	57.87	10,683,840	11,795,760	
2011/07		0.70	0.9028	0.9028		240	57.87	10,751,362	11,902,320	
2012/01		0.70	0.3865	0.3865		240	65.79	10,780,455	11,948,400	
2012/07		0.65	0.9417	0.9417		240	65.79	10,846,442	12,060,960	
2013/01		0.65	0.4901	0.4901		240	65.79	10,880,999	12,120,000	
2013/07		0.60	0.6196	0.6196		240	65.79	10,921,455	12,195,120	
2014/01		0.60	0.8564	0.8564		240	65.79	10,977,569	12,299,520	
2014/07		0.55	1.2383	1.2383		240	65.79	11,052,337	12,451,920	
2015/01		0.55	0.7571	0.7571		240	66.76	11,098,359	12,546,240	

Message Code:

- | | |
|---|----------------------------------|
| 1 | Per Bed Standard Limitation |
| 5 | Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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Health Central Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : Other CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
411 NORTH DILLARD STREET	10/1/2013-9/30/2014	Number of Beds: 228	Superior: 0
WINTER GARDEN, FL 34787	Days in CR 365	Maximum: 83,220	Standard: 206
County: Orange [48]	First Used : 2015/01	Max Annualized: 83,220	Conditional: 37
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 75,211	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 9,740	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 54,201	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	72.06526%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.37611%	Cost: 1.02853242
Open Date: 10/01/1977	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1977	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 11/01/1977	Low Occupancy Adjustment Factor:	115.40622%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 204811			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,687,971	5,133,531	2,574,219	342,550		10,738,271	
1a	Audit Adjustments							
2	Cost Per Diem	49.5926	94.7128	47.4939	6.3200		198.1193	
3	Cost Per Diem Inflated	51.0076	96.9537	48.8490				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.0076	96.9537	48.8490	6.3200		203.1303	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.6560		55.0404				
7	Provider Target Rate	51.4744		57.0560				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.0076	96.9537	48.8490	6.3200		203.1303	
12/13	Medical Adjustment Rate		2.0403	1.0280				
14	Prospective Per Diem 11	51.0076	98.9940	49.8770	6.3200		206.1986	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Health Central Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	8,885,644 13.6845
RS to Start Calcs:	1977/07	<60% of Base:	False	20% ROE(2):	2,221,411 0.6765
Indexed Asset Value	11,107,055	Interest Rate:	9.9428%	Insurance Cost(3):	54,326 0.7223
FRVS Base Asset:	1,411,740	Chase Rate:	8.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.9428%	Home Office(3):	45,815 0.6092
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	189,915 0.0000
		Yearly Payment:	1,024,943	Total FRVS PD:	15.6925

- (1) 80% Capital (\$8,885,644) amortized at 9.9428 % for 20 years Principal & Interest of \$1,024,943 divided by annual available days (83220) divided by Occup. Adj. (0.90) = \$13.6845
- (2) 20% ROE (\$2,221,411) times the ROE factor (0.022810) divided by annual available days (83220) divided by Occup. Adj. (0.90) = \$0.6765
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.0076	51.0076	0.8874	50.1202
Direct Care	98.9940	98.9940	1.7223	97.2717
Indirect Care	49.8770	49.8770	0.8677	49.0093
Property	6.3200	15.6925	0.2730	15.4195
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4536
Supplemental Rate Add-on				9.9025
Totals	206.1986	215.5711	3.7504	245.1768

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	957,119	0.00	5.0576	3.0000	2.0576	118	100.00	957,119	2,004,702	
1978/01		0.10	6.7973	3.0000	3.7973	118	100.00	959,990	2,099,810	
1978/07		0.10	9.3367	3.0000	6.3367	118	100.00	962,870	2,216,040	
1979/01	9,555	0.20	11.4640	3.0000	8.4640	118	100.00	978,202	2,329,674	
1979/07	107	0.20	12.6622	3.0000	9.6622	118	100.00	984,178	2,427,496	
1980/01		0.30	15.8279	3.0000	12.8279	118	55.00	993,036	2,577,238	
1980/07	47,495	0.30	16.6385	3.0000	13.6385	118	55.00	1,049,468	2,675,414	
1981/01		0.40	17.4626	3.0000	14.4626	118	55.00	1,062,062	2,777,720	
1981/07	35,845	0.40	17.0514	3.0000	14.0514	118	55.00	1,110,652	2,849,582	
1982/01	792	0.50	16.7274	3.0000	13.7274	118	72.07	1,128,104	2,925,928	
1982/07	77,661	0.50	16.0251	3.0000	13.0251	118	72.07	1,222,687	2,993,070	
1983/04		0.60	15.6539	3.0000	12.6539	118	75.34	1,244,695	3,071,776	
1983/07	4,799	0.60	16.6117	3.0000	13.6117	118	75.34	1,271,899	3,193,316	
1984/01		0.70	14.9069	3.0000	11.9069	118	74.10	1,298,609	3,234,734	
1984/07	1,675	0.70	13.8248	3.0000	10.8248	118	74.10	1,327,555	3,296,802	
1985/01		0.80	11.9719	3.0000	8.9719	118	74.10	1,359,416	3,334,562	
1985/10	19,698	0.80	9.8241	3.0000	6.8241	118	74.10	1,411,740	3,363,000	
1986/01		0.90	7.6540	3.0000	4.6540	118	74.10	1,449,857	3,390,966	
1986/07		0.90	4.9514	3.0000	1.9514	118	74.09	1,489,003	3,384,476	
1987/01		1.00	2.9605	2.9605		118	73.48	1,533,085	3,445,010	
1987/07		1.00	0.9007	0.9007		118	73.48	1,546,893	3,471,914	
1988/01	113,307	1.00	0.9007	0.9007		228	77.86	1,674,133	6,762,936	
1988/07	3,571,844	1.00	0.5899	0.5899		228	77.86	5,255,853	6,759,288	
1989/01	820,527	1.00	0.5899	0.5899		228	76.98	6,107,384	6,799,188	
1989/07		1.00	0.5899	0.5899		228	76.98	6,143,411	6,845,244	
1990/01		1.00	0.5899	0.5899		228	76.98	6,179,651	6,879,672	
1990/07	237,896	1.00	0.5899	0.5899		228	76.33	6,454,001	6,920,256	
1991/01		1.00	0.5899	0.5899		228	76.33	6,492,073	6,960,840	
1991/07	97,433	1.00	1.4932	1.4932		228	77.39	6,686,446	7,064,808	
1992/01		1.00	2.0117	2.0117		228	77.39	6,820,957	7,206,852	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		228	78.34	6,944,771	7,337,724	
1993/01		1.00	1.7710	1.7710		228	78.34	7,067,763	7,467,684	
1993/07		1.00	1.5329	1.5329		228	76.84	7,176,105	7,582,140	
1994/01	936,966	1.00	1.6983	1.6983		228	76.87	8,234,943	7,710,960	
1994/07		1.00	1.5991	1.5991		228	76.87	8,366,628	7,834,308	
1995/01		1.00	1.5812	1.5812		228	76.87	8,498,921	7,958,112	
1995/07	155,151	1.00	1.5250	1.5250		228	80.21	8,783,681	8,079,408	
1996/01		1.00	1.7228	1.7228		228	80.21	8,935,006	8,218,716	
1996/07	55,572	1.00	1.3294	1.3294		228	79.64	8,935,006	8,327,928	3
1997/01		1.00	1.4109	1.4109		228	79.64	8,935,006	8,445,348	3
1997/07		1.00	1.0917	1.0917		228	78.07	8,935,006	8,537,460	3
1998/01		0.95	1.1663	1.1663		228	78.07	8,935,006	8,637,096	3
1998/07		0.95	1.0794	1.0794		228	80.77	8,935,006	8,730,348	3
1999/01	350,718	0.90	1.4499	1.4499		228	77.22	8,935,006	8,856,888	3
1999/07		0.90	1.2299	1.2299		228	77.22	8,965,872	8,965,872	8
2000/01		0.85	1.3356	1.3356		228	77.22	8,965,872	9,085,572	5
2000/07		0.85	1.1129	1.1129		228	79.97	9,153,442	9,186,576	
2001/01		0.80	1.2976	1.2976		228	79.97	9,153,442	9,305,820	5
2001/07	42,217	0.80	0.9615	0.9615		228	80.93	9,361,820	9,395,196	
2002/01		0.75	1.0301	1.0301		228	80.93	9,434,149	9,491,868	
2002/07		0.75	0.8337	0.8337		228	81.80	9,493,141	9,570,984	
2003/01		0.70	1.3271	1.3271		228	81.80	9,581,332	9,697,980	
2003/07	29,875	0.70	1.1664	1.1664		228	80.46	9,689,439	9,811,068	
2004/01		0.65	1.1103	1.1103		228	77.52	9,759,368	9,920,052	
2004/07		0.65	0.8378	0.8378		228	77.52	9,812,518	10,003,272	
2005/01	61,379	0.60	0.8595	0.8595		228	75.57	9,924,500	10,089,228	
2005/07		0.60	0.7364	0.7364		228	75.57	9,968,346	10,163,556	
2006/01		0.55	0.9068	0.9068		228	75.57	10,018,058	10,255,668	
2006/07	152,893	0.55	0.8133	0.8133		228	70.47	10,215,762	10,339,116	
2007/01		0.50	1.0133	1.0133		228	70.33	10,267,525	10,443,768	



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 9/30/2014

0 048441-00 - 2015/01

245.18

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		228	70.33	10,324,253	10,559,136	
2008/01		0.45	0.8556	0.8556		228	70.33	10,364,001	10,649,424	
2008/07	65,589	0.45	0.6104	0.6104		228	67.83	10,458,060	10,714,404	
2009/01		0.40	1.3268	1.3268		228	64.65	10,513,561	10,856,676	
2009/07		0.40	0.6841	0.6841		228	64.65	10,542,326	10,931,004	
2010/01		0.35	0.8643	0.8643		228	64.65	10,574,217	11,025,396	
2010/07	129,517	0.35	0.7107	0.7107		228	65.56	10,730,032	11,103,828	
2011/01		0.30	0.9198	0.9198		228	65.56	10,759,636	11,205,972	
2011/07		0.30	0.9028	0.9028		228	65.24	10,788,773	11,307,204	
2012/01		0.25	0.3865	0.3865		228	68.65	10,799,195	11,350,980	
2012/07		0.25	0.9417	0.9417		228	68.65	10,824,616	11,457,912	
2013/01		0.20	0.4901	0.4901		228	68.65	10,835,224	11,514,000	
2013/07	110,220	0.20	0.6196	0.6196		228	65.26	10,958,869	11,585,364	
2014/01		0.15	0.8564	0.8564		228	65.26	10,972,951	11,684,544	
2014/07	52,435	0.15	1.2383	1.2383		228	67.00	11,045,763	11,829,324	
2015/01	52,930	0.10	0.7571	0.7571		228	72.07	11,107,055	11,918,928	

Message Code:

- | |
|--|
| 3 Index Cost Limitation - January 1996 |
| 5 Uncorrected Licensure Deficiency |
| 8 Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 048611-00 - 2015/01

216.08

Ocala Oaks Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3930 E SILVER SPRINGS BLVD	12/1/2012-12/31/2013	Number of Beds: 120	Superior: 243
OCALA, FL 34470-5006	Days in CR 396	Maximum: 47,520	Standard: 0
County: Marion [42]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 42,446	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,593	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,485	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	69.46473%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.32239%	Cost: 1.04340134
Open Date: 04/04/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/04/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/18/1991	Low Occupancy Adjustment Factor:	114.06067%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 214043			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,182,170	2,381,949	1,159,817	905,484		5,629,420	
1a	Audit Adjustments							
2	Cost Per Diem	40.0939	80.7851	39.3358	30.7100		190.9248	
3	Cost Per Diem Inflated	41.8340	83.4111	41.0430				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.8340	83.4111	41.0430	30.7100		196.9981	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.2881		56.4371				
7	Provider Target Rate	52.1297		58.5039				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	52.4093		64.5953				
10b	Base for line 10a	50.5578		62.3133				
11	Lesser of 5,7,8,10, 10a	41.8340	83.4111	41.0430	13.6500		179.9381	
12/13	Medical Adjustment Rate		1.8265	0.8988				
14	Prospective Per Diem 11	41.8340	85.2376	41.9418	13.6500		182.6634	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 048611-00 - 2015/01

216.08

Rate Semester 01/01/2015 through 08/31/2015

Ocala Oaks Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/18/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,899,145.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	4,363,735	13.4861
Indexed Asset Value	5,454,669	<60% of Base:	False	20% ROE(2):	1,090,934	0.5084
FRVS Base Asset:	3,642,240	Interest Rate:	10.7500%	Insurance Cost(3):	46,992	1.1071
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	68,446	1.6125
ROE Factor	0.018370	Amortization Rate:	10.7500%	Home Office(3):	9,810	0.2311
		Interest Only:	False	Replacement(3&4):	83,829	0.0000
		Yearly Payment:	531,623	Total FRVS PD:		16.9452

- (1) 80% Capital (\$4,363,735) amortized at 10.7500 % for 20 years Principal & Interest of \$531,623 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.4861
- (2) 20% ROE (\$1,090,934) times the ROE factor (0.018370) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5084
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.8340	41.8340	0.7278	41.1062
Direct Care	85.2376	85.2376	1.4829	83.7547
Indirect Care	41.9418	41.9418	0.7297	41.2121
Property	13.6500	16.9452	0.2948	16.6504
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4585
Supplemental Rate Add-on				9.9025
Totals	182.6634	185.9586	3.2352	216.0844

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 048611-00 - 2015/01

216.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	5,853,321	0.00	0.5899	0.5899		120	36.37	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	36.37	3,645,836	3,718,320	
1992/01		0.10	2.0117	2.0117		120	36.37	3,650,687	3,793,080	
1992/07		0.20	1.8152	1.8152		120	36.37	3,659,450	3,861,960	
1993/01		0.20	1.7710	1.7710		120	36.37	3,659,450	3,930,360	5
1993/07		0.30	1.5329	1.5329		120	36.37	3,668,021	3,990,600	5
1994/01		0.30	1.6983	1.6983		120	36.37	3,691,572	4,058,400	
1994/07		0.40	1.5991	1.5991		120	55.85	3,715,183	4,123,320	
1995/01		0.40	1.5812	1.5812		120	60.14	3,738,682	4,188,480	
1995/07		0.50	1.5250	1.5250		120	60.14	3,767,189	4,252,320	
1996/01		0.50	1.7228	1.7228		120	60.14	3,799,640	4,325,640	
1996/07		0.60	1.3294	1.3294		120	55.93	3,829,946	4,383,120	
1997/01		0.60	1.4109	1.4109		120	55.93	3,829,946	4,444,920	5
1997/07		0.70	1.0917	1.0917		120	54.16	3,891,431	4,493,400	
1998/01		0.70	1.1663	1.1663		120	60.63	3,923,201	4,545,840	
1998/07		0.80	1.0794	1.0794		120	60.63	3,957,078	4,594,920	
1999/01		0.80	1.4499	1.4499		120	60.63	4,002,976	4,661,520	
1999/07		0.90	1.2299	1.2299		120	69.59	4,047,285	4,718,880	
2000/01		0.90	1.3356	1.3356		120	70.95	4,095,933	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.95	4,141,517	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.16	4,195,257	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.16	4,235,594	4,944,840	
2002/01	29,291	1.00	1.0301	1.0301		120	67.54	4,308,516	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.54	4,344,436	5,037,360	
2003/01		1.00	1.3271	1.3271		120	68.29	4,402,091	5,104,200	
2003/07		1.00	1.1664	1.1664		120	68.29	4,453,437	5,163,720	
2004/01		1.00	1.1103	1.1103		120	70.29	4,502,884	5,221,080	
2004/07		1.00	0.8378	0.8378		120	70.29	4,540,609	5,264,880	
2005/01		1.00	0.8595	0.8595		120	64.01	4,579,636	5,310,120	
2005/07		1.00	0.7364	0.7364		120	64.01	4,613,360	5,349,240	



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 048611-00 - 2015/01

216.08

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	65.02	4,655,194	5,397,720	
2006/07		1.00	0.8133	0.8133		120	65.02	4,693,055	5,441,640	
2007/01		1.00	1.0133	1.0133		120	65.02	4,740,610	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.94	4,792,994	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.94	4,834,003	5,604,960	
2008/07		1.00	0.6104	0.6104		120	62.73	4,863,510	5,639,160	
2009/01		1.00	1.3268	1.3268		120	62.36	4,928,039	5,714,040	
2009/07		1.00	0.6841	0.6841		120	62.36	4,961,752	5,753,160	
2010/01		1.00	0.8643	0.8643		120	62.36	5,004,636	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.34	5,040,204	5,844,120	
2011/01	18,412	1.00	0.9198	0.9198		120	72.05	5,104,976	5,897,880	
2011/07		0.95	0.9028	0.9028		120	72.05	5,148,761	5,951,160	
2012/01		0.95	0.3865	0.3865		120	68.86	5,167,667	5,974,200	
2012/07		0.90	0.9417	0.9417		120	68.86	5,211,463	6,030,480	
2013/01		0.90	0.4901	0.4901		120	68.86	5,234,451	6,060,000	
2013/07		0.85	0.6196	0.6196		120	68.86	5,262,021	6,097,560	
2014/01		0.85	0.8564	0.8564		120	68.86	5,300,323	6,149,760	
2014/07		0.80	1.2383	1.2383		120	68.86	5,352,828	6,225,960	
2015/01	69,419	0.80	0.7571	0.7571		120	69.46	5,454,669	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 048807-00 - 2015/01

266.20

New Riviera Nursing and Rehabilitation Center

Type of Cost Report: Cost Settled Interim New Facility Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
6901 YUMURI STREET	6/14/2012-11/30/2013	Number of Beds: 223	Superior: 0
CORAL GABLES, FL 33146	Days in CR 535	Maximum: 119,305	Standard: 243
County: Dade [13]	First Used : 2012/01	Max Annualized: 81,395	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 83,325	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 35,683	Inflation
Current Class South Large	Initial CR? True	Medicaid: 29,942	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	35.93399%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	69.84200%	Cost: 1.05040266
Open Date: 04/24/2012	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/24/2012	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 06/14/2012	Low Occupancy Adjustment Factor:	89.18509%	DC Sem Index: 1.25449501
Med # Active Date: 06/14/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,793,825	3,266,209	2,316,113	2,796,882		10,173,029
1a	Audit Adjustments						
2	Cost Per Diem	59.9100	109.0845	77.3533	93.4100		339.7578
3	Cost Per Diem Inflated	62.9296	113.0492	81.2521			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.9296	113.0492	81.2521	93.4100		350.6409
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6928		82.2375			
7	Provider Target Rate	66.0253		85.2491			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	56.1217		65.3289			
10b	Base for line 10a	54.1391		63.0210			
11	Lesser of 5,7,8,10, 10a	56.1217	99.8648	65.3289	13.6500		234.9654
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	56.1217	99.8648	65.3289	13.6500		234.9654
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 048807-00 - 2015/01

266.20

Rate Semester 01/01/2015 through 08/31/2015

New Riviera Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/14/2012	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	31,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	9,093,842	10.8884
RS to Start Calcs:	2012/01	<60% of Base:	False	20% ROE(2):	2,273,461	0.5108
Indexed Asset Value	11,367,303	Interest Rate:	6.9000%	Insurance Cost(3):	544,736	6.5375
FRVS Base Asset:	11,102,055	Chase Rate:	3.2500%	Taxes Cost(3):	573,463	6.8822
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	0	0.0000
ROE Factor	0.016460	Interest Only:	False	Replacement(3&4):	3,000	0.0000
		Yearly Payment:	797,634	Total FRVS PD:		24.8189

- (1) 80% Capital (\$9,093,842) amortized at 6.2500 % for 20 years Principal & Interest of \$797,634 divided by annual available days (81395) divided by Occup. Adj. (0.90) = \$10.8884
- (2) 20% ROE (\$2,273,461) times the ROE factor (0.016460) divided by annual available days (81395) divided by Occup. Adj. (0.90) = \$0.5108
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	49,593
Comparison Date:	07/01/2011	Current RS PBS:	52,276
Comparison Bed	223	Effective PBS Limitation	11,059,239

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.1217	56.1217	0.9764	55.1453
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	65.3289	65.3289	1.1366	64.1923
Property	13.6500	24.8189	0.4318	24.3871
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.4478
Supplemental Rate Add-on				9.9025
Totals	234.9654	246.1343	4.2822	266.2024

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 11/30/2013

0 048807-00 - 2015/01

266.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	46,076,969	0.00	0.3865	0.3865		223	35.93	11,102,055	11,102,055	8
2012/07	80,808	0.10	0.9417	0.9417		223	35.93	11,189,695	11,206,642	
2013/01	74,283	0.10	0.4901	0.4901		223	35.93	11,261,500	11,261,500	8
2013/07	39,712	0.20	0.6196	0.6196		223	35.93	11,310,327	11,331,299	
2014/01		0.20	0.8564	0.8564		223	35.93	11,322,984	11,428,304	
2014/07		0.30	1.2383	1.2383		223	35.93	11,350,464	11,569,909	
2015/01		0.30	0.7571	0.7571		223	35.93	11,367,303	11,657,548	

Message Code:

8 Limited to Current RS Per Bed Standard



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South Dade Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Partnership CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
17475 S DIXIE HWY	6/1/2012-12/31/2012	Number of Beds: 180	Superior: 0
MIAMI, FL 33157	Days in CR 214	Maximum: 38,520	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 38,337	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 10,088	Inflation
Current Class South Large	Initial CR? False	Medicaid: 23,390	FY Index: 1.28970197
Class at 1/94: South Large	Medical Utilization	61.01156%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.52492%	Cost: 1.06351620
Open Date: 01/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20550000
Entered Medicaid 01/01/1985	Low Occupancy Adjustment Factor:	127.08884%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04064290
Previous Med # 214027			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	997,603	1,714,025	1,038,861	670,357		4,420,846	
1a	Audit Adjustments							
2	Cost Per Diem	42.6508	73.2803	44.4147	28.6600		189.0058	
3	Cost Per Diem Inflated	45.3598	76.2586	47.2358				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.3598	76.2586	47.2358	28.6600		197.5142	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	50.3081		60.7112				
10b	Base for line 10a	48.5309		58.5664				
11	Lesser of 5,7,8,10, 10a	45.3598	76.2586	47.2358	13.6500		182.5042	
12/13	Medical Adjustment Rate		0.9447	0.5852				
14	Prospective Per Diem 11	45.3598	77.2033	47.8210	13.6500		184.0341	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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South Dade Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,105,900.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed	80% Capital(1):	6,759,606	14.1597
Indexed Asset Value	8,449,508	<60% of Base:	False	20% ROE(2):	1,689,902	0.3827
FRVS Base Asset:	5,130,000	Interest Rate:	11.0000%	Insurance Cost(3):	84,514	2.2045
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	93,757	2.4456
ROE Factor	0.013390	Amortization Rate:	11.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	113,919	0.0000
		Yearly Payment:	837,262	Total FRVS PD:		19.1925

- (1) 80% Capital (\$6,759,606) amortized at 11.0000 % for 20 years Principal & Interest of \$837,262 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$14.1597
- (2) 20% ROE (\$1,689,902) times the ROE factor (0.013390) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3827
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.3598	45.3598	0.7892	44.5706
Direct Care	77.2033	77.2033	1.3432	75.8601
Indirect Care	47.8210	47.8210	0.8320	46.9890
Property	13.6500	19.1925	0.3339	18.8586
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.9788
Supplemental Rate Add-on				9.9025
Totals	184.0341	189.5766	3.2983	217.1596

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	6,600,374	0.00	1.1471	1.1471		180	69.32	6,600,374	5,086,620	
1985/10		0.10	0.8522	0.8522		180	69.32	5,130,000	5,130,000	1
1986/01		0.10	0.8299	0.8299		180	69.32	5,134,258	5,172,660	
1986/07		0.20	0.2974	0.2974		180	69.32	5,137,313	5,162,760	
1987/01		0.20	1.0091	1.0091		180	69.32	5,147,680	5,255,100	
1987/07		0.30	0.9007	0.9007		180	86.04	5,161,589	5,296,140	
1988/01		0.30	0.9007	0.9007		180	86.04	5,175,536	5,339,160	
1988/07		0.40	0.5899	0.5899		180	86.91	5,187,750	5,336,280	
1989/01		0.40	0.5899	0.5899		180	86.91	5,199,993	5,367,780	
1989/07		0.50	0.5899	0.5899		180	87.27	5,215,333	5,404,140	
1990/01		0.50	0.5899	0.5899		180	87.27	5,230,718	5,431,320	
1990/07		0.60	0.5899	0.5899		180	81.97	5,249,230	5,463,360	
1991/01		0.60	0.5899	0.5899		180	81.97	5,267,807	5,495,400	
1991/07		0.70	1.4932	1.4932		180	81.97	5,322,866	5,577,480	
1992/01		0.70	2.0117	2.0117		180	84.41	5,322,866	5,689,620	5
1992/07		0.80	1.8152	1.8152		180	79.97	5,397,823	5,792,940	5
1993/01		0.80	1.7710	1.7710		180	79.97	5,476,210	5,895,540	5
1993/07		0.90	1.5329	1.5329		180	70.92	5,553,797	5,985,900	5
1994/01		0.90	1.6983	1.6983		180	70.92	5,630,417	6,087,600	5
1994/07		1.00	1.5991	1.5991		180	70.92	5,716,478	6,184,980	5
1995/01		1.00	1.5812	1.5812		180	70.92	5,807,890	6,282,720	5
1995/07		1.00	1.5250	1.5250		180	70.92	5,899,724	6,378,480	5
1996/01		1.00	1.7228	1.7228		180	70.92	5,989,695	6,488,460	5
1996/07		1.00	1.3294	1.3294		180	70.82	6,092,885	6,574,680	5
1997/01		1.00	1.4109	1.4109		180	70.82	6,173,884	6,667,380	5
1997/07		1.00	1.0917	1.0917		180	71.70	6,329,342	6,740,100	
1998/01		1.00	1.1663	1.1663		180	71.70	6,403,161	6,818,760	
1998/07		1.00	1.0794	1.0794		180	71.88	6,472,277	6,892,380	
1999/01		1.00	1.4499	1.4499		180	78.25	6,472,277	6,992,280	5
1999/07		1.00	1.2299	1.2299		180	78.25	6,566,119	7,078,320	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		180	81.27	6,735,652	7,172,820	
2000/07		1.00	1.1129	1.1129		180	81.27	6,810,613	7,252,560	
2001/01		1.00	1.2976	1.2976		180	81.27	6,898,988	7,346,700	
2001/07		1.00	0.9615	0.9615		180	80.40	6,965,322	7,417,260	
2002/01		1.00	1.0301	1.0301		180	85.53	7,037,072	7,493,580	
2002/07		1.00	0.8337	0.8337		180	85.53	7,095,740	7,556,040	
2003/01		1.00	1.3271	1.3271		180	86.10	7,189,908	7,656,300	
2003/07		1.00	1.1664	1.1664		180	86.10	7,273,771	7,745,580	
2004/01		1.00	1.1103	1.1103		180	84.03	7,354,532	7,831,620	
2004/07		1.00	0.8378	0.8378		180	84.03	7,416,148	7,897,320	
2005/01		1.00	0.8595	0.8595		180	84.03	7,479,890	7,965,180	
2005/07		0.95	0.7364	0.7364		180	79.17	7,532,219	8,023,860	
2006/01		0.95	0.9068	0.9068		180	78.32	7,597,109	8,096,580	
2006/07		0.90	0.8133	0.8133		180	78.32	7,652,720	8,162,460	
2007/01		0.90	1.0133	1.0133		180	80.21	7,722,513	8,245,080	
2007/07		0.85	1.1050	1.1050		180	80.21	7,795,051	8,336,160	
2008/01		0.85	0.8556	0.8556		180	80.21	7,851,744	8,407,440	
2008/07		0.80	0.6104	0.6104		180	76.50	7,890,084	8,458,740	
2009/01		0.80	1.3268	1.3268		180	71.26	7,973,829	8,571,060	
2009/07		0.75	0.6841	0.6841		180	71.26	8,014,743	8,629,740	
2010/01		0.75	0.8643	0.8643		180	76.99	8,066,695	8,704,260	
2010/07		0.70	0.7107	0.7107		180	76.99	8,106,827	8,766,180	
2011/01		0.70	0.9198	0.9198		180	76.99	8,159,027	8,846,820	
2011/07		0.65	0.9028	0.9028		180	81.52	8,206,904	8,926,740	
2012/01		0.65	0.3865	0.3865		180	83.59	8,227,520	8,961,300	
2012/07		0.60	0.9417	0.9417		180	83.59	8,274,005	9,045,720	
2013/01		0.60	0.4901	0.4901		180	83.59	8,298,339	9,090,000	
2013/07		0.55	0.6196	0.6196		180	83.59	8,326,620	9,146,340	
2014/01		0.55	0.8564	0.8564		180	83.59	8,365,838	9,224,640	
2014/07		0.50	1.2383	1.2383		180	83.59	8,417,639	9,338,940	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		180	61.01	8,449,508	9,409,680	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 054789123120120601201210282014104933



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Golden Glades Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
220 SIERRA DRIVE	6/1/2012-12/31/2012	Number of Beds: 180	Superior: 0
MIAMI , FL 33179	Days in CR 214	Maximum: 38,520	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 34,471	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 5,259	Inflation
Current Class South Large	Initial CR? False	Medicaid: 26,854	FY Index: 1.28970197
Class at 1/94: South Large	Medical Utilization	77.90316%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.48858%	Cost: 1.06351620
Open Date: 09/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20550000
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	114.27288%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04064290
Previous Med # 207993			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,209,507	2,002,096	1,634,784	893,433		5,739,820	
1a	Audit Adjustments							
2	Cost Per Diem	45.0401	74.5549	60.8767	33.2700		213.7417	
3	Cost Per Diem Inflated	47.9009	77.5850	64.7434				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.9009	77.5850	64.7434	33.2700		223.4993	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	51.1813		66.3369				
10b	Base for line 10a	49.3732		63.9934				
11	Lesser of 5,7,8,10, 10a	47.9009	77.5850	64.7434	13.6500		203.8793	
12/13	Medical Adjustment Rate		2.4355	2.0324				
14	Prospective Per Diem 11	47.9009	80.0205	66.7758	13.6500		208.3472	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Golden Glades Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,469,400.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	7,250,455	15.8441
Indexed Asset Value	9,063,069	<60% of Base:	False	20% ROE(2):	1,812,614	0.4105
FRVS Base Asset:	5,130,000	Interest Rate:	11.6500%	Insurance Cost(3):	77,646	2.2525
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	91,225	2.6464
ROE Factor	0.013390	Amortization Rate:	11.6500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	40,162	0.0000
		Yearly Payment:	936,861	Total FRVS PD:		21.1535

- (1) 80% Capital (\$7,250,455) amortized at 11.6500 % for 20 years Principal & Interest of \$936,861 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$15.8441
- (2) 20% ROE (\$1,812,614) times the ROE factor (0.013390) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4105
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.9009	47.9009	0.8334	47.0675
Direct Care	80.0205	80.0205	1.3922	78.6283
Indirect Care	66.7758	66.7758	1.1617	65.6141
Property	13.6500	21.1535	0.3680	20.7855
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0420
Supplemental Rate Add-on				9.9025
Totals	208.3472	215.8507	3.7553	242.0399

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	7,752,047	0.00	1.9179	1.9179		180	67.50	7,752,047	5,029,020	
1985/01	6,835	0.10	1.1471	1.1471		180	67.50	7,767,774	5,086,620	
1985/10		0.10	0.8522	0.8522		180	67.50	5,130,000	5,130,000	1
1986/01		0.20	0.8299	0.8299		180	67.50	5,138,516	5,172,660	
1986/07		0.20	0.2974	0.2974		180	67.50	5,141,573	5,162,760	
1987/01		0.30	1.0091	1.0091		180	67.50	5,157,137	5,255,100	
1987/07		0.30	0.9007	0.9007		180	76.71	5,171,072	5,296,140	
1988/01		0.40	0.9007	0.9007		180	76.71	5,189,703	5,339,160	
1988/07		0.40	0.5899	0.5899		180	78.58	5,201,951	5,336,280	
1989/01		0.50	0.5899	0.5899		180	78.58	5,217,297	5,367,780	
1989/07		0.50	0.5899	0.5899		180	80.14	5,232,688	5,404,140	
1990/01		0.60	0.5899	0.5899		180	80.14	5,251,206	5,431,320	
1990/07		0.60	0.5899	0.5899		180	77.87	5,269,790	5,463,360	
1991/01		0.70	0.5899	0.5899		180	77.87	5,291,549	5,495,400	
1991/07	148,648	0.70	1.4932	1.4932		180	78.97	5,495,504	5,577,480	
1992/01		0.80	2.0117	2.0117		180	78.97	5,583,949	5,689,620	
1992/07		0.80	1.8152	1.8152		180	70.88	5,665,039	5,792,940	
1993/01		0.90	1.7710	1.7710		180	70.88	5,755,334	5,895,540	
1993/07		0.90	1.5329	1.5329		180	70.94	5,834,735	5,985,900	
1994/01		1.00	1.6983	1.6983		180	70.94	5,933,826	6,087,600	
1994/07	89,800	1.00	1.5991	1.5991		180	74.85	6,118,514	6,184,980	
1995/01		1.00	1.5812	1.5812		180	74.85	6,215,260	6,282,720	
1995/07		1.00	1.5250	1.5250		180	77.51	6,310,043	6,378,480	
1996/01		1.00	1.7228	1.7228		180	77.51	6,418,752	6,488,460	
1996/07		1.00	1.3294	1.3294		180	76.85	6,504,083	6,574,680	
1997/01		1.00	1.4109	1.4109		180	76.85	6,595,849	6,667,380	
1997/07	33,943	1.00	1.0917	1.0917		180	80.43	6,701,799	6,740,100	
1998/01		1.00	1.1663	1.1663		180	80.43	6,779,962	6,818,760	
1998/07		1.00	1.0794	1.0794		180	79.56	6,779,962	6,892,380	5
1999/01		1.00	1.4499	1.4499		180	79.56	6,952,509	6,992,280	



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2012

0 054790-00 - 2015/01

242.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		180	82.76	7,038,018	7,078,320	
2000/01		1.00	1.3356	1.3356		180	82.76	7,132,018	7,172,820	
2000/07		1.00	1.1129	1.1129		180	84.89	7,211,390	7,252,560	
2001/01		1.00	1.2976	1.2976		180	83.10	7,304,965	7,346,700	
2001/07		1.00	0.9615	0.9615		180	83.10	7,375,202	7,417,260	
2002/01		1.00	1.0301	1.0301		180	86.61	7,451,174	7,493,580	
2002/07		1.00	0.8337	0.8337		180	86.61	7,513,294	7,556,040	
2003/01		1.00	1.3271	1.3271		180	89.37	7,613,003	7,656,300	
2003/07		1.00	1.1664	1.1664		180	89.37	7,701,801	7,745,580	
2004/01		1.00	1.1103	1.1103		180	86.89	7,787,314	7,831,620	
2004/07		1.00	0.8378	0.8378		180	86.89	7,852,556	7,897,320	
2005/01		0.95	0.8595	0.8595		180	86.89	7,916,672	7,965,180	
2005/07	78,157	0.95	0.7364	0.7364		180	86.89	8,023,860	8,023,860	8
2006/01	53,817	0.90	0.9068	0.9068		180	92.91	8,096,580	8,096,580	8
2006/07		0.90	0.8133	0.8133		180	92.91	8,155,847	8,162,460	
2007/01	51,565	0.85	1.0133	1.0133		180	91.59	8,245,080	8,245,080	8
2007/07		0.85	1.1050	1.1050		180	91.59	8,322,526	8,336,160	
2008/01		0.80	0.8556	0.8556		180	91.59	8,379,494	8,407,440	
2008/07	41,944	0.80	0.6104	0.6104		180	88.85	8,458,740	8,458,740	8
2009/01	32,921	0.75	1.3268	1.3268		180	87.96	8,571,060	8,571,060	8
2009/07		0.75	0.6841	0.6841		180	87.96	8,615,038	8,629,740	
2010/01		0.70	0.8643	0.8643		180	87.96	8,667,159	8,704,260	
2010/07		0.70	0.7107	0.7107		180	95.36	8,710,278	8,766,180	
2011/01		0.65	0.9198	0.9198		180	95.36	8,762,357	8,846,820	
2011/07		0.65	0.9028	0.9028		180	93.86	8,813,775	8,926,740	
2012/01		0.60	0.3865	0.3865		180	88.18	8,834,214	8,961,300	
2012/07		0.60	0.9417	0.9417		180	88.18	8,884,127	9,045,720	
2013/01		0.55	0.4901	0.4901		180	88.18	8,908,079	9,090,000	
2013/07		0.55	0.6196	0.6196		180	88.18	8,938,438	9,146,340	
2014/01		0.50	0.8564	0.8564		180	88.18	8,976,712	9,224,640	



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242.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	88.18	9,032,296	9,338,940	
2015/01		0.45	0.7571	0.7571		180	77.90	9,063,069	9,409,680	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 059369-00 - 2015/01

251.81

Calusa Harbour

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
2525 FIRST ST	10/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
FORT MYERS, FL 33901	Days in CR 273	Maximum: 16,380	Standard: 243
County: Lee [36]	First Used : 2012/07	Max Annualized: 21,900	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 15,035	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,010	Inflation
Current Class South Small	Initial CR? False	Medicaid: 4,716	FY Index: 1.30580299
Class at 1/94: South Small	Medical Utilization	31.36681%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.78877%	Cost: 1.05040266
Open Date: 06/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 06/01/1984	Low Occupancy Adjustment Factor:	117.21012%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 221473			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	192,840	461,049	384,750	23,627		1,062,266	
1a	Audit Adjustments							
2	Cost Per Diem	40.8906	97.7628	81.5840	5.0100		225.2474	
3	Cost Per Diem Inflated	42.9516	101.3160	85.6961				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.9516	101.3160	85.6961	5.0100		234.9737	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4882		86.7353				
7	Provider Target Rate	50.2639		89.9116				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	71.0621		79.4918				
10b	Base for line 10a	68.5517		76.6836				
11	Lesser of 5,7,8,10, 10a	42.9516	101.3160	79.4918	5.0100		228.7694	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	42.9516	101.3160	79.4918	5.0100		228.7694	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

Calusa Harbour

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/2012	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,120,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,580,537 8.2077
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	395,134 0.2979
Indexed Asset Value	1,975,671	Interest Rate:	8.2640%	Insurance Cost(3):	12,968 0.8625
FRVS Base Asset:	1,177,008	Chase Rate:	8.0000%	Taxes Cost(3):	15,091 1.0037
Occup Adj Factor	0.9000	Amortization Rate:	8.2640%	Home Office(3):	853 0.0567
ROE Factor	0.014860	Interest Only:	False	Replacement(3&4):	824,813 0.0000
		Yearly Payment:	161,773	Total FRVS PD:	10.4285

- (1) 80% Capital (\$1,580,537) amortized at 8.2640 % for 20 years Principal & Interest of \$161,773 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$8.2077
- (2) 20% ROE (\$395,134) times the ROE factor (0.014860) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.2979
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.9516	42.9516	0.7473	42.2043
Direct Care	101.3160	101.3160	1.7627	99.5533
Indirect Care	79.4918	79.4918	1.3830	78.1088
Property	5.0100	10.4285	0.1814	10.2471
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.7907
Supplemental Rate Add-on				9.9025
Totals	228.7694	234.1879	4.0744	251.8067

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,133,399	0.00	1.2952	1.2952		100	20.81	1,133,399	2,741,300	
1984/07		0.10	1.9179	1.9179		100	20.81	1,133,399	2,793,900	
1985/01	43,609	0.10	1.1471	1.1471		100	21.44	1,177,008	2,825,900	
1985/10		0.20	0.8522	0.8522		100	21.44	1,177,008	2,850,000	
1986/01		0.20	0.8299	0.8299		100	21.44	1,177,008	2,873,700	
1986/07		0.30	0.2974	0.2974		100	21.44	1,177,008	2,868,200	
1987/01		0.30	1.0091	1.0091		100	21.44	1,177,008	2,919,500	
1987/07		0.40	0.9007	0.9007		100	24.98	1,177,008	2,942,300	
1988/01		0.40	0.9007	0.9007		100	24.98	1,177,008	2,966,200	
1988/07		0.50	0.5899	0.5899		100	24.98	1,177,008	2,964,600	
1989/01	20,674	0.50	0.5899	0.5899		100	25.10	1,199,267	2,982,100	
1989/07	66,741	0.60	0.5899	0.5899		100	22.42	1,266,008	3,002,300	
1990/01		0.60	0.5899	0.5899		100	22.42	1,266,008	3,017,400	
1990/07		0.70	0.5899	0.5899		100	22.42	1,266,008	3,035,200	
1991/01		0.70	0.5899	0.5899		100	22.42	1,266,008	3,053,000	
1991/07		0.80	1.4932	1.4932		100	22.42	1,266,008	3,098,600	
1992/01		0.80	2.0117	2.0117		100	22.42	1,266,008	3,160,900	
1992/07		0.90	1.8152	1.8152		100	27.24	1,276,252	3,218,300	
1993/01		0.90	1.7710	1.7710		100	27.24	1,286,327	3,275,300	
1993/07		1.00	1.5329	1.5329		100	30.06	1,297,104	3,325,500	
1994/01		1.00	1.6983	1.6983		100	30.06	1,309,144	3,382,000	
1994/07		1.00	1.5991	1.5991		100	36.22	1,322,930	3,436,100	
1995/01		1.00	1.5812	1.5812		100	36.22	1,336,706	3,490,400	
1995/07		1.00	1.5250	1.5250		100	38.51	1,350,979	3,543,600	
1996/01		1.00	1.7228	1.7228		100	38.51	1,367,275	3,604,700	
1996/07		1.00	1.3294	1.3294		100	37.54	1,379,681	3,652,600	
1997/01		1.00	1.4109	1.4109		100	37.54	1,392,967	3,704,100	
1997/07		1.00	1.0917	1.0917		100	42.80	1,404,801	3,744,500	
1998/01		1.00	1.1663	1.1663		100	42.80	1,417,551	3,788,200	
1998/07		1.00	1.0794	1.0794		100	42.80	1,429,458	3,829,100	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		100	40.98	1,444,901	3,884,600	
1999/07		1.00	1.2299	1.2299		100	38.91	1,444,901	3,932,400	5
2000/01		1.00	1.3356	1.3356		100	38.91	1,457,473	3,984,900	5
2000/07		1.00	1.1129	1.1129		100	37.59	1,482,435	4,029,200	
2001/01		1.00	1.2976	1.2976		100	37.59	1,495,582	4,081,500	
2001/07	25,639	1.00	0.9615	0.9615		100	51.34	1,534,644	4,120,700	
2002/01		1.00	1.0301	1.0301		100	51.34	1,549,400	4,163,100	
2002/07	16,018	1.00	0.8337	0.8337		100	52.06	1,577,645	4,197,800	
2003/01		1.00	1.3271	1.3271		100	52.06	1,597,463	4,253,500	
2003/07	33,827	1.00	1.1664	1.1664		100	42.24	1,645,600	4,303,100	
2004/01		1.00	1.1103	1.1103		100	42.24	1,659,632	4,350,900	
2004/07	20,413	0.95	0.8378	0.8378		100	53.14	1,692,807	4,387,400	
2005/01		0.95	0.8595	0.8595		100	53.14	1,706,161	4,425,100	
2005/07		0.90	0.7364	0.7364		60	55.08	1,717,469	2,674,620	
2006/01		0.90	0.9068	0.9068		60	55.08	1,731,485	2,698,860	
2006/07		0.85	0.8133	0.8133		60	55.08	1,743,455	2,720,820	
2007/01	28,566	0.85	1.0133	1.0133		60	34.21	1,781,361	2,748,360	
2007/07		0.80	1.1050	1.1050		60	34.21	1,791,156	2,778,720	
2008/01		0.80	0.8556	0.8556		60	34.66	1,798,882	2,802,480	
2008/07	21,206	0.75	0.6104	0.6104		60	25.07	1,823,842	2,819,580	
2009/01		0.75	1.3268	1.3268		60	25.07	1,832,115	2,857,020	
2009/07		0.70	0.6841	0.6841		60	25.07	1,836,114	2,876,580	
2010/01	16,345	0.70	0.8643	0.8643		60	34.36	1,859,399	2,901,420	
2010/07		0.65	0.7107	0.7107		60	38.63	1,865,433	2,922,060	
2011/01		0.65	0.9198	0.9198		60	38.63	1,873,267	2,948,940	
2011/07	67,620	0.60	0.9028	0.9028		60	28.87	1,946,214	2,975,580	
2012/01		0.60	0.3865	0.3865		60	28.87	1,948,583	2,987,100	
2012/07		0.55	0.9417	0.9417		60	31.37	1,954,339	3,015,240	
2013/01		0.55	0.4901	0.4901		60	31.37	1,957,344	3,030,000	
2013/07		0.50	0.6196	0.6196		60	31.37	1,960,803	3,048,780	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		60	31.37	1,965,592	3,074,880	
2014/07		0.45	1.2383	1.2383		60	31.37	1,971,839	3,112,980	
2015/01		0.45	0.7571	0.7571		60	31.37	1,975,671	3,136,560	

Message Code:

5 Uncorrected Licensure Deficiency

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Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 059400-00 - 2015/01

256.44

Stratford Court of Palm Harbor

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
45 KATHERINE BLVD	10/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
PALM HARBOR, FL 34684	Days in CR 273	Maximum: 16,380	Standard: 243
County: Pinellas [52]	First Used : 2012/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 13,287	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,400	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 5,887	FY Index: 1.30580299
Class at 1/94: North Small	Medical Utilization	44.30646%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	81.11722%	Cost: 1.05040266
Open Date: 01/15/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/15/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 02/12/1992	Low Occupancy Adjustment Factor:	103.58303%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 210943			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	308,445	500,270	557,245	56,574		1,422,534	
1a	Audit Adjustments							
2	Cost Per Diem	52.3943	84.9787	94.6569	9.6100		241.6399	
3	Cost Per Diem Inflated	55.0351	88.0673	99.4279				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.0351	88.0673	99.4279	9.6100		252.1403	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.7026		100.6334				
7	Provider Target Rate	57.7425		104.3187				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	62.2544		74.3916				
10b	Base for line 10a	60.0551		71.7636				
11	Lesser of 5,7,8,10, 10a	55.0351	88.0673	74.3444	9.6100		227.0568	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.0351	88.0673	74.3444	9.6100		227.0568	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 059400-00 - 2015/01

256.44

Rate Semester 01/01/2015 through 08/31/2015

Stratford Court of Palm Harbor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/12/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,493,048.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed	80% Capital(1):	1,976,468	11.2166
Indexed Asset Value	2,470,585	<60% of Base:	False	20% ROE(2):	494,117	0.3725
FRVS Base Asset:	1,859,160	Interest Rate:	10.2000%	Insurance Cost(3):	17,885	1.3461
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	22,830	1.7182
ROE Factor	0.014860	Amortization Rate:	9.5000%	Home Office(3):	811	0.0610
		Interest Only:	False	Replacement(3&4):	552,271	0.0000
		Yearly Payment:	221,079	Total FRVS PD:		14.7144

- (1) 80% Capital (\$1,976,468) amortized at 9.5000 % for 20 years Principal & Interest of \$221,079 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$11.2166
 (2) 20% ROE (\$494,117) times the ROE factor (0.014860) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3725
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.0351	55.0351	0.9575	54.0776
Direct Care	88.0673	88.0673	1.5322	86.5351
Indirect Care	74.3444	74.3444	1.2934	73.0510
Property	9.6100	14.7144	0.2560	14.4584
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.4150
Supplemental Rate Add-on				9.9025
Totals	227.0568	232.1612	4.0391	256.4396

Medicaid Trend Adjustment



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256.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	4,493,048	0.00	2.0117	2.0117		60	18.60	1,859,160	1,859,160	1
1992/07		0.10	1.8152	1.8152		60	18.60	1,859,160	1,930,980	
1993/01		0.10	1.7710	1.7710		60	18.60	1,859,160	1,965,180	
1993/07		0.20	1.5329	1.5329		60	18.60	1,859,160	1,995,300	
1994/01		0.20	1.6983	1.6983		60	18.60	1,859,160	2,029,200	
1994/07		0.30	1.5991	1.5991		60	39.31	1,865,534	2,061,660	
1995/01		0.30	1.5812	1.5812		60	39.31	1,871,859	2,094,240	
1995/07		0.40	1.5250	1.5250		60	45.07	1,881,216	2,126,160	
1996/01		0.40	1.7228	1.7228		60	45.07	1,891,839	2,162,820	
1996/07		0.50	1.3294	1.3294		60	47.38	1,902,672	2,191,560	
1997/01		0.50	1.4109	1.4109		60	47.38	1,914,236	2,222,460	
1997/07		0.60	1.0917	1.0917		60	42.13	1,923,840	2,246,700	
1998/01		0.60	1.1663	1.1663		60	42.13	1,934,153	2,272,920	
1998/07		0.70	1.0794	1.0794		60	40.53	1,944,923	2,297,460	
1999/01		0.70	1.4499	1.4499		60	40.53	1,959,469	2,330,760	
1999/07		0.80	1.2299	1.2299		60	39.41	1,973,283	2,359,440	
2000/01		0.80	1.3356	1.3356		60	39.41	1,988,391	2,390,940	
2000/07		0.90	1.1129	1.1129		60	26.95	1,998,150	2,417,520	
2001/01		0.90	1.2976	1.2976		60	26.95	2,009,584	2,448,900	
2001/07		1.00	0.9615	0.9615		60	25.36	2,018,493	2,472,420	
2002/01		1.00	1.0301	1.0301		60	25.36	2,028,080	2,497,860	
2002/07	10,430	1.00	0.8337	0.8337		60	33.50	2,048,809	2,518,680	
2003/01		1.00	1.3271	1.3271		60	33.50	2,065,370	2,552,100	
2003/07	51,544	1.00	1.1664	1.1664		60	32.75	2,131,259	2,581,860	
2004/01		1.00	1.1103	1.1103		60	32.75	2,145,349	2,610,540	
2004/07		1.00	0.8378	0.8378		60	34.42	2,156,597	2,632,440	
2005/01		1.00	0.8595	0.8595		60	34.42	2,168,197	2,655,060	
2005/07		1.00	0.7364	0.7364		60	36.42	2,178,770	2,674,620	
2006/01		1.00	0.9068	0.9068		60	36.42	2,191,853	2,698,860	
2006/07		1.00	0.8133	0.8133		60	36.42	2,203,657	2,720,820	



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256.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01	41,711	1.00	1.0133	1.0133		60	35.93	2,259,955	2,748,360	
2007/07		1.00	1.1050	1.1050		60	39.30	2,277,799	2,778,720	
2008/01		1.00	0.8556	0.8556		60	39.30	2,291,725	2,802,480	
2008/07		1.00	0.6104	0.6104		60	39.30	2,301,721	2,819,580	
2009/01		1.00	1.3268	1.3268		60	40.41	2,324,159	2,857,020	
2009/07		1.00	0.6841	0.6841		60	40.41	2,335,841	2,876,580	
2010/01		1.00	0.8643	0.8643		60	26.89	2,345,711	2,901,420	
2010/07		1.00	0.7107	0.7107		60	26.89	2,353,862	2,922,060	
2011/01		1.00	0.9198	0.9198		60	34.82	2,367,569	2,948,940	
2011/07		1.00	0.9028	0.9028		60	31.54	2,379,826	2,975,580	
2012/01		1.00	0.3865	0.3865		60	31.54	2,385,101	2,987,100	
2012/07		0.95	0.9417	0.9417		60	44.31	2,402,291	3,015,240	
2013/01		0.95	0.4901	0.4901		60	44.31	2,411,302	3,030,000	
2013/07		0.90	0.6196	0.6196		60	44.31	2,422,134	3,048,780	
2014/01		0.90	0.8564	0.8564		60	44.31	2,437,175	3,074,880	
2014/07		0.85	1.2383	1.2383		60	44.31	2,457,843	3,112,980	
2015/01		0.85	0.7571	0.7571		60	44.31	2,470,585	3,136,560	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 059404-00 - 2015/01

259.56

Gardens of Port St. Lucie

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
1699 SE LYNNGATE DRIVE	10/1/2012-6/30/2013	Number of Beds: 30	Superior: 0
PORT SAINT LUCIE, FL 34952	Days in CR 273	Maximum: 8,190	Standard: 243
County: St Lucie [56]	First Used : 2012/07	Max Annualized: 10,950	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 7,653	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,330	Inflation
Current Class South Small	Initial CR? False	Medicaid: 2,149	FY Index: 1.30580299
Class at 1/94: South Small	Medical Utilization	28.08049%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.44322%	Cost: 1.05040266
Open Date: 10/13/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/13/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 10/18/1993	Low Occupancy Adjustment Factor:	119.32278%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 210781			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	98,532	210,075	167,379	48,825		524,811	
1a	Audit Adjustments							
2	Cost Per Diem	45.8502	97.7547	77.8869	22.7199		244.2117	
3	Cost Per Diem Inflated	48.1612	101.3076	81.8126				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1612	101.3076	81.8126	22.7199		254.0013	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.7453		82.8043				
7	Provider Target Rate	50.5304		85.8367				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	64.8390		81.0701				
10b	Base for line 10a	62.5484		78.2061				
11	Lesser of 5,7,8,10, 10a	48.1612	101.3076	81.0701	13.6500		244.1889	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.1612	101.3076	81.0701	13.6500		244.1889	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Gardens of Port St. Lucie

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/18/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,968,820.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,138,206	12.9188
RS to Start Calcs:	1993/07	<60% of Base:	False	20% ROE(2):	284,552	0.4291
Indexed Asset Value	1,422,758	Interest Rate:	10.0000%	Insurance Cost(3):	52,576	6.8700
FRVS Base Asset:	982,590	Chase Rate:	6.5000%	Taxes Cost(3):	23,993	3.1351
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	1,459	0.1906
ROE Factor	0.014860	Interest Only:	False	Replacement(3&4):	172,380	0.0000
		Yearly Payment:	127,315	Total FRVS PD:		23.5436

- (1) 80% Capital (\$1,138,206) amortized at 9.5000 % for 20 years Principal & Interest of \$127,315 divided by annual available days (10950) divided by Occup. Adj. (0.90) = \$12.9188
- (2) 20% ROE (\$284,552) times the ROE factor (0.014860) divided by annual available days (10950) divided by Occup. Adj. (0.90) = \$0.4291
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	01/01/1993	Current RS PBS:	52,276
Comparison Bed	30	Effective PBS Limitation	982,590

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1612	48.1612	0.8379	47.3233
Direct Care	101.3076	101.3076	1.7625	99.5451
Indirect Care	81.0701	81.0701	1.4104	79.6597
Property	13.6500	23.5436	0.4096	23.1340
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	244.1889	254.0825	4.4204	259.5646

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07	1,968,828	0.00	1.5329	1.5329		30	32.10	982,590	982,590	1
1994/01		0.10	1.6983	1.6983		30	32.10	983,564	1,014,600	
1994/07		0.10	1.5991	1.5991		30	32.10	984,482	1,030,830	
1995/01		0.20	1.5812	1.5812		30	32.10	986,299	1,047,120	
1995/07		0.20	1.5250	1.5250		30	32.10	988,055	1,063,080	
1996/01		0.30	1.7228	1.7228		30	32.10	991,035	1,081,410	
1996/07		0.30	1.3294	1.3294		30	38.51	993,802	1,095,780	
1997/01		0.40	1.4109	1.4109		30	38.51	997,729	1,111,230	
1997/07		0.40	1.0917	1.0917		30	42.73	1,001,114	1,123,350	
1998/01		0.50	1.1663	1.1663		30	42.73	1,005,650	1,136,460	
1998/07		0.50	1.0794	1.0794		30	44.42	1,010,033	1,148,730	
1999/01		0.60	1.4499	1.4499		30	44.42	1,017,129	1,165,380	
1999/07	12,701	0.60	1.2299	1.2299		30	47.57	1,036,321	1,179,720	
2000/01		0.70	1.3356	1.3356		30	47.57	1,044,701	1,195,470	
2000/07	24,610	0.70	1.1129	1.1129		30	44.55	1,075,903	1,208,760	
2001/01		0.80	1.2976	1.2976		30	44.55	1,084,950	1,224,450	
2001/07		0.80	0.9615	0.9615		30	45.71	1,091,886	1,236,210	
2002/01		0.90	1.0301	1.0301		30	45.71	1,100,299	1,248,930	
2002/07		0.90	0.8337	0.8337		30	37.07	1,105,863	1,259,340	
2003/01		1.00	1.3271	1.3271		30	37.07	1,115,755	1,276,050	
2003/07		1.00	1.1664	1.1664		30	43.10	1,125,953	1,290,930	
2004/01		1.00	1.1103	1.1103		30	43.10	1,135,750	1,305,270	
2004/07	8,352	1.00	0.8378	0.8378		30	51.14	1,152,950	1,316,220	
2005/01		1.00	0.8595	0.8595		30	51.14	1,162,164	1,327,530	
2005/07		1.00	0.7364	0.7364		30	54.15	1,170,590	1,337,310	
2006/01		1.00	0.9068	0.9068		30	54.15	1,181,041	1,349,430	
2006/07	4,601	1.00	0.8133	0.8133		30	59.40	1,195,247	1,360,410	
2007/01		1.00	1.0133	1.0133		30	59.40	1,207,358	1,374,180	
2007/07		1.00	1.1050	1.1050		30	59.40	1,220,699	1,389,360	
2008/01	19,842	1.00	0.8556	0.8556		30	47.64	1,249,588	1,401,240	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		1.00	0.6104	0.6104		30	47.64	1,256,195	1,409,790	
2009/01	20,051	1.00	1.3268	1.3268		30	39.96	1,288,355	1,428,510	
2009/07	25,034	1.00	0.6841	0.6841		30	42.19	1,320,150	1,438,290	
2010/01		1.00	0.8643	0.8643		30	42.19	1,328,903	1,450,710	
2010/07		1.00	0.7107	0.7107		30	41.45	1,336,021	1,461,030	
2011/01		1.00	0.9198	0.9198		30	41.45	1,345,282	1,474,470	
2011/07		1.00	0.9028	0.9028		30	41.45	1,354,435	1,487,790	
2012/01	11,858	1.00	0.3865	0.3865		30	44.69	1,370,547	1,493,550	
2012/07	18,477	1.00	0.9417	0.9417		30	28.08	1,395,613	1,507,620	
2013/01		1.00	0.4901	0.4901		30	28.08	1,399,105	1,515,000	
2013/07		1.00	0.6196	0.6196		30	28.08	1,403,531	1,524,390	
2014/01		0.95	0.8564	0.8564		30	28.08	1,409,361	1,537,440	
2014/07		0.95	1.2383	1.2383		30	28.08	1,417,826	1,556,490	
2015/01		0.90	0.7571	0.7571		30	28.08	1,422,758	1,568,280	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 059783-00 - 2015/01

197.65

Summer Brook Health Care Center

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5377 MONCRIEF ROAD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE , FL 32209	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2012/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 42,059	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,170	Inflation
Current Class North Large	Initial CR? False	Medicaid: 37,883	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	90.07109%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.02511%	Cost: 1.05607860
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	122.61974%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 265721			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,740,687	2,304,587	1,462,604	1,148,234		6,656,112	
1a	Audit Adjustments							
2	Cost Per Diem	45.9490	60.8343	38.6085	30.3100		175.7018	
3	Cost Per Diem Inflated	48.5258	63.1496	40.7736				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.5258	63.1496	40.7736	30.3100		182.7590	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.0801		47.9030				
7	Provider Target Rate	50.8775		49.6573				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	52.9641		50.8776				
10b	Base for line 10a	51.0930		49.0802				
11	Lesser of 5,7,8,10, 10a	48.5258	63.1496	40.7736	13.6500		166.0990	
12/13	Medical Adjustment Rate		2.8417	1.8348				
14	Prospective Per Diem 11	48.5258	65.9913	42.6084	13.6500		170.7755	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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197.65

Rate Semester 01/01/2015 through 08/31/2015

Summer Brook Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,232,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	2,745,753	5.9883
Indexed Asset Value	3,432,191	<60% of Base:	False	20% ROE(2):	686,438	0.2504
FRVS Base Asset:	1,522,570	Interest Rate:	6.0000%	Insurance Cost(3):	35,844	0.8522
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	26,943	0.6406
ROE Factor	0.014380	Amortization Rate:	6.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	76,164	0.0000
		Yearly Payment:	236,057	Total FRVS PD:		7.7315

- (1) 80% Capital (\$2,745,753) amortized at 6.0000 % for 20 years Principal & Interest of \$236,057 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.9883
- (2) 20% ROE (\$686,438) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2504
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.5258	48.5258	0.8442	47.6816
Direct Care	65.9913	65.9913	1.1481	64.8432
Indirect Care	42.6084	42.6084	0.7413	41.8671
Property	13.6500	7.7315	0.1345	7.5970
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.7580
Supplemental Rate Add-on				9.9025
Totals	170.7755	164.8570	2.8681	197.6494

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

0 059783-00 - 2015/01

197.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	836,608	0.00				120	100.00	836,608	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	839,118	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	841,635	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	846,685	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	851,765	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	859,431	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	867,166	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	877,572	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	888,103	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	901,425	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	914,946	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	931,415	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	948,180	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	968,092	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	988,422	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	1,012,144	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	1,036,435	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120	93.12	1,064,419	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	93.12	1,093,158	2,720,760	
1981/01	10,968	1.00	30.9462	3.0000	27.9462	120	94.18	1,136,921	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	94.18	1,171,029	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	81.42	1,206,160	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	81.42	1,242,345	3,043,800	
1983/04	1,078	1.00	29.1375	3.0000	26.1375	120	89.09	1,280,693	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	89.09	1,319,114	3,247,440	
1984/01	2,225	1.00	28.3905	3.0000	25.3905	120	94.15	1,360,912	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	94.15	1,401,739	3,352,680	
1985/01	34,432	1.00	25.4555	3.0000	22.4555	120	89.09	1,478,223	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	94.15	1,522,570	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	94.15	1,568,247	3,448,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	94.15	1,615,294	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	94.54	1,663,753	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	95.89	1,713,666	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	95.89	1,765,076	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	95.89	1,818,028	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	97.21	1,872,569	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	97.21	1,928,746	3,602,760	
1990/01		1.00	2.6051	2.6051		120	97.21	1,978,992	3,620,880	
1990/07		1.00	0.5899	0.5899		120	93.90	1,990,666	3,642,240	
1991/01		1.00	0.5899	0.5899		120	93.90	2,002,409	3,663,600	
1991/07		1.00	1.4932	1.4932		120	93.45	2,032,309	3,718,320	
1992/01		0.95	2.0117	2.0117		120	93.45	2,071,148	3,793,080	
1992/07		0.95	1.8152	1.8152		120	95.94	2,106,863	3,861,960	
1993/01		0.90	1.7710	1.7710		120	95.94	2,140,444	3,930,360	
1993/07		0.90	1.5329	1.5329		120	94.23	2,169,974	3,990,600	
1994/01		0.85	1.6983	1.6983		120	94.23	2,201,300	4,058,400	
1994/07	130,877	0.85	1.5991	1.5991		120	93.32	2,362,097	4,123,320	
1995/01		0.80	1.5812	1.5812		120	93.32	2,391,978	4,188,480	
1995/07	96,978	0.80	1.5250	1.5250		120	91.91	2,518,138	4,252,320	
1996/01		0.75	1.7228	1.7228		120	91.91	2,550,675	4,325,640	
1996/07	34,008	0.75	1.3294	1.3294		120	86.13	2,610,116	4,383,120	
1997/01		0.70	1.4109	1.4109		120	86.13	2,635,894	4,444,920	
1997/07		0.70	1.0917	1.0917		120	87.23	2,656,038	4,493,400	
1998/01		0.65	1.1663	1.1663		120	87.23	2,676,173	4,545,840	
1998/07		0.65	1.0794	1.0794		120	87.23	2,694,949	4,594,920	
1999/01		0.60	1.4499	1.4499		120	93.02	2,718,392	4,661,520	
1999/07		0.60	1.2299	1.2299		120	91.43	2,738,451	4,718,880	
2000/01		0.55	1.3356	1.3356		120	85.09	2,758,568	4,781,880	
2000/07		0.55	1.1129	1.1129		120	85.09	2,775,453	4,835,040	
2001/01		0.50	1.2976	1.2976		120	85.09	2,793,460	4,897,800	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	88.60	2,806,891	4,944,840	
2002/01		0.45	1.0301	1.0301		120	89.79	2,819,901	4,995,720	
2002/07		0.45	0.8337	0.8337		120	89.79	2,830,481	5,037,360	
2003/01	41,986	0.40	1.3271	1.3271		120	89.46	2,887,491	5,104,200	
2003/07		0.40	1.1664	1.1664		120	83.30	2,900,964	5,163,720	
2004/01	270,371	0.35	1.1103	1.1103		120	83.30	3,182,608	5,221,080	
2004/07		0.35	0.8378	0.8378		120	83.30	3,191,939	5,264,880	
2005/01		0.30	0.8595	0.8595		120	83.30	3,200,171	5,310,120	
2005/07		0.30	0.7364	0.7364		120	83.30	3,207,240	5,349,240	
2006/01		0.25	0.9068	0.9068		120	83.30	3,207,240	5,397,720	5
2006/07		0.25	0.8133	0.8133		120	89.36	3,221,046	5,441,640	
2007/01		0.20	1.0133	1.0133		120	89.36	3,227,575	5,496,720	
2007/07		0.20	1.1050	1.1050		120	89.36	3,234,708	5,557,440	
2008/01		0.15	0.8556	0.8556		120	90.25	3,238,858	5,604,960	
2008/07		0.15	0.6104	0.6104		120	85.67	3,241,825	5,639,160	
2009/01		0.10	1.3268	1.3268		120	85.67	3,246,127	5,714,040	
2009/07		0.10	0.6841	0.6841		120	85.67	3,248,347	5,753,160	
2010/01		0.05	0.8643	0.8643		120	85.67	3,249,750	5,802,840	
2010/07	71,288	0.05	0.7107	0.7107		120	90.96	3,322,192	5,844,120	
2011/01		0.00	0.9198	0.9198		120	90.96	3,322,192	5,897,880	
2011/07	54,240	0.00	0.9028	0.9028		120	86.61	3,376,432	5,951,160	
2012/01		0.00	0.3865	0.3865		120	86.61	3,376,432	5,974,200	5
2012/07	55,759	0.00	0.9417	0.9417		120	90.07	3,432,191	6,030,480	
2013/01		0.00	0.4901	0.4901		120	90.07	3,432,191	6,060,000	
2013/07		0.00	0.6196	0.6196		120	90.07	3,432,191	6,097,560	
2014/01		0.00	0.8564	0.8564		120	90.07	3,432,191	6,149,760	
2014/07		0.00	1.2383	1.2383		120	90.07	3,432,191	6,225,960	
2015/01		0.00	0.7571	0.7571		120	90.07	3,432,191	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



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185.45

Shoal Creek Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
500 HOSPITAL DRIVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
CRESTVIEW, FL 32539	Days in CR 518	Maximum: 62,160	Standard: 243
County: Okaloosa [46]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 60,561	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,094	Inflation
Current Class North Large	Initial CR? False	Medicaid: 40,421	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	66.74427%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.42761%	Cost: 1.04618269
Open Date: 04/05/2000	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/05/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 04/27/2000	Low Occupancy Adjustment Factor:	124.41067%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252379			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,658,663	2,418,629	1,424,138	2,189,606		7,691,036	
1a	Audit Adjustments							
2	Cost Per Diem	41.0347	59.8359	35.2326	54.1700		190.2732	
3	Cost Per Diem Inflated	42.9298	61.8999	36.8597				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.9298	61.8999	36.8597	54.1700		195.8594	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.5240		53.5346				
7	Provider Target Rate	49.2644		55.4951				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	48.8047		57.1777				
10b	Base for line 10a	47.0806		55.1578				
11	Lesser of 5,7,8,10, 10a	42.9298	61.8999	36.8597	13.6500		155.3394	
12/13	Medical Adjustment Rate		1.1660	0.6943				
14	Prospective Per Diem 11	42.9298	63.0659	37.5540	13.6500		157.1997	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Shoal Creek Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/27/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,919,915.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	Fixed	80% Capital(1):	4,516,407	11.2869
Indexed Asset Value	5,645,509	<60% of Base:	False	20% ROE(2):	1,129,102	0.4907
FRVS Base Asset:	4,718,880	Interest Rate:	10.6343%	Insurance Cost(3):	53,058	0.8761
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	79,075	1.3057
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	42,553	0.7026
		Interest Only:	False	Replacement(3&4):	50,649	0.0000
		Yearly Payment:	444,929	Total FRVS PD:		14.6620

- (1) 80% Capital (\$4,516,407) amortized at 7.7500 % for 20 years Principal & Interest of \$444,929 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2869
 (2) 20% ROE (\$1,129,102) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4907
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,324
Comparison Date:	07/01/1999	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.9298	42.9298	0.7469	42.1829
Direct Care	63.0659	63.0659	1.0972	61.9687
Indirect Care	37.5540	37.5540	0.6533	36.9007
Property	13.6500	14.6620	0.2551	14.4069
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0918
Supplemental Rate Add-on				9.9025
Totals	157.1997	158.2117	2.7525	185.4535

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01	8,094,232	0.00	1.3356	1.3356		120	87.96	4,718,880	4,718,880	1
2000/07		0.10	1.1129	1.1129		120	87.96	4,724,132	4,835,040	
2001/01		0.10	1.2976	1.2976		120	87.96	4,730,264	4,897,800	
2001/07		0.20	0.9615	0.9615		120	76.95	4,739,360	4,944,840	
2002/01		0.20	1.0301	1.0301		120	76.95	4,749,123	4,995,720	
2002/07		0.30	0.8337	0.8337		120	76.95	4,749,123	5,037,360	5
2003/01		0.30	1.3271	1.3271		120	76.95	4,761,001	5,104,200	5
2003/07		0.40	1.1664	1.1664		120	76.95	4,779,955	5,163,720	5
2004/01		0.40	1.1103	1.1103		120	76.95	4,802,258	5,221,080	5
2004/07		0.50	0.8378	0.8378		120	78.10	4,823,585	5,264,880	5
2005/01		0.50	0.8595	0.8595		120	78.10	4,843,791	5,310,120	5
2005/07		0.60	0.7364	0.7364		120	76.24	4,886,102	5,349,240	
2006/01		0.60	0.9068	0.9068		120	76.24	4,912,687	5,397,720	
2006/07		0.70	0.8133	0.8133		120	69.62	4,940,655	5,441,640	
2007/01		0.70	1.0133	1.0133		120	69.62	4,975,699	5,496,720	
2007/07		0.80	1.1050	1.1050		120	68.08	5,019,684	5,557,440	
2008/01		0.80	0.8556	0.8556		120	66.44	5,054,044	5,604,960	
2008/07		0.90	0.6104	0.6104		120	66.44	5,081,811	5,639,160	
2009/01		0.90	1.3268	1.3268		120	69.71	5,142,493	5,714,040	
2009/07		1.00	0.6841	0.6841		120	69.71	5,177,673	5,753,160	
2010/01		1.00	0.8643	0.8643		120	69.71	5,222,424	5,802,840	
2010/07		1.00	0.7107	0.7107		120	66.18	5,259,540	5,844,120	
2011/01		1.00	0.9198	0.9198		120	66.18	5,307,917	5,897,880	
2011/07		1.00	0.9028	0.9028		120	68.45	5,355,837	5,951,160	
2012/01		1.00	0.3865	0.3865		120	64.07	5,376,537	5,974,200	
2012/07		1.00	0.9417	0.9417		120	64.07	5,427,168	6,030,480	
2013/01		1.00	0.4901	0.4901		120	64.07	5,453,767	6,060,000	
2013/07		1.00	0.6196	0.6196		120	64.07	5,487,559	6,097,560	
2014/01		1.00	0.8564	0.8564		120	64.07	5,534,554	6,149,760	
2014/07		1.00	1.2383	1.2383		120	64.07	5,603,088	6,225,960	



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185.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		1.00	0.7571	0.7571		120	66.74	5,645,509	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059852123120130801201205292014093252



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200.41

Englewood Healthcare & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1111 DRURY LANE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
ENGLEWOOD, FL 34224	Days in CR 518	Maximum: 62,160	Standard: 243
County: Charlotte [8]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 57,281	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 18,795	Inflation
Current Class South Large	Initial CR? False	Medicaid: 30,225	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	52.76619%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.15090%	Cost: 1.04618269
Open Date: 09/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/01/1983	Low Occupancy Adjustment Factor:	117.67255%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252204			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,476,597	2,106,166	1,064,762	1,503,089		6,150,614	
1a	Audit Adjustments							
2	Cost Per Diem	48.8535	69.6829	35.2279	49.7300		203.4943	
3	Cost Per Diem Inflated	51.1097	72.0865	36.8548				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.1097	72.0865	36.8548	49.7300		209.7810	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.4825		57.2711				
7	Provider Target Rate	53.3678		59.3684				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	51.4743		61.4401				
10b	Base for line 10a	49.6559		59.2696				
11	Lesser of 5,7,8,10, 10a	51.1097	72.0865	36.8548	13.6500		173.7010	
12/13	Medical Adjustment Rate		0.2243	0.1147				
14	Prospective Per Diem 11	51.1097	72.3108	36.9695	13.6500		174.0400	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

Englewood Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,801,353.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,301,910	10.7508
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	1,075,478	0.4674
Indexed Asset Value	5,377,388	Interest Rate:	10.6343%	Insurance Cost(3):	54,827	0.9572
FRVS Base Asset:	3,190,349	Chase Rate:	4.7500%	Taxes Cost(3):	78,558	1.3714
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	47,196	0.8239
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	40,999	0.0000
		Yearly Payment:	423,798	Total FRVS PD:		14.3707

- (1) 80% Capital (\$4,301,910) amortized at 7.7500 % for 20 years Principal & Interest of \$423,798 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.7508
- (2) 20% ROE (\$1,075,478) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4674
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.1097	51.1097	0.8892	50.2205
Direct Care	72.3108	72.3108	1.2580	71.0528
Indirect Care	36.9695	36.9695	0.6432	36.3263
Property	13.6500	14.3707	0.2500	14.1207
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.7837
Supplemental Rate Add-on				9.9025
Totals	174.0400	174.7607	3.0404	200.4065

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,912,399	0.00	3.9578	3.0000	0.9578	120	71.74	2,912,399	3,247,440	
1984/01	241,791	0.10	2.2530	2.2530		120	71.74	3,160,752	3,289,560	
1984/07	1,919	0.10	1.9179	1.9179		120	71.74	3,168,733	3,352,680	
1985/01	6,990	0.20	1.1471	1.1471		120	71.74	3,182,992	3,391,080	
1985/10	1,933	0.20	0.8522	0.8522		120	71.74	3,190,349	3,420,000	
1986/01		0.30	0.8299	0.8299		120	79.30	3,198,293	3,448,440	
1986/07		0.30	0.2974	0.2974		120	79.30	3,201,146	3,441,840	
1987/01		0.40	1.0091	1.0091		120	77.47	3,214,066	3,503,400	
1987/07		0.40	0.9007	0.9007		120	77.47	3,225,646	3,530,760	
1988/01		0.50	0.9007	0.9007		120	73.23	3,240,174	3,559,440	
1988/07		0.50	0.5899	0.5899		120	73.23	3,249,733	3,557,520	
1989/01		0.60	0.5899	0.5899		120	70.46	3,261,234	3,578,520	
1989/07		0.60	0.5899	0.5899		120	70.46	3,272,776	3,602,760	
1990/01		0.70	0.5899	0.5899		120	66.26	3,286,289	3,620,880	
1990/07		0.70	0.5899	0.5899		120	66.26	3,299,858	3,642,240	
1991/01		0.80	0.5899	0.5899		120	67.38	3,315,430	3,663,600	
1991/07		0.80	1.4932	1.4932		120	67.38	3,355,036	3,718,320	
1992/01		0.90	2.0117	2.0117		120	79.00	3,415,779	3,793,080	
1992/07		0.90	1.8152	1.8152		120	79.00	3,471,583	3,861,960	
1993/01		1.00	1.7710	1.7710		120	73.29	3,471,583	3,930,360	5
1993/07		1.00	1.5329	1.5329		120	73.29	3,587,223	3,990,600	
1994/01		1.00	1.6983	1.6983		120	74.16	3,648,145	4,058,400	
1994/07		1.00	1.5991	1.5991		120	74.16	3,706,482	4,123,320	
1995/01		1.00	1.5812	1.5812		120	72.01	3,765,089	4,188,480	
1995/07		1.00	1.5250	1.5250		120	72.01	3,822,507	4,252,320	
1996/01	30,354	1.00	1.7228	1.7228		120	73.74	3,918,715	4,325,640	
1996/07		1.00	1.3294	1.3294		120	73.74	3,970,810	4,383,120	
1997/01	27,768	1.00	1.4109	1.4109		120	71.04	4,054,602	4,444,920	
1997/07		1.00	1.0917	1.0917		120	71.04	4,098,866	4,493,400	
1998/01		1.00	1.1663	1.1663		120	70.95	4,146,671	4,545,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		120	70.95	4,191,430	4,594,920	
1999/01		1.00	1.4499	1.4499		120	67.34	4,252,202	4,661,520	
1999/07		1.00	1.2299	1.2299		120	67.34	4,252,202	4,718,880	5
2000/01		1.00	1.3356	1.3356		120	64.57	4,361,991	4,781,880	
2000/07		1.00	1.1129	1.1129		120	64.57	4,410,536	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.19	4,467,767	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.68	4,510,725	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.68	4,557,190	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.68	4,557,190	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	71.68	4,656,166	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.68	4,710,476	5,163,720	
2004/01		0.95	1.1103	1.1103		120	71.68	4,760,162	5,221,080	
2004/07		0.95	0.8378	0.8378		120	67.70	4,798,048	5,264,880	
2005/01		0.90	0.8595	0.8595		120	67.70	4,835,166	5,310,120	
2005/07		0.90	0.7364	0.7364		120	62.19	4,867,213	5,349,240	
2006/01		0.85	0.9068	0.9068		120	62.19	4,904,729	5,397,720	
2006/07		0.85	0.8133	0.8133		120	58.76	4,938,635	5,441,640	
2007/01		0.80	1.0133	1.0133		120	58.76	4,978,668	5,496,720	
2007/07		0.80	1.1050	1.1050		120	53.13	5,021,183	5,557,440	
2008/01		0.75	0.8556	0.8556		120	53.13	5,052,308	5,604,960	
2008/07		0.75	0.6104	0.6104		120	55.15	5,075,437	5,639,160	
2009/01		0.70	1.3268	1.3268		120	55.15	5,122,578	5,714,040	
2009/07		0.70	0.6841	0.6841		120	57.71	5,147,110	5,753,160	
2010/01		0.65	0.8643	0.8643		120	51.49	5,174,181	5,802,840	
2010/07		0.65	0.7107	0.7107		120	51.49	5,196,560	5,844,120	
2011/01		0.60	0.9198	0.9198		120	51.49	5,223,410	5,897,880	
2011/07		0.60	0.9028	0.9028		120	56.43	5,251,705	5,951,160	
2012/01		0.55	0.3865	0.3865		120	51.32	5,262,123	5,974,200	
2012/07		0.55	0.9417	0.9417		120	51.32	5,287,552	6,030,480	
2013/01		0.50	0.4901	0.4901		120	51.32	5,299,645	6,060,000	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	51.32	5,314,965	6,097,560	
2014/01		0.45	0.8564	0.8564		120	51.32	5,334,078	6,149,760	
2014/07		0.45	1.2383	1.2383		120	51.32	5,361,811	6,225,960	
2015/01		0.40	0.7571	0.7571		120	52.77	5,377,388	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059855123120130801201205282014131010



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202.47

Island Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
125 ALMA BLVD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
MERRITT ISLAND, FL 32953	Days in CR 518	Maximum: 62,160	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 58,059	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,016	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 39,054	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	67.26606%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.40251%	Cost: 1.04618269
Open Date: 01/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	119.27079%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252352			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,848,962	2,538,731	1,684,156	1,608,634		7,680,483	
1a	Audit Adjustments							
2	Cost Per Diem	47.3437	65.0057	43.1238	41.1900		196.6632	
3	Cost Per Diem Inflated	49.5302	67.2480	45.1154				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.5302	67.2480	45.1154	41.1900		203.0836	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.6728		56.2689				
7	Provider Target Rate	53.5651		58.3295				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.5334		60.4562				
10b	Base for line 10a	49.7129		58.3205				
11	Lesser of 5,7,8,10, 10a	49.5302	67.2480	45.1154	13.6500		175.5436	
12/13	Medical Adjustment Rate		1.3062	0.8763				
14	Prospective Per Diem 11	49.5302	68.5542	45.9917	13.6500		177.7261	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Island Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,854,663.00	Total Amount	Per Diem	
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	3,004,594	7.5087
Indexed Asset Value	3,755,743	<60% of Base:	False	20% ROE(2):	751,149	0.3264
FRVS Base Asset:	2,166,208	Interest Rate:	10.6343%	Insurance Cost(3):	48,084	0.8282
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	48,414	0.8339
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	51,028	0.8789
		Interest Only:	False	Replacement(3&4):	201,881	0.0000
		Yearly Payment:	295,994	Total FRVS PD:	10.3761	

- (1) 80% Capital (\$3,004,594) amortized at 7.7500 % for 20 years Principal & Interest of \$295,994 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.5087
- (2) 20% ROE (\$751,149) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3264
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.5302	49.5302	0.8617	48.6685
Direct Care	68.5542	68.5542	1.1927	67.3615
Indirect Care	45.9917	45.9917	0.8001	45.1916
Property	13.6500	10.3761	0.1805	10.1956
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1547
Supplemental Rate Add-on				9.9025
Totals	177.7261	174.4522	3.0350	202.4744

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,125,573	0.00	2.6288	2.6288		120	79.14	2,125,573	3,123,840	
1983/07	533	0.10	3.9578	3.0000	0.9578	120	79.14	2,132,483	3,247,440	
1984/01	1,730	0.10	2.2530	2.2530		120	75.99	2,139,017	3,289,560	
1984/07		0.20	1.9179	1.9179		120	75.99	2,147,222	3,352,680	
1985/01	5,452	0.20	1.1471	1.1471		120	76.12	2,157,600	3,391,080	
1985/10	3,091	0.30	0.8522	0.8522		120	75.99	2,166,208	3,420,000	
1986/01		0.30	0.8299	0.8299		120	76.12	2,171,602	3,448,440	
1986/07		0.40	0.2974	0.2974		120	76.12	2,174,186	3,441,840	
1987/01		0.40	1.0091	1.0091		120	78.72	2,182,961	3,503,400	
1987/07		0.50	0.9007	0.9007		120	78.72	2,192,793	3,530,760	
1988/01		0.50	0.9007	0.9007		120	77.20	2,202,669	3,559,440	
1988/07		0.60	0.5899	0.5899		120	77.20	2,210,464	3,557,520	
1989/01		0.60	0.5899	0.5899		120	76.56	2,218,287	3,578,520	
1989/07		0.70	0.5899	0.5899		120	76.56	2,227,446	3,602,760	
1990/01		0.70	0.5899	0.5899		120	75.95	2,236,643	3,620,880	
1990/07		0.80	0.5899	0.5899		120	75.95	2,247,198	3,642,240	
1991/01		0.80	0.5899	0.5899		120	75.20	2,257,803	3,663,600	
1991/07		0.90	1.4932	1.4932		120	75.20	2,288,146	3,718,320	
1992/01		0.90	2.0117	2.0117		120	79.14	2,329,573	3,793,080	
1992/07		1.00	1.8152	1.8152		120	79.14	2,371,859	3,861,960	
1993/01	20,015	1.00	1.7710	1.7710		120	76.48	2,433,880	3,930,360	
1993/07		1.00	1.5329	1.5329		120	76.48	2,471,189	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.91	2,513,157	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.91	2,553,345	4,123,320	
1995/01		1.00	1.5812	1.5812		120	70.23	2,593,718	4,188,480	
1995/07		1.00	1.5250	1.5250		120	70.23	2,633,272	4,252,320	
1996/01	37,823	1.00	1.7228	1.7228		120	66.95	2,716,461	4,325,640	
1996/07		1.00	1.3294	1.3294		120	66.95	2,752,574	4,383,120	
1997/01		1.00	1.4109	1.4109		120	63.88	2,791,410	4,444,920	
1997/07		1.00	1.0917	1.0917		120	63.88	2,821,884	4,493,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	27,570	1.00	1.1663	1.1663		120	67.69	2,882,366	4,545,840	
1998/07		1.00	1.0794	1.0794		120	67.69	2,913,478	4,594,920	
1999/01		1.00	1.4499	1.4499		120	72.04	2,913,478	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	72.04	2,992,073	4,718,880	
2000/01	20,708	1.00	1.3356	1.3356		120	70.47	3,052,743	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.47	3,086,717	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.36	3,126,770	4,897,800	
2001/07		1.00	0.9615	0.9615		120	64.73	3,156,834	4,944,840	
2002/01		1.00	1.0301	1.0301		120	64.73	3,189,353	4,995,720	
2002/07		1.00	0.8337	0.8337		120	64.73	3,215,943	5,037,360	
2003/01		1.00	1.3271	1.3271		120	64.73	3,258,622	5,104,200	
2003/07		0.95	1.1664	1.1664		120	64.73	3,294,731	5,163,720	
2004/01		0.95	1.1103	1.1103		120	64.73	3,329,484	5,221,080	
2004/07		0.90	0.8378	0.8378		120	57.11	3,354,588	5,264,880	
2005/01		0.90	0.8595	0.8595		120	60.49	3,380,539	5,310,120	
2005/07		0.85	0.7364	0.7364		120	60.49	3,401,698	5,349,240	
2006/01		0.85	0.9068	0.9068		120	61.15	3,427,918	5,397,720	
2006/07		0.80	0.8133	0.8133		120	61.15	3,450,220	5,441,640	
2007/01		0.80	1.0133	1.0133		120	57.96	3,478,187	5,496,720	
2007/07		0.75	1.1050	1.1050		120	57.96	3,507,014	5,557,440	
2008/01		0.75	0.8556	0.8556		120	57.96	3,529,519	5,604,960	
2008/07		0.70	0.6104	0.6104		120	61.90	3,544,601	5,639,160	
2009/01		0.70	1.3268	1.3268		120	61.90	3,577,523	5,714,040	
2009/07		0.65	0.6841	0.6841		120	61.16	3,593,432	5,753,160	
2010/01		0.65	0.8643	0.8643		120	61.16	3,613,620	5,802,840	
2010/07		0.60	0.7107	0.7107		120	57.97	3,629,028	5,844,120	
2011/01		0.60	0.9198	0.9198		120	57.97	3,649,057	5,897,880	
2011/07		0.55	0.9028	0.9028		120	61.73	3,667,175	5,951,160	
2012/01		0.55	0.3865	0.3865		120	61.92	3,674,971	5,974,200	
2012/07		0.50	0.9417	0.9417		120	61.92	3,692,276	6,030,480	



Florida Agency for Health Care Administration
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0 059866-00 - 2015/01

202.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	61.92	3,701,326	6,060,000	
2013/07		0.45	0.6196	0.6196		120	61.92	3,711,645	6,097,560	
2014/01		0.45	0.8564	0.8564		120	61.92	3,725,950	6,149,760	
2014/07		0.40	1.2383	1.2383		120	61.92	3,744,405	6,225,960	
2015/01		0.40	0.7571	0.7571		120	67.27	3,755,743	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059866123120130801201205292014094415



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 059869-00 - 2015/01

209.59

Rosewood Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3920 ROSEWOOD WAY	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
ORLANDO, FL 32808	Days in CR 518	Maximum: 62,160	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 58,611	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,817	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 42,039	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	71.72544%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.29054%	Cost: 1.04618269
Open Date: 11/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 11/01/1984	Low Occupancy Adjustment Factor:	120.40477%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252468			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,936,613	3,017,651	1,597,411	1,864,850		8,416,525	
1a	Audit Adjustments							
2	Cost Per Diem	46.0671	71.7822	37.9983	44.3600		200.2076	
3	Cost Per Diem Inflated	48.1946	74.2582	39.7532				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1946	74.2582	39.7532	44.3600		206.5660	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.1521		55.5495				
7	Provider Target Rate	51.9887		57.5838				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	52.0816		59.8565				
10b	Base for line 10a	50.2417		57.7419				
11	Lesser of 5,7,8,10, 10a	48.1946	74.2582	39.7532	13.6500		175.8560	
12/13	Medical Adjustment Rate		1.8150	0.9716				
14	Prospective Per Diem 11	48.1946	76.0732	40.7248	13.6500		178.6426	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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0 059869-00 - 2015/01

209.59

Rate Semester 01/01/2015 through 08/31/2015

Rosewood Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,140,025.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	4,743,944	11.8555
Indexed Asset Value	5,929,930	<60% of Base:	False	20% ROE(2):	1,185,986	0.5154
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343%	Insurance Cost(3):	47,324	0.8074
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	83,148	1.4186
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	50,730	0.8655
		Interest Only:	False	Replacement(3&4):	203,270	0.0000
		Yearly Payment:	467,344	Total FRVS PD:		15.4624

- (1) 80% Capital (\$4,743,944) amortized at 7.7500 % for 20 years Principal & Interest of \$467,344 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.8555
- (2) 20% ROE (\$1,185,986) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5154
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1946	48.1946	0.8385	47.3561
Direct Care	76.0732	76.0732	1.3235	74.7497
Indirect Care	40.7248	40.7248	0.7085	40.0163
Property	13.6500	15.4624	0.2690	15.1934
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3701
Supplemental Rate Add-on				9.9025
Totals	178.6426	180.4550	3.1395	209.5881

Medicaid Trend Adjustment



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209.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	3,067,975	0.00	1.9179	1.9179		120	86.56	3,067,975	3,352,680	
1985/01	489,837	0.10	1.1471	1.1471		120	86.56	3,561,331	3,391,080	
1985/10		0.10	0.8522	0.8522		120	86.56	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	86.56	3,425,677	3,448,440	
1986/07		0.20	0.2974	0.2974		120	86.56	3,427,715	3,441,840	
1987/01		0.30	1.0091	1.0091		120	79.41	3,438,091	3,503,400	
1987/07		0.30	0.9007	0.9007		120	79.41	3,447,381	3,530,760	
1988/01		0.40	0.9007	0.9007		120	84.02	3,459,802	3,559,440	
1988/07		0.40	0.5899	0.5899		120	84.02	3,467,967	3,557,520	
1989/01		0.50	0.5899	0.5899		120	81.55	3,478,198	3,578,520	
1989/07		0.50	0.5899	0.5899		120	81.55	3,488,459	3,602,760	
1990/01		0.60	0.5899	0.5899		120	65.24	3,500,805	3,620,880	
1990/07		0.60	0.5899	0.5899		120	65.24	3,513,194	3,642,240	
1991/01		0.70	0.5899	0.5899		120	60.88	3,527,700	3,663,600	
1991/07		0.70	1.4932	1.4932		120	60.88	3,564,572	3,718,320	
1992/01		0.80	2.0117	2.0117		120	71.45	3,621,940	3,793,080	
1992/07		0.80	1.8152	1.8152		120	71.45	3,674,538	3,861,960	
1993/01		0.90	1.7710	1.7710		120	67.55	3,733,106	3,930,360	
1993/07		0.90	1.5329	1.5329		120	67.55	3,733,106	3,990,600	5
1994/01	77,441	1.00	1.6983	1.6983		120	59.39	3,926,323	4,058,400	
1994/07		1.00	1.5991	1.5991		120	59.39	3,989,109	4,123,320	
1995/01	19,581	1.00	1.5812	1.5812		120	60.78	4,071,766	4,188,480	
1995/07		1.00	1.5250	1.5250		120	60.78	4,071,766	4,252,320	5
1996/01	31,939	1.00	1.7228	1.7228		120	63.86	4,165,799	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	63.86	4,293,344	4,383,120	
1997/01	28,087	1.00	1.4109	1.4109		120	69.90	4,382,006	4,444,920	
1997/07		1.00	1.0917	1.0917		120	69.90	4,382,006	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	72.55	4,481,509	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.55	4,529,882	4,594,920	
1999/01		1.00	1.4499	1.4499		120	82.37	4,595,561	4,661,520	



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209.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	82.37	4,652,082	4,718,880	
2000/01	34,655	1.00	1.3356	1.3356		120	76.82	4,748,870	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.82	4,801,720	4,835,040	
2001/01		1.00	1.2976	1.2976		120	83.52	4,864,027	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.52	4,910,795	4,944,840	
2002/01		1.00	1.0301	1.0301		120	72.52	4,961,381	4,995,720	
2002/07		1.00	0.8337	0.8337		120	72.52	5,002,744	5,037,360	
2003/01		1.00	1.3271	1.3271		120	72.52	5,069,135	5,104,200	
2003/07		1.00	1.1664	1.1664		120	72.52	5,128,261	5,163,720	
2004/01		1.00	1.1103	1.1103		120	72.52	5,185,200	5,221,080	
2004/07		1.00	0.8378	0.8378		120	66.92	5,228,642	5,264,880	
2005/01		0.95	0.8595	0.8595		120	67.26	5,271,334	5,310,120	
2005/07		0.95	0.7364	0.7364		120	67.26	5,308,212	5,349,240	
2006/01		0.90	0.9068	0.9068		120	67.26	5,351,532	5,397,720	
2006/07		0.90	0.8133	0.8133		120	66.55	5,390,705	5,441,640	
2007/01		0.85	1.0133	1.0133		120	66.55	5,437,135	5,496,720	
2007/07		0.85	1.1050	1.1050		120	60.69	5,488,206	5,557,440	
2008/01		0.80	0.8556	0.8556		120	60.69	5,525,773	5,604,960	
2008/07		0.80	0.6104	0.6104		120	61.60	5,552,755	5,639,160	
2009/01		0.75	1.3268	1.3268		120	69.05	5,608,010	5,714,040	
2009/07		0.75	0.6841	0.6841		120	69.05	5,636,785	5,753,160	
2010/01		0.70	0.8643	0.8643		120	69.05	5,670,888	5,802,840	
2010/07		0.70	0.7107	0.7107		120	73.91	5,699,101	5,844,120	
2011/01		0.65	0.9198	0.9198		120	73.91	5,733,176	5,897,880	
2011/07		0.65	0.9028	0.9028		120	76.11	5,766,818	5,951,160	
2012/01		0.60	0.3865	0.3865		120	70.51	5,780,191	5,974,200	
2012/07		0.60	0.9417	0.9417		120	70.51	5,812,849	6,030,480	
2013/01		0.55	0.4901	0.4901		120	70.51	5,828,520	6,060,000	
2013/07		0.55	0.6196	0.6196		120	70.51	5,848,384	6,097,560	
2014/01		0.50	0.8564	0.8564		120	70.51	5,873,427	6,149,760	



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209.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	70.51	5,909,795	6,225,960	
2015/01		0.45	0.7571	0.7571		120	71.73	5,929,930	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059869123120130801201205282014205608



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0 059873-00 - 2015/01

205.82

Evans Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3735 EVANS AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
FORT MYERS, FL 33901	Days in CR 518	Maximum: 62,160	Standard: 243
County: Lee [36]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 60,267	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,166	Inflation
Current Class South Large	Initial CR? False	Medicaid: 33,262	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	55.19107%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.95463%	Cost: 1.04618269
Open Date: 12/03/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/03/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 12/14/1998	Low Occupancy Adjustment Factor:	123.80669%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252212			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,532,073	2,469,757	1,232,017	1,041,433		6,275,280	
1a	Audit Adjustments							
2	Cost Per Diem	46.0608	74.2516	37.0398	31.3100		188.6622	
3	Cost Per Diem Inflated	48.1880	76.8128	38.7504				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.1880	76.8128	38.7504	31.3100		195.0612	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.5951		57.6059				
7	Provider Target Rate	56.5944		59.7155				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	54.3191		63.1411				
10b	Base for line 10a	52.4002		60.9105				
11	Lesser of 5,7,8,10, 10a	48.1880	76.8128	38.7504	13.6500		177.4012	
12/13	Medical Adjustment Rate		0.4486	0.2263				
14	Prospective Per Diem 11	48.1880	77.2614	38.9767	13.6500		178.0761	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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205.82

Rate Semester 01/01/2015 through 08/31/2015

Evans Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/14/1998	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,725,244.00	Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	Fixed	80% Capital(1):	3,894,310 9.7322
Indexed Asset Value	4,867,888	<60% of Base:	False	20% ROE(2):	973,578 0.4231
FRVS Base Asset:	3,977,610	Interest Rate:	10.6343%	Insurance Cost(3):	50,817 0.8432
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	142,319 2.3615
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	50,524 0.8383
		Interest Only:	False	Replacement(3&4):	70,875 0.0000
		Yearly Payment:	383,643	Total FRVS PD:	14.1983

- (1) 80% Capital (\$3,894,310) amortized at 7.7500 % for 20 years Principal & Interest of \$383,643 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.7322
 (2) 20% ROE (\$973,578) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4231
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,882
Comparison Date:	01/01/1998	Current RS PBS:	52,276
Comparison Bed	105	Effective PBS Limitation	3,977,610

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.1880	48.1880	0.8384	47.3496
Direct Care	77.2614	77.2614	1.3442	75.9172
Indirect Care	38.9767	38.9767	0.6781	38.2986
Property	13.6500	14.1983	0.2470	13.9513
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3990
Supplemental Rate Add-on				9.9025
Totals	178.0761	178.6244	3.1077	205.8182

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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205.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	7,172,844	0.00	1.0794	1.0794		105	70.54	3,977,610	3,977,610	1
1999/01	29,005	0.10	1.4499	1.4499		105	70.54	4,012,383	4,078,830	
1999/07		0.10	1.2299	1.2299		105	70.54	4,017,318	4,129,020	
2000/01		0.20	1.3356	1.3356		105	70.54	4,028,048	4,184,145	
2000/07		0.20	1.1129	1.1129		105	70.54	4,037,014	4,230,660	
2001/01		0.30	1.2976	1.2976		120	67.60	4,052,730	4,897,800	
2001/07		0.30	0.9615	0.9615		120	69.20	4,064,422	4,944,840	
2002/01		0.40	1.0301	1.0301		120	69.20	4,081,167	4,995,720	
2002/07		0.40	0.8337	0.8337		120	69.20	4,094,778	5,037,360	
2003/01		0.50	1.3271	1.3271		120	69.20	4,121,951	5,104,200	
2003/07		0.50	1.1664	1.1664		120	69.20	4,145,990	5,163,720	
2004/01		0.60	1.1103	1.1103		120	69.20	4,173,611	5,221,080	
2004/07		0.60	0.8378	0.8378		120	80.34	4,194,592	5,264,880	
2005/01		0.70	0.8595	0.8595		120	80.34	4,219,831	5,310,120	
2005/07		0.70	0.7364	0.7364		120	80.76	4,241,584	5,349,240	
2006/01		0.80	0.9068	0.9068		120	80.76	4,272,352	5,397,720	
2006/07		0.80	0.8133	0.8133		120	75.27	4,300,148	5,441,640	
2007/01		0.90	1.0133	1.0133		120	75.27	4,339,365	5,496,720	
2007/07		0.90	1.1050	1.1050		120	67.41	4,382,520	5,557,440	
2008/01		1.00	0.8556	0.8556		120	64.80	4,420,017	5,604,960	
2008/07		1.00	0.6104	0.6104		120	64.80	4,446,997	5,639,160	
2009/01		1.00	1.3268	1.3268		120	64.80	4,506,000	5,714,040	
2009/07		1.00	0.6841	0.6841		120	47.91	4,532,852	5,753,160	
2010/01		1.00	0.8643	0.8643		120	44.36	4,564,450	5,802,840	
2010/07		1.00	0.7107	0.7107		120	44.36	4,590,614	5,844,120	
2011/01		1.00	0.9198	0.9198		120	47.18	4,626,835	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.18	4,662,667	5,951,160	
2012/01		1.00	0.3865	0.3865		120	43.26	4,676,841	5,974,200	
2012/07		1.00	0.9417	0.9417		120	43.26	4,711,482	6,030,480	
2013/01		1.00	0.4901	0.4901		120	43.26	4,729,644	6,060,000	



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205.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		1.00	0.6196	0.6196		120	43.26	4,729,644	6,097,560	5
2014/01		1.00	0.8564	0.8564		120	43.26	4,784,708	6,149,760	
2014/07		1.00	1.2383	1.2383		120	43.26	4,831,310	6,225,960	
2015/01		1.00	0.7571	0.7571		120	55.19	4,867,888	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059873123120130801201205282014131132



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 Rate Semester 01/01/2015 through 08/31/2015

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185.82

Sea Breeze Health Care

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1937 JENKS AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PANAMA CITY, FL 32405	Days in CR 518	Maximum: 62,160	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 59,814	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,207	Inflation
Current Class North Large	Initial CR? False	Medicaid: 42,507	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	71.06530%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.22587%	Cost: 1.04618269
Open Date: 12/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 06/01/1980	Low Occupancy Adjustment Factor:	122.87610%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252247			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,837,823	2,651,684	1,387,400	852,265		6,729,172	
1a	Audit Adjustments							
2	Cost Per Diem	43.2358	62.3823	32.6393	20.0500		158.3074	
3	Cost Per Diem Inflated	45.2325	64.5341	34.1467				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.2325	64.5341	34.1467	20.0500		163.9633	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.6065		50.9449				
7	Provider Target Rate	46.2400		52.8105				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	47.7118		55.2207				
10b	Base for line 10a	46.0263		53.2699				
11	Lesser of 5,7,8,10, 10a	45.2325	64.5341	34.1467	13.6500		157.5633	
12/13	Medical Adjustment Rate		1.5294	0.8092				
14	Prospective Per Diem 11	45.2325	66.0635	34.9559	13.6500		159.9019	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Sea Breeze Health Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,477,930 7.2793
RS to Start Calcs:	1979/07	<60% of Base:	False	20% ROE(2):	619,482 0.2692
Indexed Asset Value	3,097,412	Interest Rate:	10.0000%	Insurance Cost(3):	41,143 0.6878
FRVS Base Asset:	1,814,520	Chase Rate:	13.0000%	Taxes Cost(3):	36,700 0.6136
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	42,825 0.7160
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	69,227 0.0000
		Yearly Payment:	286,951	Total FRVS PD:	9.5659

(1) 80% Capital (\$2,477,930) amortized at 10.0000 % for 20 years Principal & Interest of \$286,951 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.2793

(2) 20% ROE (\$619,482) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2692

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.2325	45.2325	0.7869	44.4456
Direct Care	66.0635	66.0635	1.1493	64.9142
Indirect Care	34.9559	34.9559	0.6081	34.3478
Property	13.6500	9.5659	0.1664	9.3995
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8109
Supplemental Rate Add-on				9.9025
Totals	159.9019	155.8178	2.7107	185.8205

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	855,134	0.00	4.1982	3.0000	1.1982	120	100.00	855,134	2,468,640	
1980/01		0.10	7.3640	3.0000	4.3640	120	84.19	857,699	2,620,920	
1980/07	703,499	0.10	8.1746	3.0000	5.1746	120	84.19	1,563,771	2,720,760	
1981/01	8,551	0.20	8.9986	3.0000	5.9986	120	87.80	1,581,705	2,824,800	
1981/07	13,787	0.20	8.5874	3.0000	5.5874	120	87.80	1,604,982	2,897,880	
1982/01	1,917	0.30	8.2634	3.0000	5.2634	120	73.57	1,621,344	2,975,520	
1982/07	632	0.30	7.5611	3.0000	4.5611	120	87.90	1,636,568	3,043,800	
1983/04	825	0.40	7.1899	3.0000	4.1899	120	87.90	1,657,032	3,123,840	
1983/07	14,883	0.40	8.1477	3.0000	5.1477	120	87.90	1,691,799	3,247,440	
1984/01	1,905	0.50	6.4429	3.0000	3.4429	120	87.90	1,719,081	3,289,560	
1984/07	18,964	0.50	5.3608	3.0000	2.3608	120	69.67	1,763,831	3,352,680	
1985/01	1,110	0.60	3.5079	3.0000	0.5079	120	69.67	1,796,690	3,391,080	
1985/10	3,167	0.60	1.3601	1.3601		120	69.67	1,814,520	3,420,000	
1986/01		0.70	0.8299	0.8299		120	71.97	1,825,061	3,448,440	
1986/07		0.70	0.2974	0.2974		120	71.97	1,828,861	3,441,840	
1987/01		0.80	1.0091	1.0091		120	70.40	1,843,625	3,503,400	
1987/07		0.80	0.9007	0.9007		120	70.40	1,856,910	3,530,760	
1988/01		0.90	0.9007	0.9007		120	81.69	1,871,962	3,559,440	
1988/07		0.90	0.5899	0.5899		120	81.69	1,881,900	3,557,520	
1989/01		1.00	0.5899	0.5899		120	72.28	1,893,001	3,578,520	
1989/07		1.00	0.5899	0.5899		120	72.28	1,904,168	3,602,760	
1990/01		1.00	0.5899	0.5899		120	72.28	1,915,401	3,620,880	
1990/07		1.00	0.5899	0.5899		120	65.23	1,926,700	3,642,240	
1991/01		1.00	0.5899	0.5899		120	63.07	1,938,066	3,663,600	
1991/07		1.00	1.4932	1.4932		120	63.07	1,967,005	3,718,320	
1992/01		1.00	2.0117	2.0117		120	72.09	2,006,575	3,793,080	
1992/07		1.00	1.8152	1.8152		120	72.09	2,042,998	3,861,960	
1993/01		1.00	1.7710	1.7710		120	71.32	2,079,179	3,930,360	
1993/07		1.00	1.5329	1.5329		120	71.32	2,111,051	3,990,600	
1994/01		1.00	1.6983	1.6983		120	72.01	2,146,903	4,058,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		120	72.01	2,181,234	4,123,320	
1995/01		1.00	1.5812	1.5812		120	74.03	2,215,724	4,188,480	
1995/07		1.00	1.5250	1.5250		120	74.03	2,249,514	4,252,320	
1996/01	28,232	1.00	1.7228	1.7228		120	75.80	2,316,501	4,325,640	
1996/07		1.00	1.3294	1.3294		120	75.80	2,347,297	4,383,120	
1997/01	19,113	1.00	1.4109	1.4109		120	75.30	2,399,528	4,444,920	
1997/07		1.00	1.0917	1.0917		120	75.30	2,425,724	4,493,400	
1998/01		1.00	1.1663	1.1663		120	78.95	2,454,015	4,545,840	
1998/07		1.00	1.0794	1.0794		120	78.95	2,480,504	4,594,920	
1999/01		1.00	1.4499	1.4499		120	81.77	2,516,469	4,661,520	
1999/07		1.00	1.2299	1.2299		120	81.77	2,547,419	4,718,880	
2000/01	51,726	0.95	1.3356	1.3356		120	84.51	2,599,145	4,781,880	5
2000/07		0.95	1.1129	1.1129		120	84.51	2,659,290	4,835,040	
2001/01		0.90	1.2976	1.2976		120	82.53	2,690,345	4,897,800	
2001/07		0.90	0.9615	0.9615		120	80.89	2,713,627	4,944,840	
2002/01		0.85	1.0301	1.0301		120	80.89	2,737,388	4,995,720	
2002/07		0.85	0.8337	0.8337		120	80.89	2,756,785	5,037,360	
2003/01		0.80	1.3271	1.3271		120	80.89	2,786,054	5,104,200	
2003/07		0.80	1.1664	1.1664		120	80.89	2,812,051	5,163,720	
2004/01		0.75	1.1103	1.1103		120	80.89	2,835,467	5,221,080	
2004/07		0.75	0.8378	0.8378		120	80.32	2,853,285	5,264,880	
2005/01		0.70	0.8595	0.8595		120	77.69	2,870,453	5,310,120	
2005/07		0.70	0.7364	0.7364		120	77.69	2,885,250	5,349,240	
2006/01		0.65	0.9068	0.9068		120	77.69	2,902,256	5,397,720	
2006/07		0.65	0.8133	0.8133		120	76.93	2,917,597	5,441,640	
2007/01		0.60	1.0133	1.0133		120	75.02	2,935,336	5,496,720	
2007/07		0.60	1.1050	1.1050		120	75.02	2,954,797	5,557,440	
2008/01		0.55	0.8556	0.8556		120	75.02	2,968,702	5,604,960	
2008/07		0.55	0.6104	0.6104		120	66.87	2,978,668	5,639,160	
2009/01		0.50	1.3268	1.3268		120	66.87	2,998,428	5,714,040	



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185.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		120	71.00	3,008,686	5,753,160	
2010/01		0.45	0.8643	0.8643		120	71.00	3,020,387	5,802,840	
2010/07		0.45	0.7107	0.7107		120	75.77	3,030,046	5,844,120	
2011/01		0.40	0.9198	0.9198		120	75.77	3,041,194	5,897,880	
2011/07		0.40	0.9028	0.9028		120	77.15	3,052,176	5,951,160	
2012/01		0.35	0.3865	0.3865		120	72.91	3,056,306	5,974,200	
2012/07		0.35	0.9417	0.9417		120	72.91	3,066,380	6,030,480	
2013/01		0.30	0.4901	0.4901		120	72.91	3,070,888	6,060,000	
2013/07		0.30	0.6196	0.6196		120	72.91	3,076,597	6,097,560	
2014/01		0.25	0.8564	0.8564		120	72.91	3,083,184	6,149,760	
2014/07		0.25	1.2383	1.2383		120	72.91	3,092,730	6,225,960	
2015/01		0.20	0.7571	0.7571		120	71.07	3,097,412	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
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0 059877-00 - 2015/01

205.64

Spring Hill Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
12170 CORTEZ BLVD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
BROOKSVILLE, FL 34613	Days in CR 518	Maximum: 62,160	Standard: 243
County: Hernando [27]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 59,802	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 25,649	Inflation
Current Class North Large	Initial CR? False	Medicaid: 31,516	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	52.70058%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.20656%	Cost: 1.04618269
Open Date: 07/11/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/11/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/01/1997	Low Occupancy Adjustment Factor:	122.85144%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252492			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,394,690	2,141,395	1,551,998	1,486,925		6,575,008	
1a	Audit Adjustments							
2	Cost Per Diem	44.2534	67.9463	49.2448	47.1800		208.6245	
3	Cost Per Diem Inflated	46.2971	70.2900	51.5191				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.2971	70.2900	51.5191	47.1800		215.2862	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.8446		61.2214				
7	Provider Target Rate	48.5601		63.4634				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.1169		59.3909				
10b	Base for line 10a	47.3817		57.2928				
11	Lesser of 5,7,8,10, 10a	46.2971	70.2900	51.5191	13.6500		181.7562	
12/13	Medical Adjustment Rate		0.2136	0.1565				
14	Prospective Per Diem 11	46.2971	70.5036	51.6756	13.6500		182.1263	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
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205.64

Rate Semester 01/01/2015 through 08/31/2015

Spring Hill Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,919,949.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed	80% Capital(1):	4,416,474	11.0371
Indexed Asset Value	5,520,592	<60% of Base:	False	20% ROE(2):	1,104,118	0.4798
FRVS Base Asset:	4,444,920	Interest Rate:	10.6343%	Insurance Cost(3):	55,101	0.9214
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	147,277	2.4627
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	56,606	0.9466
		Interest Only:	False	Replacement(3&4):	237,614	0.0000
		Yearly Payment:	435,084	Total FRVS PD:		15.8476

- (1) 80% Capital (\$4,416,474) amortized at 7.7500 % for 20 years Principal & Interest of \$435,084 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.0371
- (2) 20% ROE (\$1,104,118) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4798
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.2971	46.2971	0.8055	45.4916
Direct Care	70.5036	70.5036	1.2266	69.2770
Indirect Care	51.6756	51.6756	0.8990	50.7766
Property	13.6500	15.8476	0.2757	15.5719
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.6169
Supplemental Rate Add-on				9.9025
Totals	182.1263	184.3239	3.2068	205.6365

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 059877-00 - 2015/01

205.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	6,874,770	0.00	1.0917	1.0917		120	32.55	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	32.55	4,447,987	4,545,840	
1998/07		0.10	1.0794	1.0794		120	32.55	4,450,827	4,594,920	
1999/01		0.20	1.4499	1.4499		120	32.55	4,450,827	4,661,520	5
1999/07		0.20	1.2299	1.2299		120	32.55	4,464,957	4,718,880	
2000/01	37,303	0.30	1.3356	1.3356		120	56.28	4,520,151	4,781,880	
2000/07		0.30	1.1129	1.1129		120	56.28	4,535,244	4,835,040	
2001/01		0.40	1.2976	1.2976		120	56.70	4,558,782	4,897,800	
2001/07		0.40	0.9615	0.9615		120	51.52	4,575,206	4,944,840	
2002/01		0.50	1.0301	1.0301		120	51.52	4,597,282	4,995,720	
2002/07		0.50	0.8337	0.8337		120	51.52	4,615,235	5,037,360	
2003/01		0.60	1.3271	1.3271		120	51.52	4,649,661	5,104,200	
2003/07		0.60	1.1664	1.1664		120	51.52	4,680,141	5,163,720	
2004/01		0.70	1.1103	1.1103		120	51.52	4,714,214	5,221,080	
2004/07		0.70	0.8378	0.8378		120	58.10	4,741,863	5,264,880	
2005/01		0.80	0.8595	0.8595		120	58.10	4,774,468	5,310,120	
2005/07		0.80	0.7364	0.7364		120	56.81	4,802,594	5,349,240	
2006/01		0.90	0.9068	0.9068		120	56.81	4,841,788	5,397,720	
2006/07		0.90	0.8133	0.8133		120	54.34	4,876,805	5,441,640	
2007/01		1.00	1.0133	1.0133		120	54.36	4,925,647	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.36	4,979,442	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.36	5,021,550	5,604,960	
2008/07		1.00	0.6104	0.6104		120	43.17	5,045,609	5,639,160	
2009/01		1.00	1.3268	1.3268		120	40.42	5,094,808	5,714,040	
2009/07		1.00	0.6841	0.6841		120	40.42	5,120,422	5,753,160	
2010/01		1.00	0.8643	0.8643		120	40.42	5,152,946	5,802,840	
2010/07		1.00	0.7107	0.7107		120	46.18	5,183,695	5,844,120	
2011/01		1.00	0.9198	0.9198		120	45.85	5,223,442	5,897,880	
2011/07		1.00	0.9028	0.9028		120	45.85	5,262,754	5,951,160	
2012/01		1.00	0.3865	0.3865		120	49.46	5,281,046	5,974,200	



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205.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	49.46	5,325,768	6,030,480	
2013/01		1.00	0.4901	0.4901		120	49.46	5,349,240	6,060,000	
2013/07		1.00	0.6196	0.6196		120	49.46	5,379,045	6,097,560	
2014/01		1.00	0.8564	0.8564		120	49.46	5,420,471	6,149,760	
2014/07		1.00	1.2383	1.2383		120	49.46	5,480,832	6,225,960	
2015/01		1.00	0.7571	0.7571		120	52.70	5,520,592	6,273,120	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 059877123120130801201205282014204734



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 060972-00 - 2015/01

197.76

Emerald Shores Health and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
626 NORTH TYNDALL PARKWAY	8/1/2012-12/31/2013	Number of Beds: 77	Superior: 0
CALLAWAY, FL 32404	Days in CR 518	Maximum: 39,886	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 28,105	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 38,235	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,192	Inflation
Current Class North Small	Initial CR? False	Medicaid: 17,581	FY Index: 1.31107019
Class at 1/94: North Small	Medical Utilization	45.98143%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.86070%	Cost: 1.04618269
Open Date: 08/30/2000	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/30/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/30/2000	Low Occupancy Adjustment Factor:	122.40979%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252191			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	845,842	1,103,218	737,584	700,779		3,387,423	
1a	Audit Adjustments							
2	Cost Per Diem	48.1111	62.7506	41.9535	39.8600		192.6752	
3	Cost Per Diem Inflated	50.3330	64.9151	43.8910				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.3330	64.9151	43.8910	39.8600		198.9991	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.2594		60.1120				
7	Provider Target Rate	55.2098		62.3134				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	54.9617		65.3550				
10b	Base for line 10a	53.0201		63.0462				
11	Lesser of 5,7,8,10, 10a	50.3330	64.9151	43.8910	13.6500		172.7891	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.3330	64.9151	43.8910	13.6500		172.7891	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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 Computation of Nursing Home Medicaid Reimbursement Rate

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197.76

Rate Semester 01/01/2015 through 08/31/2015

Emerald Shores Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/30/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,094,140.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Fixed	80% Capital(1):	2,864,442	11.1561
Indexed Asset Value	3,580,553	<60% of Base:	False	20% ROE(2):	716,111	0.4850
FRVS Base Asset:	3,068,373	Interest Rate:	10.6343%	Insurance Cost(3):	35,637	0.9321
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	47,170	1.2337
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	33,471	0.8754
		Interest Only:	False	Replacement(3&4):	150,282	0.0000
		Yearly Payment:	282,187	Total FRVS PD:		14.6823

- (1) 80% Capital (\$2,864,442) amortized at 7.7500 % for 20 years Principal & Interest of \$282,187 divided by annual available days (28105) divided by Occup. Adj. (0.90) = \$11.1561
- (2) 20% ROE (\$716,111) times the ROE factor (0.017130) divided by annual available days (28105) divided by Occup. Adj. (0.90) = \$0.4850
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	39,849
Comparison Date:	01/01/2000	Current RS PBS:	52,276
Comparison Bed	77	Effective PBS Limitation	3,068,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.3330	50.3330	0.8757	49.4573
Direct Care	64.9151	64.9151	1.1294	63.7857
Indirect Care	43.8910	43.8910	0.7636	43.1274
Property	13.6500	14.6823	0.2554	14.4269
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.0593
Supplemental Rate Add-on				9.9025
Totals	172.7891	173.8214	3.0241	197.7591

Medicaid Trend Adjustment



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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
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197.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	5,793,974	0.00	1.1129	1.1129		77	63.85	3,068,373	3,068,373	1
2001/01		0.10	1.2976	1.2976		77	63.85	3,072,356	3,142,755	
2001/07		0.10	0.9615	0.9615		77	62.71	3,075,312	3,172,939	
2002/01		0.20	1.0301	1.0301		77	62.71	3,081,647	3,205,587	
2002/07		0.20	0.8337	0.8337		77	62.71	3,081,647	3,232,306	5
2003/01		0.30	1.3271	1.3271		77	62.71	3,086,784	3,275,195	5
2003/07		0.30	1.1664	1.1664		77	62.71	3,109,916	3,313,387	
2004/01		0.40	1.1103	1.1103		77	62.71	3,123,727	3,350,193	
2004/07		0.40	0.8378	0.8378		77	61.95	3,134,195	3,378,298	
2005/01		0.50	0.8595	0.8595		77	61.95	3,147,666	3,407,327	
2005/07		0.50	0.7364	0.7364		77	63.89	3,159,256	3,432,429	
2006/01		0.60	0.9068	0.9068		77	63.89	3,176,446	3,463,537	
2006/07		0.60	0.8133	0.8133		77	67.28	3,191,947	3,491,719	
2007/01		0.70	1.0133	1.0133		77	60.63	3,214,587	3,527,062	
2007/07		0.70	1.1050	1.1050		77	60.63	3,214,587	3,566,024	5
2008/01		0.80	0.8556	0.8556		77	60.63	3,261,626	3,596,516	
2008/07		0.80	0.6104	0.6104		77	50.03	3,276,113	3,618,461	
2009/01		0.90	1.3268	1.3268		77	50.03	3,311,698	3,666,509	
2009/07		0.90	0.6841	0.6841		77	48.95	3,329,845	3,691,611	
2010/01		1.00	0.8643	0.8643		77	48.95	3,355,459	3,723,489	
2010/07		1.00	0.7107	0.7107		77	45.60	3,375,231	3,749,977	
2011/01		1.00	0.9198	0.9198		77	49.63	3,403,245	3,784,473	
2011/07		1.00	0.9028	0.9028		77	49.63	3,430,970	3,818,661	
2012/01		1.00	0.3865	0.3865		77	44.28	3,441,646	3,833,445	
2012/07		1.00	0.9417	0.9417		77	44.28	3,467,739	3,869,558	
2013/01		1.00	0.4901	0.4901		77	44.28	3,481,422	3,888,500	
2013/07		1.00	0.6196	0.6196		77	44.28	3,498,789	3,912,601	
2014/01		1.00	0.8564	0.8564		77	44.28	3,522,912	3,946,096	
2014/07		1.00	1.2383	1.2383		77	44.28	3,558,033	3,994,991	
2015/01		1.00	0.7571	0.7571		77	45.98	3,580,553	4,025,252	

Message Code:

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 060972123120130801201205282014130853



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 060993-00 - 2015/01

195.78

University Hills Health and Rehabilitation

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10040 HILL VIEW ROAD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
PENSACOLA, FL 32514	Days in CR 518	Maximum: 62,160	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 59,350	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,847	Inflation
Current Class North Large	Initial CR? False	Medicaid: 43,068	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	72.56613%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.47941%	Cost: 1.04618269
Open Date: 08/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/01/1982	Low Occupancy Adjustment Factor:	121.92290%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252123			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,786,465	2,737,715	1,650,717	702,870		6,877,767	
1a	Audit Adjustments							
2	Cost Per Diem	41.4801	63.5673	38.3282	16.3200		159.6956	
3	Cost Per Diem Inflated	43.3958	65.7600	40.0983				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.3958	65.7600	40.0983	16.3200		165.5741	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0243		51.8670				
7	Provider Target Rate	49.7830		53.7664				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.9702		59.3909				
10b	Base for line 10a	48.2049		57.2928				
11	Lesser of 5,7,8,10, 10a	43.3958	65.7600	40.0983	13.6500		162.9041	
12/13	Medical Adjustment Rate		1.6694	1.0180				
14	Prospective Per Diem 11	43.3958	67.4294	41.1163	13.6500		165.5915	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

University Hills Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,105,912.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,453,098 11.1287
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	1,113,274 0.4838
Indexed Asset Value	5,566,372	Interest Rate:	10.6343%	Insurance Cost(3):	42,347 0.7135
FRVS Base Asset:	3,249,000	Chase Rate:	4.7500%	Taxes Cost(3):	59,849 1.0084
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	43,532 0.7335
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	99,102 0.0000
		Yearly Payment:	438,692	Total FRVS PD:	14.0679

- (1) 80% Capital (\$4,453,098) amortized at 7.7500 % for 20 years Principal & Interest of \$438,692 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.1287
- (2) 20% ROE (\$1,113,274) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4838
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3958	43.3958	0.7550	42.6408
Direct Care	67.4294	67.4294	1.1731	66.2563
Indirect Care	41.1163	41.1163	0.7153	40.4010
Property	13.6500	14.0679	0.2447	13.8232
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7524
Supplemental Rate Add-on				9.9025
Totals	165.5915	166.0094	2.8881	195.7762

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 060993-00 - 2015/01

195.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	163,686	0.00	2.2977	2.2977		114		163,686	2,891,610	
1983/04		0.10	2.6288	2.6288		114		163,686	2,967,648	
1983/07	30,847	0.10	3.9578	3.0000	0.9578	114		194,533	3,085,068	
1984/01	3,208,184	0.20	2.2530	2.2530		114	78.79	3,403,594	3,125,082	
1984/07	2,333	0.20	1.9179	1.9179		114	78.79	3,418,983	3,185,046	
1985/01	6,207	0.30	1.1471	1.1471		114	78.79	3,436,955	3,221,526	
1985/10		0.30	0.8522	0.8522		114	78.79	3,249,000	3,249,000	1
1986/01		0.40	0.8299	0.8299		114	78.79	3,259,787	3,276,018	
1986/07		0.40	0.2974	0.2974		114	78.79	3,263,666	3,269,748	
1987/01		0.50	1.0091	1.0091		114	77.55	3,280,134	3,328,230	
1987/07		0.50	0.9007	0.9007		114	77.55	3,294,908	3,354,222	
1988/01		0.60	0.9007	0.9007		120	75.16	3,312,714	3,559,440	
1988/07		0.60	0.5899	0.5899		120	75.16	3,324,438	3,557,520	
1989/01		0.70	0.5899	0.5899		120	76.84	3,338,165	3,578,520	
1989/07		0.70	0.5899	0.5899		120	76.84	3,351,948	3,602,760	
1990/01		0.80	0.5899	0.5899		120	73.94	3,367,766	3,620,880	
1990/07		0.80	0.5899	0.5899		120	73.94	3,383,658	3,642,240	
1991/01		0.90	0.5899	0.5899		120	70.98	3,401,622	3,663,600	
1991/07		0.90	1.4932	1.4932		120	70.98	3,447,336	3,718,320	
1992/01		1.00	2.0117	2.0117		120	79.99	3,447,336	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	79.99	3,580,521	3,861,960	
1993/01	32,537	1.00	1.7710	1.7710		120	78.93	3,676,469	3,930,360	
1993/07		1.00	1.5329	1.5329		120	78.93	3,676,469	3,990,600	5
1994/01	22,838	1.00	1.6983	1.6983		120	72.50	3,755,664	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	72.50	3,819,059	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	75.14	3,880,130	4,188,480	5
1995/07		1.00	1.5250	1.5250		120	75.14	3,941,483	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	76.47	4,001,591	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	76.47	4,124,644	4,383,120	
1997/01		1.00	1.4109	1.4109		120	73.61	4,182,839	4,444,920	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		120	73.61	4,228,503	4,493,400	
1998/01	25,901	1.00	1.1663	1.1663		120	77.87	4,303,721	4,545,840	
1998/07		1.00	1.0794	1.0794		120	77.87	4,350,175	4,594,920	
1999/01		1.00	1.4499	1.4499		120	80.64	4,413,248	4,661,520	
1999/07		1.00	1.2299	1.2299		120	80.64	4,467,527	4,718,880	
2000/01	23,567	1.00	1.3356	1.3356		120	79.96	4,550,762	4,781,880	
2000/07		1.00	1.1129	1.1129		120	79.96	4,601,407	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.64	4,661,115	4,897,800	
2001/07		1.00	0.9615	0.9615		120	72.97	4,705,932	4,944,840	
2002/01		1.00	1.0301	1.0301		120	72.97	4,754,408	4,995,720	
2002/07		1.00	0.8337	0.8337		120	72.97	4,794,045	5,037,360	
2003/01		0.95	1.3271	1.3271		120	72.97	4,854,484	5,104,200	
2003/07		0.95	1.1664	1.1664		120	72.97	4,908,277	5,163,720	
2004/01		0.90	1.1103	1.1103		120	72.97	4,957,325	5,221,080	
2004/07		0.90	0.8378	0.8378		120	72.90	4,994,703	5,264,880	
2005/01		0.85	0.8595	0.8595		120	72.90	5,031,194	5,310,120	
2005/07		0.85	0.7364	0.7364		120	72.58	5,062,684	5,349,240	
2006/01		0.80	0.9068	0.9068		120	72.58	5,099,409	5,397,720	
2006/07		0.80	0.8133	0.8133		120	66.87	5,132,586	5,441,640	
2007/01		0.75	1.0133	1.0133		120	66.09	5,171,594	5,496,720	
2007/07		0.75	1.1050	1.1050		120	66.09	5,214,456	5,557,440	
2008/01		0.70	0.8556	0.8556		120	66.09	5,245,685	5,604,960	
2008/07		0.70	0.6104	0.6104		120	65.04	5,268,100	5,639,160	
2009/01		0.65	1.3268	1.3268		120	70.70	5,313,532	5,714,040	
2009/07		0.65	0.6841	0.6841		120	70.70	5,337,161	5,753,160	
2010/01		0.60	0.8643	0.8643		120	70.70	5,364,840	5,802,840	
2010/07		0.60	0.7107	0.7107		120	75.92	5,387,716	5,844,120	
2011/01		0.55	0.9198	0.9198		120	75.92	5,414,972	5,897,880	
2011/07		0.55	0.9028	0.9028		120	77.09	5,441,857	5,951,160	
2012/01		0.50	0.3865	0.3865		120	73.61	5,452,376	5,974,200	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		120	73.61	5,478,051	6,030,480	
2013/01		0.45	0.4901	0.4901		120	73.61	5,490,130	6,060,000	
2013/07		0.45	0.6196	0.6196		120	73.61	5,505,436	6,097,560	
2014/01		0.40	0.8564	0.8564		120	73.61	5,524,298	6,149,760	
2014/07		0.40	1.2383	1.2383		120	73.61	5,551,660	6,225,960	
2015/01		0.35	0.7571	0.7571		120	72.57	5,566,372	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 060993123120130801201205282014175258



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Heritage Park Rehabilitation and Healthcare
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Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Proprietary : Corporation			
Provider Information	Cost Report	Patient Days	Ratings Days
2826 CLEVELAND AVE	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
FORT MYERS, FL 33901	Days in CR 518	Maximum: 62,160	Standard: 243
County: Lee [36]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 60,307	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,273	Inflation
Current Class South Large	Initial CR? False	Medicaid: 44,481	FY Index: 1.31107019
Class at 1/94: South Large	Medical Utilization	73.75761%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.01898%	Cost: 1.04618269
Open Date: 11/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/01/1982	Low Occupancy Adjustment Factor:	123.88886%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252344			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,156,955	3,195,909	1,601,883	1,033,294		7,988,041	
1a	Audit Adjustments							
2	Cost Per Diem	48.4916	71.8489	36.0127	23.2300		179.5832	
3	Cost Per Diem Inflated	50.7311	74.3272	37.6759				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7311	74.3272	37.6759	23.2300		185.9642	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.9848		56.1860				
7	Provider Target Rate	55.9618		58.2436				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	57.3413		62.6113				
10b	Base for line 10a	55.3156		60.3994				
11	Lesser of 5,7,8,10, 10a	50.7311	74.3272	37.6759	13.6500		176.3842	
12/13	Medical Adjustment Rate		1.9866	1.0070				
14	Prospective Per Diem 11	50.7311	76.3138	38.6829	13.6500		179.3778	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Heritage Park Rehabilitation and Healthcare

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,912,669.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed	80% Capital(1):	4,126,731	10.3130
Indexed Asset Value	5,158,414	<60% of Base:	False	20% ROE(2):	1,031,683	0.4483
FRVS Base Asset:	3,026,907	Interest Rate:	10.6343%	Insurance Cost(3):	44,559	0.7389
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	113,767	1.8865
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	45,218	0.7498
		Interest Only:	False	Replacement(3&4):	180,167	0.0000
		Yearly Payment:	406,540	Total FRVS PD:		14.1365

- (1) 80% Capital (\$4,126,731) amortized at 7.7500 % for 20 years Principal & Interest of \$406,540 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.3130
- (2) 20% ROE (\$1,031,683) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4483
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.7311	50.7311	0.8826	49.8485
Direct Care	76.3138	76.3138	1.3277	74.9861
Indirect Care	38.6829	38.6829	0.6730	38.0099
Property	13.6500	14.1365	0.2459	13.8906
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1513
Supplemental Rate Add-on				9.9025
Totals	179.3778	179.8643	3.1292	209.7889

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	2,638,852	0.00	2.5888	2.5888		146		2,638,852	3,525,754	
1982/01	167,315	0.10	2.6760	2.6760		146		2,806,167	3,620,216	
1982/07	88,617	0.10	2.2977	2.2977		146	55.00	2,901,233	3,703,290	
1983/04	10,268	0.20	2.6288	2.6288		146	88.91	2,926,756	3,800,672	
1983/07	5,145	0.20	3.9578	3.0000	0.9578	146	88.91	2,949,462	3,951,052	
1984/01		0.30	2.2530	2.2530		146	88.45	2,969,397	4,002,298	
1984/07	16,363	0.30	1.9179	1.9179		146	88.45	3,002,846	4,079,094	
1985/01		0.40	1.1471	1.1471		146	88.45	3,016,623	4,125,814	
1985/10		0.40	0.8522	0.8522		146	88.45	3,026,907	4,161,000	
1986/01		0.50	0.8299	0.8299		146	87.00	3,039,469	4,195,602	
1986/07		0.50	0.2974	0.2974		146	87.00	3,043,989	4,187,572	
1987/01	15,314	0.60	1.0091	1.0091		146	84.98	3,077,734	4,262,470	
1987/07		0.60	0.9007	0.9007		146	84.98	3,094,366	4,295,758	
1988/01		0.70	0.9007	0.9007		146	84.47	3,113,876	4,330,652	
1988/07		0.70	0.5899	0.5899		146	84.47	3,126,733	4,328,316	
1989/01		0.80	0.5899	0.5899		146	81.35	3,141,488	4,353,866	
1989/07		0.80	0.5899	0.5899		146	81.35	3,156,313	4,383,358	
1990/01		0.90	0.5899	0.5899		146	81.37	3,173,070	4,405,404	
1990/07		0.90	0.5899	0.5899		146	81.37	3,189,916	4,431,392	
1991/01		1.00	0.5899	0.5899		146	83.44	3,208,733	4,457,380	
1991/07		1.00	1.4932	1.4932		146	83.44	3,256,646	4,523,956	
1992/01	41,422	1.00	2.0117	2.0117		146	82.31	3,363,582	4,614,914	
1992/07		1.00	1.8152	1.8152		146	82.31	3,424,638	4,698,718	
1993/01	22,341	1.00	1.7710	1.7710		146	75.96	3,507,629	4,781,938	
1993/07		1.00	1.5329	1.5329		146	75.96	3,561,397	4,855,230	
1994/01		1.00	1.6983	1.6983		146	69.35	3,621,880	4,937,720	
1994/07		1.00	1.5991	1.5991		146	69.35	3,679,797	5,016,706	
1995/01		1.00	1.5812	1.5812		146	66.03	3,737,982	5,095,984	
1995/07		1.00	1.5250	1.5250		146	66.03	3,794,986	5,173,656	
1996/01		1.00	1.7228	1.7228		146	67.46	3,860,366	5,262,862	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		146	67.46	3,911,686	5,332,796	
1997/01		1.00	1.4109	1.4109		146	69.72	3,966,876	5,407,986	
1997/07		1.00	1.0917	1.0917		146	69.72	4,010,182	5,466,970	
1998/01		1.00	1.1663	1.1663		146	73.54	4,056,953	5,530,772	
1998/07		1.00	1.0794	1.0794		146	73.54	4,100,744	5,590,486	
1999/01		1.00	1.4499	1.4499		146	74.84	4,160,201	5,671,516	
1999/07		1.00	1.2299	1.2299		146	74.84	4,211,367	5,741,304	
2000/01		1.00	1.3356	1.3356		146	84.45	4,267,614	5,817,954	
2000/07		1.00	1.1129	1.1129		146	84.45	4,315,108	5,882,632	
2001/01		1.00	1.2976	1.2976		146	88.02	4,371,101	5,958,990	
2001/07		1.00	0.9615	0.9615		120	77.28	4,413,129	4,944,840	
2002/01		0.95	1.0301	1.0301		120	77.28	4,456,316	4,995,720	
2002/07		0.95	0.8337	0.8337		120	77.28	4,491,610	5,037,360	
2003/01		0.90	1.3271	1.3271		120	77.28	4,545,258	5,104,200	
2003/07		0.90	1.1664	1.1664		120	77.28	4,592,974	5,163,720	
2004/01		0.85	1.1103	1.1103		120	77.28	4,636,322	5,221,080	
2004/07		0.85	0.8378	0.8378		120	76.42	4,669,337	5,264,880	
2005/01		0.80	0.8595	0.8595		120	76.42	4,701,443	5,310,120	
2005/07		0.80	0.7364	0.7364		120	74.75	4,729,139	5,349,240	
2006/01		0.75	0.9068	0.9068		120	78.12	4,761,302	5,397,720	
2006/07		0.75	0.8133	0.8133		120	78.12	4,790,346	5,441,640	
2007/01		0.70	1.0133	1.0133		120	78.12	4,824,324	5,496,720	
2007/07		0.70	1.1050	1.1050		120	74.68	4,861,640	5,557,440	
2008/01		0.65	0.8556	0.8556		120	74.68	4,888,676	5,604,960	
2008/07		0.65	0.6104	0.6104		120	71.55	4,908,074	5,639,160	
2009/01		0.60	1.3268	1.3268		120	68.94	4,947,147	5,714,040	
2009/07		0.60	0.6841	0.6841		120	68.94	4,967,455	5,753,160	
2010/01		0.55	0.8643	0.8643		120	68.94	4,991,070	5,802,840	
2010/07		0.55	0.7107	0.7107		120	63.60	5,010,580	5,844,120	
2011/01		0.50	0.9198	0.9198		120	63.60	5,033,624	5,897,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		120	65.31	5,056,346	5,951,160	
2012/01		0.45	0.3865	0.3865		120	69.77	5,065,139	5,974,200	
2012/07		0.45	0.9417	0.9417		120	69.77	5,086,605	6,030,480	
2013/01		0.40	0.4901	0.4901		120	69.77	5,096,575	6,060,000	
2013/07		0.40	0.6196	0.6196		120	69.77	5,109,204	6,097,560	
2014/01		0.35	0.8564	0.8564		120	69.77	5,124,516	6,149,760	
2014/07		0.35	1.2383	1.2383		120	69.77	5,146,726	6,225,960	
2015/01		0.30	0.7571	0.7571		120	73.76	5,158,414	6,273,120	

Message Code:

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 061095123120130801201205292014094814



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Destin Healthcare and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
195 MATTIE M KELLY BLVD	8/1/2012-12/31/2013	Number of Beds: 119	Superior: 0
DESTIN, FL 32541	Days in CR 518	Maximum: 61,642	Standard: 243
County: Okaloosa [46]	First Used : 2015/01	Max Annualized: 43,435	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 58,250	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,771	Inflation
Current Class North Large	Initial CR? False	Medicaid: 33,453	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	57.43004%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.49726%	Cost: 1.04618269
Open Date: 07/14/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/11/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/11/1994	Low Occupancy Adjustment Factor:	120.66874%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252166			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,427,752	2,183,030	1,390,154	1,162,492		6,163,428	
1a	Audit Adjustments							
2	Cost Per Diem	42.6793	65.2566	41.5554	34.7500		184.2413	
3	Cost Per Diem Inflated	44.6503	67.5075	43.4745				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.6503	67.5075	43.4745	34.7500		190.3823	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.7956		53.6464				
7	Provider Target Rate	49.5459		55.6110				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		59.3909				
10b	Base for line 10a	47.7008		57.2928				
11	Lesser of 5,7,8,10, 10a	44.6503	67.5075	43.4745	13.6500		169.2823	
12/13	Medical Adjustment Rate		0.5643	0.3634				
14	Prospective Per Diem 11	44.6503	68.0718	43.8379	13.6500		170.2100	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 061101-00 - 2015/01

200.47

Rate Semester 01/01/2015 through 08/31/2015

Destin Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/11/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,618,367.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed	80% Capital(1):	4,529,503	11.4147
Indexed Asset Value	5,661,879	<60% of Base:	False	20% ROE(2):	1,132,376	0.4962
FRVS Base Asset:	2,976,160	Interest Rate:	10.6343%	Insurance Cost(3):	43,441	0.7458
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	69,820	1.1986
ROE Factor	0.017130	Amortization Rate:	7.7500%	Home Office(3):	46,239	0.7938
		Interest Only:	False	Replacement(3&4):	35,499	0.0000
		Yearly Payment:	446,219	Total FRVS PD:		14.6491

- (1) 80% Capital (\$4,529,503) amortized at 7.7500 % for 20 years Principal & Interest of \$446,219 divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$11.4147
 (2) 20% ROE (\$1,132,376) times the ROE factor (0.017130) divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$0.4962
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	01/01/1994	Current RS PBS:	52,276
Comparison Bed	88	Effective PBS Limitation	2,976,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.6503	44.6503	0.7768	43.8735
Direct Care	68.0718	68.0718	1.1843	66.8875
Indirect Care	43.8379	43.8379	0.7627	43.0752
Property	13.6500	14.6491	0.2549	14.3942
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3346
Supplemental Rate Add-on				9.9025
Totals	170.2100	171.2091	2.9787	200.4675

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	4,769,233	0.00	1.5991	1.5991		88	29.66	2,976,160	2,976,160	1
1995/01		0.10	1.5812	1.5812		88	29.66	2,978,697	3,071,552	
1995/07		0.10	1.5250	1.5250		88	29.66	2,981,147	3,118,368	
1996/01		0.20	1.7228	1.7228		88	29.66	2,986,687	3,172,136	
1996/07		0.20	1.3294	1.3294		88	29.66	2,990,970	3,214,288	
1997/01		0.30	1.4109	1.4109		88	47.26	3,001,849	3,259,608	
1997/07		0.30	1.0917	1.0917		88	47.26	3,010,297	3,295,160	
1998/01	1,132,306	0.40	1.1663	1.1663		119	56.07	4,156,646	4,507,958	
1998/07		0.40	1.0794	1.0794		119	56.07	4,174,594	4,556,629	
1999/01	87,759	0.50	1.4499	1.4499		119	53.90	4,292,013	4,622,674	
1999/07		0.50	1.2299	1.2299		119	53.90	4,317,881	4,679,556	
2000/01	40,323	0.60	1.3356	1.3356		119	63.28	4,392,807	4,742,031	
2000/07		0.60	1.1129	1.1129		119	63.28	4,422,138	4,794,748	
2001/01		0.70	1.2976	1.2976		119	64.15	4,462,304	4,856,985	
2001/07		0.70	0.9615	0.9615		119	59.35	4,492,340	4,903,633	
2002/01		0.80	1.0301	1.0301		119	59.35	4,529,361	4,954,089	
2002/07		0.80	0.8337	0.8337		119	59.35	4,559,572	4,995,382	
2003/01		0.90	1.3271	1.3271		119	59.35	4,614,032	5,061,665	
2003/07		0.90	1.1664	1.1664		119	59.35	4,662,470	5,120,689	
2004/01		1.00	1.1103	1.1103		119	59.35	4,714,237	5,177,571	
2004/07		1.00	0.8378	0.8378		119	58.53	4,753,733	5,221,006	
2005/01		1.00	0.8595	0.8595		119	58.53	4,794,591	5,265,869	
2005/07		1.00	0.7364	0.7364		119	63.66	4,829,898	5,304,663	
2006/01		1.00	0.9068	0.9068		119	63.66	4,873,696	5,352,739	
2006/07		1.00	0.8133	0.8133		119	60.35	4,913,334	5,396,293	
2007/01		1.00	1.0133	1.0133		119	60.35	4,963,121	5,450,914	
2007/07		1.00	1.1050	1.1050		119	57.30	5,017,963	5,511,128	
2008/01		1.00	0.8556	0.8556		119	63.36	5,060,897	5,558,252	
2008/07		1.00	0.6104	0.6104		119	63.36	5,091,789	5,592,167	
2009/01		1.00	1.3268	1.3268		119	63.36	5,159,347	5,666,423	



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200.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		119	64.89	5,194,642	5,705,217	
2010/01		1.00	0.8643	0.8643		119	59.39	5,239,539	5,754,483	
2010/07		1.00	0.7107	0.7107		119	59.39	5,276,776	5,795,419	
2011/01		1.00	0.9198	0.9198		119	60.30	5,325,312	5,848,731	
2011/07		1.00	0.9028	0.9028		119	60.30	5,373,389	5,901,567	
2012/01		1.00	0.3865	0.3865		119	60.04	5,394,157	5,924,415	
2012/07		1.00	0.9417	0.9417		119	60.04	5,444,954	5,980,226	
2013/01		1.00	0.4901	0.4901		119	60.04	5,471,640	6,009,500	
2013/07		1.00	0.6196	0.6196		119	60.04	5,505,542	6,046,747	
2014/01		1.00	0.8564	0.8564		119	60.04	5,552,691	6,098,512	
2014/07		1.00	1.2383	1.2383		119	60.04	5,621,450	6,174,077	
2015/01		0.95	0.7571	0.7571		119	57.43	5,661,879	6,220,844	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

0 061102-00 - 2015/01

202.83

San Jose Health and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9355 SAN JOSE BLVD	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32257	Days in CR 518	Maximum: 62,160	Standard: 243
County: Duval [16]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 59,993	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,346	Inflation
Current Class North Large	Initial CR? False	Medicaid: 43,926	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	73.21854%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.51384%	Cost: 1.04618269
Open Date: 12/20/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/20/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 12/20/1985	Low Occupancy Adjustment Factor:	123.24382%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252051			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,083,748	2,820,477	1,710,048	1,312,070		7,926,343	
1a	Audit Adjustments							
2	Cost Per Diem	47.4377	64.2097	38.9302	29.8700		180.4476	
3	Cost Per Diem Inflated	49.6285	66.4245	40.7281				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.6285	66.4245	40.7281	29.8700		186.6511	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.2261		55.9950				
7	Provider Target Rate	49.9922		58.0456				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.4476		59.3909				
10b	Base for line 10a	47.7008		57.2928				
11	Lesser of 5,7,8,10, 10a	49.4476	66.4245	40.7281	13.6500		170.2502	
12/13	Medical Adjustment Rate		1.7351	1.0639				
14	Prospective Per Diem 11	49.4476	68.1596	41.7920	13.6500		173.0492	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

San Jose Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,339,377.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,062,858	10.1534
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,015,715	0.4414
Indexed Asset Value	5,078,573	Interest Rate:	10.6343%	Insurance Cost(3):	47,720	0.7954
FRVS Base Asset:	3,051,972	Chase Rate:	4.7500%	Taxes Cost(3):	98,562	1.6429
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	45,503	0.7585
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	172,277	0.0000
		Yearly Payment:	400,248	Total FRVS PD:		13.7916

- (1) 80% Capital (\$4,062,858) amortized at 7.7500 % for 20 years Principal & Interest of \$400,248 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.1534
- (2) 20% ROE (\$1,015,715) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4414
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,259
Comparison Date:	01/01/1985	Current RS PBS:	52,276
Comparison Bed	108	Effective PBS Limitation	3,051,972

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.4476	49.4476	0.8603	48.5873
Direct Care	68.1596	68.1596	1.1858	66.9738
Indirect Care	41.7920	41.7920	0.7271	41.0649
Property	13.6500	13.7916	0.2399	13.5517
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7487
Supplemental Rate Add-on				9.9025
Totals	173.0492	173.1908	3.0131	202.8289

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,892,768	0.00	0.8522	0.8522		108	52.72	3,051,972	3,051,972	1
1986/01		0.10	0.8299	0.8299		108	52.72	3,054,400	3,103,596	
1986/07		0.10	0.2974	0.2974		108	52.72	3,055,270	3,097,656	
1987/01		0.20	1.0091	1.0091		108	52.72	3,061,180	3,153,060	
1987/07		0.20	0.9007	0.9007		108	52.72	3,066,465	3,177,684	
1988/01		0.30	0.9007	0.9007		108	65.60	3,074,751	3,203,496	
1988/07		0.30	0.5899	0.5899		108	65.60	3,080,193	3,201,768	
1989/01		0.40	0.5899	0.5899		120	75.32	3,087,462	3,578,520	
1989/07		0.40	0.5899	0.5899		120	75.32	3,094,748	3,602,760	
1990/01		0.50	0.5899	0.5899		120	66.38	3,103,878	3,620,880	
1990/07		0.50	0.5899	0.5899		120	66.38	3,103,878	3,642,240	5
1991/01		0.60	0.5899	0.5899		120	62.09	3,124,051	3,663,600	
1991/07		0.60	1.4932	1.4932		120	62.09	3,152,039	3,718,320	
1992/01	18,685	0.70	2.0117	2.0117		120	73.98	3,215,111	3,793,080	
1992/07		0.70	1.8152	1.8152		120	73.98	3,255,962	3,861,960	
1993/01		0.80	1.7710	1.7710		120	70.47	3,302,092	3,930,360	
1993/07		0.80	1.5329	1.5329		120	70.47	3,342,586	3,990,600	
1994/01		0.90	1.6983	1.6983		120	65.90	3,393,677	4,058,400	
1994/07		0.90	1.5991	1.5991		120	65.90	3,442,519	4,123,320	
1995/01		1.00	1.5812	1.5812		120	61.07	3,496,952	4,188,480	
1995/07		1.00	1.5250	1.5250		120	61.07	3,550,281	4,252,320	
1996/01		1.00	1.7228	1.7228		120	59.32	3,611,445	4,325,640	
1996/07		1.00	1.3294	1.3294		120	59.32	3,659,456	4,383,120	
1997/01		1.00	1.4109	1.4109		120	55.17	3,711,087	4,444,920	
1997/07		1.00	1.0917	1.0917		120	55.17	3,751,601	4,493,400	
1998/01		1.00	1.1663	1.1663		120	56.70	3,795,356	4,545,840	
1998/07		1.00	1.0794	1.0794		120	56.70	3,836,323	4,594,920	
1999/01		1.00	1.4499	1.4499		120	62.85	3,891,946	4,661,520	
1999/07		1.00	1.2299	1.2299		120	62.85	3,939,813	4,718,880	
2000/01	39,248	1.00	1.3356	1.3356		120	73.43	4,031,681	4,781,880	



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202.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	73.43	4,076,550	4,835,040	
2001/01		1.00	1.2976	1.2976		120	74.34	4,129,447	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.50	4,169,152	4,944,840	
2002/01		1.00	1.0301	1.0301		120	77.50	4,212,098	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.50	4,247,214	5,037,360	
2003/01		1.00	1.3271	1.3271		120	77.50	4,303,579	5,104,200	
2003/07		1.00	1.1664	1.1664		120	77.50	4,353,776	5,163,720	
2004/01		1.00	1.1103	1.1103		120	77.50	4,402,116	5,221,080	
2004/07		1.00	0.8378	0.8378		120	71.77	4,438,997	5,264,880	
2005/01		1.00	0.8595	0.8595		120	71.77	4,477,150	5,310,120	
2005/07		1.00	0.7364	0.7364		120	68.79	4,510,120	5,349,240	
2006/01		0.95	0.9068	0.9068		120	68.79	4,548,975	5,397,720	
2006/07		0.95	0.8133	0.8133		120	65.53	4,584,120	5,441,640	
2007/01		0.90	1.0133	1.0133		120	69.91	4,625,927	5,496,720	
2007/07		0.90	1.1050	1.1050		120	69.91	4,671,932	5,557,440	
2008/01		0.85	0.8556	0.8556		120	69.91	4,705,911	5,604,960	
2008/07		0.85	0.6104	0.6104		120	72.66	4,730,325	5,639,160	
2009/01		0.80	1.3268	1.3268		120	66.74	4,780,533	5,714,040	
2009/07		0.80	0.6841	0.6841		120	66.74	4,806,697	5,753,160	
2010/01		0.75	0.8643	0.8643		120	73.97	4,837,854	5,802,840	
2010/07		0.75	0.7107	0.7107		120	73.97	4,863,640	5,844,120	
2011/01		0.70	0.9198	0.9198		120	77.36	4,894,957	5,897,880	
2011/07		0.70	0.9028	0.9028		120	77.36	4,925,893	5,951,160	
2012/01		0.65	0.3865	0.3865		120	74.46	4,938,267	5,974,200	
2012/07		0.65	0.9417	0.9417		120	74.46	4,968,494	6,030,480	
2013/01		0.60	0.4901	0.4901		120	74.46	4,983,106	6,060,000	
2013/07		0.60	0.6196	0.6196		120	74.46	5,001,633	6,097,560	
2014/01		0.55	0.8564	0.8564		120	74.46	5,025,191	6,149,760	
2014/07		0.55	1.2383	1.2383		120	74.46	5,059,418	6,225,960	
2015/01		0.50	0.7571	0.7571		120	73.22	5,078,573	6,273,120	

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 061102123120130801201205282014125613



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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212.03

SeaView Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2401 NE 2ND STREET	8/1/2012-12/31/2013	Number of Beds: 83	Superior: 0
POMPANO BEACH, FL 33062	Days in CR 518	Maximum: 42,994	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 30,295	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 39,738	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,915	Inflation
Current Class South Small	Initial CR? False	Medicaid: 32,817	FY Index: 1.31107019
Class at 1/94: South Small	Medical Utilization	82.58342%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.42685%	Cost: 1.04618269
Open Date: 08/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 08/01/1983	Low Occupancy Adjustment Factor:	118.02492%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252433			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,727,994	2,230,229	1,268,394	721,318		5,947,935	
1a	Audit Adjustments							
2	Cost Per Diem	52.6555	67.9596	38.6505	21.9800		181.2456	
3	Cost Per Diem Inflated	55.0873	70.3038	40.4355				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.0873	70.3038	40.4355	21.9800		187.8066	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0285		68.3419				
7	Provider Target Rate	61.1902		70.8446				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	62.7607		73.2525				
10b	Base for line 10a	60.5435		70.6647				
11	Lesser of 5,7,8,10, 10a	55.0873	70.3038	40.4355	13.6500		179.4766	
12/13	Medical Adjustment Rate		2.5771	1.4822				
14	Prospective Per Diem 11	55.0873	72.8809	41.9177	13.6500		183.5359	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

SeaView Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,234,273.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,789,116 6.4643
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	447,279 0.2810
Indexed Asset Value	2,236,395	Interest Rate:	10.6343%	Insurance Cost(3):	32,154 0.8091
FRVS Base Asset:	1,201,038	Chase Rate:	4.7500%	Taxes Cost(3):	78,598 1.9779
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	29,665 0.7465
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	21,806 0.0000
		Yearly Payment:	176,253	Total FRVS PD:	10.2788

- (1) 80% Capital (\$1,789,116) amortized at 7.7500 % for 20 years Principal & Interest of \$176,253 divided by annual available days (30295) divided by Occup. Adj. (0.90) = \$6.4643
- (2) 20% ROE (\$447,279) times the ROE factor (0.017130) divided by annual available days (30295) divided by Occup. Adj. (0.90) = \$0.2810
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	83	Effective PBS Limitation	2,365,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.0873	55.0873	0.9584	54.1289
Direct Care	72.8809	72.8809	1.2680	71.6129
Indirect Care	41.9177	41.9177	0.7293	41.1884
Property	13.6500	10.2788	0.1788	10.1000
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.1012
Supplemental Rate Add-on				9.9025
Totals	183.5359	180.1647	3.1345	212.0339

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	1,151,377	0.00	3.9578	3.0000	0.9578	83	18.97	1,151,377	2,246,146	
1984/01	19,845	0.10	2.2530	2.2530		83	18.97	1,171,222	2,275,279	
1984/07	4,259	0.10	1.9179	1.9179		83	18.97	1,175,481	2,318,937	
1985/01		0.20	1.1471	1.1471		83	18.97	1,175,481	2,345,497	
1985/10	25,557	0.20	0.8522	0.8522		83	18.97	1,201,038	2,365,500	
1986/01		0.30	0.8299	0.8299		83	34.49	1,202,913	2,385,171	
1986/07		0.30	0.2974	0.2974		83	34.49	1,203,586	2,380,606	
1987/01	85,208	0.40	1.0091	1.0091		83	46.06	1,292,862	2,423,185	
1987/07		0.40	0.9007	0.9007		83	46.06	1,296,763	2,442,109	
1988/01		0.50	0.9007	0.9007		83	38.76	1,300,879	2,461,946	
1988/07		0.50	0.5899	0.5899		83	38.76	1,303,583	2,460,618	
1989/01		0.60	0.5899	0.5899		83	30.94	1,306,178	2,475,143	
1989/07		0.60	0.5899	0.5899		83	30.94	1,308,778	2,491,909	
1990/01		0.70	0.5899	0.5899		83	31.64	1,311,887	2,504,442	
1990/07		0.70	0.5899	0.5899		83	31.64	1,315,003	2,519,216	
1991/01		0.80	0.5899	0.5899		83	31.64	1,318,573	2,533,990	
1991/07		0.80	1.4932	1.4932		83	38.36	1,318,573	2,571,838	5
1992/01		0.90	2.0117	2.0117		83	51.06	1,329,559	2,623,547	5
1992/07		0.90	1.8152	1.8152		83	51.06	1,351,906	2,671,189	5
1993/01		1.00	1.7710	1.7710		83	50.67	1,394,802	2,718,499	
1993/07		1.00	1.5329	1.5329		83	50.67	1,394,802	2,760,165	5
1994/01		1.00	1.6983	1.6983		83	59.27	1,438,522	2,807,060	
1994/07		1.00	1.5991	1.5991		83	59.27	1,438,522	2,851,963	5
1995/01	17,474	1.00	1.5812	1.5812		83	67.81	1,478,999	2,897,032	5
1995/07		1.00	1.5250	1.5250		83	67.81	1,502,109	2,941,188	5
1996/01	34,630	1.00	1.7228	1.7228		83	65.77	1,585,919	2,991,901	
1996/07		1.00	1.3294	1.3294		83	65.77	1,607,002	3,031,658	
1997/01	33,011	1.00	1.4109	1.4109		83	70.44	1,662,686	3,074,403	
1997/07		1.00	1.0917	1.0917		83	70.44	1,680,838	3,107,935	
1998/01		1.00	1.1663	1.1663		83	58.57	1,700,442	3,144,206	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		83	58.57	1,718,797	3,178,153	
1999/01		1.00	1.4499	1.4499		83	78.28	1,718,797	3,224,218	5
1999/07		1.00	1.2299	1.2299		83	78.28	1,765,164	3,263,892	
2000/01	19,707	1.00	1.3356	1.3356		83	76.59	1,784,871	3,307,467	5
2000/07		1.00	1.1129	1.1129		83	76.59	1,828,573	3,344,236	
2001/01		1.00	1.2976	1.2976		83	84.60	1,852,301	3,387,645	
2001/07		1.00	0.9615	0.9615		83	80.01	1,870,111	3,420,181	
2002/01		1.00	1.0301	1.0301		83	80.01	1,889,375	3,455,373	
2002/07		1.00	0.8337	0.8337		83	80.01	1,905,127	3,484,174	
2003/01		1.00	1.3271	1.3271		83	80.01	1,930,410	3,530,405	
2003/07		1.00	1.1664	1.1664		83	80.01	1,952,926	3,571,573	
2004/01		0.95	1.1103	1.1103		83	80.01	1,973,525	3,611,247	
2004/07		0.95	0.8378	0.8378		83	84.55	1,989,232	3,641,542	
2005/01		0.90	0.8595	0.8595		83	75.14	2,004,621	3,672,833	
2005/07		0.90	0.7364	0.7364		83	75.14	2,017,908	3,699,891	
2006/01		0.85	0.9068	0.9068		83	75.14	2,033,462	3,733,423	
2006/07		0.85	0.8133	0.8133		83	73.57	2,047,519	3,763,801	
2007/01		0.80	1.0133	1.0133		83	75.67	2,064,116	3,801,898	
2007/07		0.80	1.1050	1.1050		83	75.67	2,082,363	3,843,896	
2008/01		0.75	0.8556	0.8556		83	75.67	2,095,726	3,876,764	
2008/07		0.75	0.6104	0.6104		83	78.02	2,105,320	3,900,419	
2009/01		0.70	1.3268	1.3268		83	82.09	2,124,874	3,952,211	
2009/07		0.70	0.6841	0.6841		83	82.09	2,135,050	3,979,269	
2010/01		0.65	0.8643	0.8643		83	82.37	2,147,045	4,013,631	
2010/07		0.65	0.7107	0.7107		83	82.37	2,156,964	4,042,183	
2011/01		0.60	0.9198	0.9198		83	82.37	2,168,868	4,079,367	
2011/07		0.60	0.9028	0.9028		83	85.30	2,180,617	4,116,219	
2012/01		0.55	0.3865	0.3865		83	82.14	2,185,253	4,132,155	
2012/07		0.55	0.9417	0.9417		83	82.14	2,196,570	4,171,082	
2013/01		0.50	0.4901	0.4901		83	82.14	2,201,954	4,191,500	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		83	82.14	2,208,776	4,217,479	
2014/01		0.45	0.8564	0.8564		83	82.14	2,217,289	4,253,584	
2014/07		0.45	1.2383	1.2383		83	82.14	2,229,644	4,306,289	
2015/01		0.40	0.7571	0.7571		83	82.58	2,236,395	4,338,908	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 061107123120130801201205292014085448



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Vista Manor

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1550 JESS PARRISH CT	8/1/2012-12/31/2013	Number of Beds: 120	Superior: 0
TITUSVILLE, FL 32796	Days in CR 518	Maximum: 62,160	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 59,127	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,044	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 35,342	FY Index: 1.31107019
Class at 1/94: North Large	Medical Utilization	59.77303%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.12066%	Cost: 1.04618269
Open Date: 09/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 09/16/1985	Low Occupancy Adjustment Factor:	121.46479%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252522			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,591,701	2,322,966	1,489,122	1,065,561		6,469,350
1a	Audit Adjustments						
2	Cost Per Diem	45.0371	65.7282	42.1346	30.1500		183.0499
3	Cost Per Diem Inflated	47.1170	67.9954	44.0805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1170	67.9954	44.0805	30.1500		189.3429
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9785		57.0397			
7	Provider Target Rate	49.7355		59.1285			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	50.9551		61.5134			
10b	Base for line 10a	49.1550		59.3403			
11	Lesser of 5,7,8,10, 10a	47.1170	67.9954	44.0805	13.6500		172.8429
12/13	Medical Adjustment Rate		0.7476	0.4847			
14	Prospective Per Diem 11	47.1170	68.7430	44.5652	13.6500		174.0752
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

Vista Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,919,889.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,576,830	11.4379
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,144,207	0.4972
Indexed Asset Value	5,721,037	Interest Rate:	10.6343%	Insurance Cost(3):	48,673	0.8232
FRVS Base Asset:	3,420,000	Chase Rate:	4.7500%	Taxes Cost(3):	97,333	1.6462
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	48,301	0.8169
ROE Factor	0.017130	Interest Only:	False	Replacement(3&4):	130,462	0.0000
		Yearly Payment:	450,881	Total FRVS PD:		15.2214

- (1) 80% Capital (\$4,576,830) amortized at 7.7500 % for 20 years Principal & Interest of \$450,881 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.4379
 (2) 20% ROE (\$1,144,207) times the ROE factor (0.017130) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4972
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1170	47.1170	0.8197	46.2973
Direct Care	68.7430	68.7430	1.1960	67.5470
Indirect Care	44.5652	44.5652	0.7753	43.7899
Property	13.6500	15.2214	0.2648	14.9566
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.9463
Supplemental Rate Add-on				9.9025
Totals	174.0752	175.6466	3.0558	203.4396

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,536,495	0.00	0.8522	0.8522		120	74.92	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	74.92	3,422,839	3,448,440	
1986/07		0.10	0.2974	0.2974		120	74.92	3,423,856	3,441,840	
1987/01	26,804	0.20	1.0091	1.0091		120	74.92	3,457,569	3,503,400	
1987/07		0.20	0.9007	0.9007		120	74.92	3,463,796	3,530,760	
1988/01		0.30	0.9007	0.9007		120	79.85	3,473,155	3,559,440	
1988/07		0.30	0.5899	0.5899		120	79.85	3,479,302	3,557,520	
1989/01		0.40	0.5899	0.5899		120	84.77	3,487,513	3,578,520	
1989/07		0.40	0.5899	0.5899		120	84.77	3,495,744	3,602,760	
1990/01	16,878	0.50	0.5899	0.5899		120	82.10	3,522,934	3,620,880	
1990/07		0.50	0.5899	0.5899		120	82.10	3,533,327	3,642,240	
1991/01		0.60	0.5899	0.5899		120	72.41	3,545,831	3,663,600	
1991/07		0.60	1.4932	1.4932		120	72.41	3,577,598	3,718,320	
1992/01		0.70	2.0117	2.0117		120	75.78	3,627,978	3,793,080	
1992/07		0.70	1.8152	1.8152		120	75.78	3,674,075	3,861,960	
1993/01		0.80	1.7710	1.7710		120	71.47	3,726,129	3,930,360	
1993/07		0.80	1.5329	1.5329		120	71.47	3,771,823	3,990,600	
1994/01		0.90	1.6983	1.6983		120	62.28	3,771,823	4,058,400	5
1994/07		0.90	1.5991	1.5991		120	62.28	3,829,475	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	58.54	3,946,012	4,188,480	
1995/07		1.00	1.5250	1.5250		120	58.54	4,006,189	4,252,320	
1996/01		1.00	1.7228	1.7228		120	64.36	4,075,208	4,325,640	
1996/07		1.00	1.3294	1.3294		120	64.36	4,129,384	4,383,120	
1997/01		1.00	1.4109	1.4109		120	70.84	4,187,645	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.84	4,233,362	4,493,400	
1998/01		1.00	1.1663	1.1663		120	72.78	4,282,736	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.78	4,328,964	4,594,920	
1999/01		1.00	1.4499	1.4499		120	73.73	4,391,730	4,661,520	
1999/07		1.00	1.2299	1.2299		120	73.73	4,445,744	4,718,880	
2000/01	39,010	1.00	1.3356	1.3356		120	73.87	4,544,131	4,781,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	73.87	4,594,703	4,835,040	
2001/01		1.00	1.2976	1.2976		120	74.66	4,654,324	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.35	4,699,075	4,944,840	
2002/01		1.00	1.0301	1.0301		120	58.35	4,747,480	4,995,720	
2002/07		1.00	0.8337	0.8337		120	58.35	4,787,060	5,037,360	
2003/01		1.00	1.3271	1.3271		120	58.35	4,850,589	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.35	4,907,166	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.35	4,961,650	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.41	5,003,219	5,264,880	
2005/01		1.00	0.8595	0.8595		120	58.41	5,046,222	5,310,120	
2005/07		1.00	0.7364	0.7364		120	60.82	5,083,382	5,349,240	
2006/01		0.95	0.9068	0.9068		120	60.82	5,127,175	5,397,720	
2006/07		0.95	0.8133	0.8133		120	60.94	5,166,788	5,441,640	
2007/01		0.90	1.0133	1.0133		120	57.51	5,213,909	5,496,720	
2007/07		0.90	1.1050	1.1050		120	57.51	5,265,761	5,557,440	
2008/01		0.85	0.8556	0.8556		120	57.51	5,304,059	5,604,960	
2008/07		0.85	0.6104	0.6104		120	53.01	5,330,581	5,639,160	
2009/01		0.80	1.3268	1.3268		120	55.77	5,387,160	5,714,040	
2009/07		0.80	0.6841	0.6841		120	55.77	5,416,644	5,753,160	
2010/01		0.75	0.8643	0.8643		120	53.95	5,451,084	5,802,840	
2010/07		0.75	0.7107	0.7107		120	53.95	5,479,584	5,844,120	
2011/01		0.70	0.9198	0.9198		120	53.95	5,514,193	5,897,880	
2011/07		0.70	0.9028	0.9028		120	56.13	5,549,043	5,951,160	
2012/01		0.65	0.3865	0.3865		120	57.79	5,562,982	5,974,200	
2012/07		0.65	0.9417	0.9417		120	57.79	5,597,033	6,030,480	
2013/01		0.60	0.4901	0.4901		120	57.79	5,613,494	6,060,000	
2013/07		0.60	0.6196	0.6196		120	57.79	5,634,365	6,097,560	
2014/01		0.55	0.8564	0.8564		120	57.79	5,660,903	6,149,760	
2014/07		0.55	1.2383	1.2383		120	57.79	5,699,459	6,225,960	
2015/01		0.50	0.7571	0.7571		120	59.77	5,721,037	6,273,120	

Message Code:

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 061109123120130801201205282014204135



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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Lakeside Oaks Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1061 VIRGINIA ST	8/1/2012-12/31/2013	Number of Beds: 93	Superior: 0
DUNEDIN, FL 34698	Days in CR 518	Maximum: 48,174	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 33,945	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 43,718	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,801	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 29,763	FY Index: 1.31107019
Class at 1/94: North Small	Medical Utilization	68.07951%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.75020%	Cost: 1.04618269
Open Date: 11/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Entered Medicaid 10/01/1982	Low Occupancy Adjustment Factor:	115.88391%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
Previous Med # 252484			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,499,522	2,035,988	1,204,346	593,474		5,333,330	
1a	Audit Adjustments							
2	Cost Per Diem	50.3821	68.4067	40.4645	19.9400		179.1933	
3	Cost Per Diem Inflated	52.7089	70.7663	42.3333				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.7089	70.7663	42.3333	19.9400		185.7485	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.5030		64.0005				
7	Provider Target Rate	57.5356		66.3443				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	55.4528		70.9045				
10b	Base for line 10a	53.4938		68.3996				
11	Lesser of 5,7,8,10, 10a	52.7089	70.7663	42.3333	13.6500		179.4585	
12/13	Medical Adjustment Rate		1.4393	0.8610				
14	Prospective Per Diem 11	52.7089	72.2056	43.1943	13.6500		181.7588	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Lakeside Oaks Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	None	80% Capital(1):	2,261,012	9.2014
Indexed Asset Value	2,826,265	<60% of Base:	True	20% ROE(2):	565,253	0.3169
FRVS Base Asset:	1,628,357	Interest Rate:	12.5000%	Insurance Cost(3):	32,385	0.7408
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	52,612	1.2034
ROE Factor	0.017130	Amortization Rate:	12.5000%	Home Office(3):	33,911	0.7757
		Interest Only:	True	Replacement(3&4):	241,903	0.0000
		Yearly Payment:	281,106	Total FRVS PD:		12.2382

(1) 80% Capital (\$2,261,012) amortized at 12.5000 % for 20 years Interest of \$281,106 divided by annual available days (33945) divided by Occup. Adj. (0.90) = \$9.2014

(2) 20% ROE (\$565,253) times the ROE factor (0.017130) divided by annual available days (33945) divided by Occup. Adj. (0.90) = \$0.3169

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.7089	52.7089	0.9170	51.7919
Direct Care	72.2056	72.2056	1.2562	70.9494
Indirect Care	43.1943	43.1943	0.7515	42.4428
Property	13.6500	12.2382	0.2129	12.0253
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8447
Supplemental Rate Add-on				9.9025
Totals	181.7588	180.3470	3.1376	209.9566

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/07	1,397,866	0.00	2.5888	2.5888		93		1,397,866	2,245,857	
1982/01	659	0.10	2.6760	2.6760		93		1,398,525	2,306,028	
1982/07	125,676	0.10	2.2977	2.2977		93	55.00	1,527,415	2,358,945	
1983/04	16,142	0.20	2.6288	2.6288		93	67.87	1,551,588	2,420,976	
1983/07		0.20	3.9578	3.0000	0.9578	93	67.87	1,560,898	2,516,766	
1984/01	1,400	0.30	2.2530	2.2530		93	73.78	1,572,848	2,549,409	
1984/07	15,880	0.30	1.9179	1.9179		93	73.78	1,597,778	2,598,327	
1985/01	13,055	0.40	1.1471	1.1471		93	73.78	1,618,164	2,628,087	
1985/10	4,677	0.40	0.8522	0.8522		93	73.78	1,628,357	2,650,500	
1986/01		0.50	0.8299	0.8299		93	68.67	1,635,115	2,672,541	
1986/07		0.50	0.2974	0.2974		93	68.67	1,637,546	2,667,426	
1987/01		0.60	1.0091	1.0091		93	67.91	1,647,461	2,715,135	
1987/07		0.60	0.9007	0.9007		93	67.91	1,656,364	2,736,339	
1988/01		0.70	0.9007	0.9007		93	66.48	1,666,807	2,758,566	
1988/07		0.70	0.5899	0.5899		93	66.48	1,673,689	2,757,078	
1989/01		0.80	0.5899	0.5899		93	69.92	1,681,587	2,773,353	
1989/07		0.80	0.5899	0.5899		93	69.92	1,689,522	2,792,139	
1990/01		0.90	0.5899	0.5899		93	65.07	1,698,492	2,806,182	
1990/07		0.90	0.5899	0.5899		93	65.07	1,707,509	2,822,736	
1991/01		1.00	0.5899	0.5899		93	64.05	1,717,582	2,839,290	
1991/07		1.00	1.4932	1.4932		93	64.05	1,717,582	2,881,698	5
1992/01		1.00	2.0117	2.0117		93	71.16	1,778,298	2,939,637	
1992/07		1.00	1.8152	1.8152		93	71.16	1,810,578	2,993,019	
1993/01		1.00	1.7710	1.7710		93	70.91	1,842,643	3,046,029	
1993/07		1.00	1.5329	1.5329		93	70.91	1,870,889	3,092,715	
1994/01		1.00	1.6983	1.6983		93	71.74	1,902,662	3,145,260	
1994/07		1.00	1.5991	1.5991		93	71.74	1,933,087	3,195,573	
1995/01	14,508	1.00	1.5812	1.5812		93	73.72	1,978,161	3,246,072	
1995/07		1.00	1.5250	1.5250		93	73.72	2,008,328	3,295,548	
1996/01	30,264	1.00	1.7228	1.7228		93	68.42	2,073,191	3,352,371	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07		1.00	1.3294	1.3294		93	68.42	2,100,752	3,396,918	
1997/01		1.00	1.4109	1.4109		93	65.86	2,130,392	3,444,813	
1997/07		1.00	1.0917	1.0917		93	65.86	2,153,649	3,482,385	
1998/01		1.00	1.1663	1.1663		93	62.40	2,178,767	3,523,026	
1998/07		1.00	1.0794	1.0794		93	62.40	2,202,285	3,561,063	
1999/01		1.00	1.4499	1.4499		93	65.87	2,234,216	3,612,678	
1999/07		1.00	1.2299	1.2299		93	65.87	2,261,695	3,657,132	
2000/01	46,298	1.00	1.3356	1.3356		93	68.44	2,338,200	3,705,957	
2000/07		1.00	1.1129	1.1129		93	68.44	2,364,222	3,747,156	
2001/01		1.00	1.2976	1.2976		93	75.84	2,394,900	3,795,795	
2001/07		1.00	0.9615	0.9615		93	74.66	2,417,927	3,832,251	
2002/01		0.95	1.0301	1.0301		93	74.66	2,441,589	3,871,683	
2002/07		0.95	0.8337	0.8337		93	74.66	2,460,926	3,903,954	
2003/01		0.90	1.3271	1.3271		93	74.66	2,490,319	3,955,755	
2003/07		0.90	1.1664	1.1664		93	74.66	2,516,462	4,001,883	
2004/01		0.85	1.1103	1.1103		93	74.66	2,540,212	4,046,337	
2004/07		0.85	0.8378	0.8378		93	75.75	2,558,301	4,080,282	
2005/01		0.80	0.8595	0.8595		93	75.75	2,575,892	4,115,343	
2005/07		0.80	0.7364	0.7364		93	79.22	2,591,067	4,145,661	
2006/01		0.75	0.9068	0.9068		93	79.22	2,608,689	4,183,233	
2006/07		0.75	0.8133	0.8133		93	72.78	2,624,602	4,217,271	
2007/01		0.70	1.0133	1.0133		93	67.36	2,643,218	4,259,958	
2007/07		0.70	1.1050	1.1050		93	67.36	2,663,663	4,307,016	
2008/01		0.65	0.8556	0.8556		93	67.36	2,678,476	4,343,844	
2008/07		0.65	0.6104	0.6104		93	70.34	2,689,104	4,370,349	
2009/01		0.60	1.3268	1.3268		93	70.34	2,710,512	4,428,381	
2009/07		0.60	0.6841	0.6841		93	68.94	2,721,639	4,458,699	
2010/01		0.55	0.8643	0.8643		93	68.94	2,734,578	4,497,201	
2010/07		0.55	0.7107	0.7107		93	67.88	2,745,267	4,529,193	
2011/01		0.50	0.9198	0.9198		93	66.05	2,757,892	4,570,857	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		0.50	0.9028	0.9028		93	66.05	2,770,341	4,612,149	
2012/01		0.45	0.3865	0.3865		93	59.20	2,775,159	4,630,005	
2012/07		0.45	0.9417	0.9417		93	59.20	2,786,920	4,673,622	
2013/01		0.40	0.4901	0.4901		93	59.20	2,792,382	4,696,500	
2013/07		0.40	0.6196	0.6196		93	59.20	2,799,302	4,725,609	
2014/01		0.35	0.8564	0.8564		93	59.20	2,807,692	4,766,064	
2014/07		0.35	1.2383	1.2383		93	59.20	2,819,861	4,825,119	
2015/01		0.30	0.7571	0.7571		93	68.08	2,826,265	4,861,668	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
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247.70

South Campus Rehabilitation & Nursing Center

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
715 E DIXIE AVE	12/28/2012-6/30/2013	Number of Beds: 120	Superior: 0
LEESBURG, FL 34748	Days in CR 185	Maximum: 22,200	Standard: 243
County: Lake [35]	First Used : 2012/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 18,572	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,477	Inflation
Current Class North Large	Initial CR? False	Medicaid: 13,184	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	70.98858%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.65766%	Cost: 1.04757614
Open Date: 01/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 04/01/1982	Low Occupancy Adjustment Factor:	106.82706%	DC Sem Index: 1.25449501
Med # Active Date: 12/28/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 252956			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	681,193	1,202,579	827,336	515,626		3,226,734	
1a	Audit Adjustments							
2	Cost Per Diem	51.6682	91.2150	62.7530	39.1100		244.7462	
3	Cost Per Diem Inflated	54.1264	94.4521	65.7385				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.1264	94.4521	65.7385	39.1100		253.4270	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8019		66.5589				
7	Provider Target Rate	56.8088		68.9963				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	53.7464		64.1529				
10b	Base for line 10a	51.8477		61.8866				
11	Lesser of 5,7,8,10, 10a	51.5678	94.4521	61.6580	13.6500		221.3279	
12/13	Medical Adjustment Rate		2.2302	1.4559				
14	Prospective Per Diem 11	51.5678	96.6823	63.1139	13.6500		225.0140	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

South Campus Rehabilitation & Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	9,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable	80% Capital(1):	2,968,453 5.6974
Indexed Asset Value	3,710,566	<60% of Base:	False	20% ROE(2):	742,113 0.2858
FRVS Base Asset:	2,210,061	Interest Rate:	4.4600%	Insurance Cost(3):	29,313 1.5783
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	16,032 0.8632
ROE Factor	0.015180	Amortization Rate:	4.4600%	Home Office(3):	5,391 0.2903
		Interest Only:	False	Replacement(3&4):	16,837 0.0000
		Yearly Payment:	224,590	Total FRVS PD:	8.7150

- (1) 80% Capital (\$2,968,453) amortized at 4.4600 % for 20 years Principal & Interest of \$224,590 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.6974
- (2) 20% ROE (\$742,113) times the ROE factor (0.015180) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2858
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	96.6823	96.6823	1.6820	95.0003
Indirect Care	63.1139	63.1139	1.0980	62.0159
Property	13.6500	8.7150	0.1516	8.5634
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.5488
Supplemental Rate Add-on				9.9025
Totals	225.0140	220.0790	3.8288	247.7015

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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247.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,222,674	0.00	6.1657	3.0000	3.1657	120	46.84	1,222,674	2,620,920	
1980/07		0.10	6.9764	3.0000	3.9764	120	46.84	1,225,798	2,720,760	
1981/01		0.10	7.8004	3.0000	4.8004	120	46.84	1,228,930	2,824,800	
1981/07		0.20	7.3892	3.0000	4.3892	120	46.84	1,235,210	2,897,880	
1982/01		0.20	7.0652	3.0000	4.0652	120	29.58	1,239,196	2,975,520	
1982/07		0.30	6.3629	3.0000	3.3629	120	29.58	1,245,194	3,043,800	
1983/04		0.30	5.9917	3.0000	2.9917	120	46.12	1,254,591	3,123,840	
1983/07		0.40	6.9495	3.0000	3.9495	120	46.12	1,267,215	3,247,440	
1984/01	898,697	0.40	5.2447	3.0000	2.2447	120	35.05	2,175,603	3,289,560	
1984/07		0.50	4.1626	3.0000	1.1626	120	35.05	2,196,400	3,352,680	
1985/01		0.50	2.3097	2.3097		120	29.62	2,210,061	3,391,080	
1985/10		0.60	0.8522	0.8522		120	24.49	2,210,061	3,420,000	
1986/01		0.60	0.8299	0.8299		120	24.49	2,210,061	3,448,440	
1986/07		0.70	0.2974	0.2974		120	27.75	2,212,383	3,441,840	
1987/01		0.70	1.0091	1.0091		120	27.75	2,220,268	3,503,400	
1987/07		0.80	0.9007	0.9007		120	32.03	2,229,585	3,530,760	
1988/01		0.80	0.9007	0.9007		120	32.03	2,238,941	3,559,440	
1988/07	14,856	0.90	0.5899	0.5899		120	37.36	2,261,871	3,557,520	
1989/01		0.90	0.5899	0.5899		120	37.36	2,270,028	3,578,520	
1989/07		1.00	0.5899	0.5899		120	46.10	2,281,252	3,602,760	
1990/01		1.00	0.5899	0.5899		120	46.10	2,292,532	3,620,880	
1990/07		1.00	0.5899	0.5899		120	56.34	2,306,056	3,642,240	
1991/01		1.00	0.5899	0.5899		120	56.34	2,319,659	3,663,600	
1991/07		1.00	1.4932	1.4932		120	61.29	2,354,296	3,718,320	
1992/01		1.00	2.0117	2.0117		120	61.29	2,401,657	3,793,080	
1992/07		1.00	1.8152	1.8152		120	73.12	2,445,252	3,861,960	
1993/01		1.00	1.7710	1.7710		120	73.12	2,488,557	3,930,360	
1993/07		1.00	1.5329	1.5329		120	75.41	2,526,704	3,990,600	
1994/01		1.00	1.6983	1.6983		120	75.41	2,569,615	4,058,400	
1994/07		1.00	1.5991	1.5991		120	74.17	2,610,706	4,123,320	



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247.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		120	74.17	2,651,986	4,188,480	
1995/07		1.00	1.5250	1.5250		120	71.18	2,692,429	4,252,320	
1996/01		1.00	1.7228	1.7228		120	71.18	2,738,814	4,325,640	
1996/07		1.00	1.3294	1.3294		120	69.58	2,775,224	4,383,120	
1997/01		1.00	1.4109	1.4109		120	69.58	2,775,224	4,444,920	5
1997/07	22,338	1.00	1.0917	1.0917		120	71.66	2,836,718	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	71.66	2,900,886	4,545,840	
1998/07	20,113	1.00	1.0794	1.0794		120	76.32	2,952,311	4,594,920	
1999/01		1.00	1.4499	1.4499		120	76.32	2,995,117	4,661,520	
1999/07	25,171	1.00	1.2299	1.2299		120	73.60	3,057,125	4,718,880	
2000/01		1.00	1.3356	1.3356		120	73.60	3,097,956	4,781,880	
2000/07		0.95	1.1129	1.1129		120	73.14	3,130,711	4,835,040	
2001/01		0.95	1.2976	1.2976		120	73.14	3,169,303	4,897,800	
2001/07		0.90	0.9615	0.9615		120	63.76	3,196,730	4,944,840	
2002/01	4,210	0.90	1.0301	1.0301		120	63.76	3,230,577	4,995,720	
2002/07	10,248	0.85	0.8337	0.8337		120	63.76	3,263,717	5,037,360	
2003/01	6,875	0.85	1.3271	1.3271		120	63.76	3,307,407	5,104,200	
2003/07		0.80	1.1664	1.1664		120	63.76	3,338,268	5,163,720	
2004/01		0.80	1.1103	1.1103		120	63.76	3,367,918	5,221,080	
2004/07		0.75	0.8378	0.8378		120	62.97	3,389,082	5,264,880	
2005/01		0.75	0.8595	0.8595		120	62.97	3,410,928	5,310,120	
2005/07		0.70	0.7364	0.7364		120	60.18	3,428,511	5,349,240	
2006/01		0.70	0.9068	0.9068		120	60.18	3,450,275	5,397,720	
2006/07		0.65	0.8133	0.8133		120	61.44	3,468,513	5,441,640	
2007/01		0.65	1.0133	1.0133		120	61.44	3,491,357	5,496,720	
2007/07		0.60	1.1050	1.1050		120	61.44	3,514,505	5,557,440	
2008/01		0.60	0.8556	0.8556		120	58.51	3,532,548	5,604,960	
2008/07		0.55	0.6104	0.6104		120	58.51	3,544,407	5,639,160	
2009/01		0.55	1.3268	1.3268		120	48.00	3,566,979	5,714,040	
2009/07		0.50	0.6841	0.6841		120	40.79	3,576,029	5,753,160	



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247.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		120	40.79	3,587,491	5,802,840	
2010/07		0.45	0.7107	0.7107		120	53.59	3,598,670	5,844,120	
2011/01		0.45	0.9198	0.9198		120	53.59	3,613,183	5,897,880	
2011/07		0.40	0.9028	0.9028		120	53.59	3,625,896	5,951,160	
2012/01		0.40	0.3865	0.3865		120	52.91	3,631,289	5,974,200	
2012/07		0.35	0.9417	0.9417		120	70.99	3,643,258	6,030,480	
2013/01	26,324	0.35	0.4901	0.4901		120	70.99	3,675,830	6,060,000	
2013/07		0.30	0.6196	0.6196		120	70.99	3,682,663	6,097,560	
2014/01		0.30	0.8564	0.8564		120	70.99	3,692,124	6,149,760	
2014/07		0.25	1.2383	1.2383		120	70.99	3,703,555	6,225,960	
2015/01		0.25	0.7571	0.7571		120	70.99	3,710,566	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 072048063020131228201208262014144600



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259.95

Rehabilitation Center of St. Pete

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
435 42ND AVE S	1/1/2013-6/30/2013	Number of Beds: 159	Superior: 0
SAINT PETERSBURG, FL 33705	Days in CR 181	Maximum: 28,779	Standard: 137
County: Pinellas [52]	First Used : 2013/01	Max Annualized: 58,035	Conditional: 106
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 26,707	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,063	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,163	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	75.49706%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.80031%	Cost: 1.04757614
Open Date: 09/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	118.50181%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 006408			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,110,137	1,861,040	1,225,730	626,464		4,823,371	
1a	Audit Adjustments							
2	Cost Per Diem	55.0581	92.2997	60.7911	31.0700		239.2189	
3	Cost Per Diem Inflated	57.6776	95.5753	63.6833				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.6776	95.5753	63.6833	31.0700		248.0062	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.3973		64.4780				
7	Provider Target Rate	60.5359		66.8392				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	55.7670		63.9695				
10b	Base for line 10a	53.7969		61.7096				
11	Lesser of 5,7,8,10, 10a	54.1549	95.5753	63.5578	13.6500		226.9380	
12/13	Medical Adjustment Rate		1.5456	1.0278				
14	Prospective Per Diem 11	54.1549	97.1209	64.5856	13.6500		229.5114	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Rehabilitation Center of St. Pete

FRVS

FRVS Status as of this Semester

Not on FRVS

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	11,552,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	2,568,713	3.4226
Indexed Asset Value	3,210,891	<60% of Base:	False	20% ROE(2):	642,178	0.1896
FRVS Base Asset:	1,587,729	Interest Rate:	3.5000%	Insurance Cost(3):	43,792	1.6397
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	27,208	1.0188
ROE Factor	0.015420	Amortization Rate:	3.5000%	Home Office(3):	7,752	0.2903
		Interest Only:	False	Replacement(3&4):	70,405	0.0000
		Yearly Payment:	178,770	Total FRVS PD:		6.5610

- (1) 80% Capital (\$2,568,713) amortized at 3.5000 % for 20 years Principal & Interest of \$178,770 divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$3.4226
- (2) 20% ROE (\$642,178) times the ROE factor (0.015420) divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$0.1896
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	159	Effective PBS Limitation	4,531,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	97.1209	97.1209	1.6897	95.4312
Indirect Care	64.5856	64.5856	1.1236	63.4620
Property	13.6500	6.5610	0.2375	13.4125
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5283
Supplemental Rate Add-on				9.9025
Totals	229.5114	222.4224	3.9930	259.9492

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,584,560	0.00	1.9179	1.9179		159	64.51	1,584,560	4,442,301	
1985/01		0.10	1.1471	1.1471		159	64.51	1,586,377	4,493,181	
1985/10		0.10	0.8522	0.8522		159	64.51	1,587,729	4,531,500	
1986/01		0.20	0.8299	0.8299		159	64.51	1,590,365	4,569,183	
1986/07		0.20	0.2974	0.2974		159	64.51	1,591,311	4,560,438	
1987/01		0.30	1.0091	1.0091		159	64.51	1,596,128	4,642,005	
1987/07		0.30	0.9007	0.9007		159	70.66	1,600,441	4,678,257	
1988/01		0.40	0.9007	0.9007		159	70.66	1,606,207	4,716,258	
1988/07		0.40	0.5899	0.5899		159	75.34	1,609,998	4,713,714	
1989/01		0.50	0.5899	0.5899		159	75.34	1,614,747	4,741,539	
1989/07		0.50	0.5899	0.5899		159	84.14	1,619,511	4,773,657	
1990/01		0.60	0.5899	0.5899		159	84.14	1,625,242	4,797,666	
1990/07	26,567	0.60	0.5899	0.5899		159	83.61	1,657,561	4,825,968	
1991/01		0.70	0.5899	0.5899		159	83.61	1,664,405	4,854,270	
1991/07		0.70	1.4932	1.4932		159	83.81	1,681,801	4,926,774	
1992/01		0.80	2.0117	2.0117		159	83.81	1,708,868	5,025,831	
1992/07		0.80	1.8152	1.8152		159	83.45	1,733,684	5,117,097	
1993/01		0.90	1.7710	1.7710		159	83.45	1,761,317	5,207,727	
1993/07	73,936	0.90	1.5329	1.5329		159	85.82	1,859,552	5,287,545	
1994/01		1.00	1.6983	1.6983		159	85.82	1,891,133	5,377,380	
1994/07	115,447	1.00	1.5991	1.5991		159	81.80	2,036,821	5,463,399	
1995/01		1.00	1.5812	1.5812		159	81.80	2,069,027	5,549,736	
1995/07	97,656	1.00	1.5250	1.5250		159	80.29	2,198,236	5,634,324	
1996/01		1.00	1.7228	1.7228		159	80.29	2,236,107	5,731,473	
1996/07	26,029	1.00	1.3294	1.3294		159	84.32	2,291,863	5,807,634	
1997/01		1.00	1.4109	1.4109		159	84.32	2,324,199	5,889,519	
1997/07		1.00	1.0917	1.0917		159	85.90	2,349,572	5,953,755	
1998/01		1.00	1.1663	1.1663		159	85.90	2,376,975	6,023,238	
1998/07		1.00	1.0794	1.0794		159	85.90	2,402,632	6,088,269	
1999/01		1.00	1.4499	1.4499		159	86.98	2,437,468	6,176,514	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		159	86.98	2,467,446	6,252,516	
2000/01		1.00	1.3356	1.3356		159	86.98	2,500,401	6,335,991	
2000/07		1.00	1.1129	1.1129		159	86.54	2,528,228	6,406,428	
2001/01		1.00	1.2976	1.2976		159	86.54	2,561,034	6,489,585	
2001/07		1.00	0.9615	0.9615		159	86.54	2,585,658	6,551,913	
2002/01		1.00	1.0301	1.0301		159	86.54	2,612,293	6,619,329	
2002/07		1.00	0.8337	0.8337		159	86.54	2,634,072	6,674,502	
2003/01		1.00	1.3271	1.3271		159	86.54	2,669,029	6,763,065	
2003/07		1.00	1.1664	1.1664		159	84.72	2,700,161	6,841,929	
2004/01		1.00	1.1103	1.1103		159	84.72	2,730,141	6,917,931	
2004/07		1.00	0.8378	0.8378		159	82.75	2,753,014	6,975,966	
2005/01		0.95	0.8595	0.8595		159	82.75	2,775,492	7,035,909	
2005/07		0.95	0.7364	0.7364		159	85.10	2,794,909	7,087,743	
2006/01		0.90	0.9068	0.9068		159	85.10	2,817,718	7,151,979	
2006/07		0.90	0.8133	0.8133		159	85.10	2,838,344	7,210,173	
2007/01		0.85	1.0133	1.0133		159	85.11	2,862,791	7,283,154	
2007/07		0.85	1.1050	1.1050		159	85.11	2,889,681	7,363,608	
2008/01		0.80	0.8556	0.8556		159	83.01	2,909,461	7,426,572	
2008/07	42,522	0.80	0.6104	0.6104		159	79.40	2,966,190	7,471,887	
2009/01		0.75	1.3268	1.3268		159	74.83	2,995,707	7,571,103	
2009/07		0.75	0.6841	0.6841		159	74.83	3,011,078	7,622,937	
2010/01		0.70	0.8643	0.8643		159	74.83	3,029,295	7,688,763	
2010/07		0.70	0.7107	0.7107		159	74.83	3,044,366	7,743,459	
2011/01		0.65	0.9198	0.9198		159	74.83	3,062,568	7,814,691	
2011/07	52,670	0.65	0.9028	0.9028		159	75.79	3,133,209	7,885,287	
2012/01		0.60	0.3865	0.3865		159	75.79	3,140,475	7,915,815	
2012/07		0.60	0.9417	0.9417		159	75.82	3,158,219	7,990,386	
2013/01		0.55	0.4901	0.4901		159	75.50	3,166,734	8,029,500	
2013/07		0.55	0.6196	0.6196		159	75.50	3,177,526	8,079,267	
2014/01		0.50	0.8564	0.8564		159	75.50	3,191,132	8,148,432	



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259.95

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		159	75.50	3,210,891	8,249,397	
2015/01		0.45	0.7571	0.7571		159	75.50	3,210,891	8,311,884	5

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 072054063020130101201308272014142426



Florida Agency for Health Care Administration
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0 072320-00 - 2015/01

241.77

The Club Health and Rehab Center at the Villages

Type of Cost Report: Cost Settled Interim New Facility Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
16529 SE 86TH BELLE MEADE CIRCLE	7/13/2012-12/31/2013	Number of Beds: 60	Superior: 0
THE VILLAGES, FL 32162-5885	Days in CR 537	Maximum: 32,220	Standard: 243
County: Marion [42]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 21,813	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 21,382	Inflation
Current Class North Small	Initial CR? False	Medicaid: 1	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	0.00458%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	67.70019%	Cost: 1.04757614
Open Date: 07/13/2012	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/04/2012	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 07/13/2012	Low Occupancy Adjustment Factor:	86.45009%	DC Sem Index: 1.25449501
Med # Active Date: 07/13/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	72	104	106	68	1	351	
1a	Audit Adjustments							
2	Cost Per Diem	72.0000	104.2640	106.0000	68.0000	1.0000	351.2640	
3	Cost Per Diem Inflated	75.4255	107.9642	111.0431				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	75.4255	107.9642	111.0431	68.0000	1.0000	363.4328	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	54.2099		62.4813				
10b	Base for line 10a	52.2948		60.2740				
11	Lesser of 5,7,8,10, 10a	54.2099	96.7541	62.4813	13.6500	1.0000	228.0953	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.2099	96.7541	62.4813	13.6500	1.0000	228.0953	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 072320-00 - 2015/01

241.77

Rate Semester 01/01/2015 through 08/31/2015

The Club Health and Rehab Center at the Villages

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/13/2012	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	9,470,000.00		Total Amount	Per Diem
RS to Start Calcs:	2012/01	Type:	Variable	80% Capital(1):	2,389,680	9.8038
Indexed Asset Value	2,987,100	<60% of Base:	False	20% ROE(2):	597,420	0.5135
FRVS Base Asset:	0	Interest Rate:	5.7500%	Insurance Cost(3):	152,636	6.9975
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	75,470	3.4599
ROE Factor	0.016940	Amortization Rate:	5.2500%	Home Office(3):	36,299	1.6641
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	193,233	Total FRVS PD:		22.4388

- (1) 80% Capital (\$2,389,680) amortized at 5.2500 % for 20 years Principal & Interest of \$193,233 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$9.8038
- (2) 20% ROE (\$597,420) times the ROE factor (0.016940) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5135
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	49,785
Comparison Date:	01/01/2012	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,987,100

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.2099	54.2099	0.9431	53.2668
Direct Care	96.7541	96.7541	1.6833	95.0708
Indirect Care	62.4813	62.4813	1.0870	61.3943
Property	13.6500	22.4388	0.3904	22.0484
ROE	1.0000	1.0000	0.0174	0.9826
ROE Adjustment	-1.0000	-1.0000	-0.0174	-0.9826
Quality Assess-Medicaid Share				0.0914
Supplemental Rate Add-on				9.9025
Totals	227.0953	235.8841	4.1038	241.7742

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 072320-00 - 2015/01

241.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07	11,051,442	0.00	0.9417	0.9417		60	0.67	2,987,100	2,987,100	8
2013/01		0.10	0.4901	0.4901		60	0.67	2,987,100	3,030,000	
2013/07		0.10	0.6196	0.6196		60	0.67	2,987,100	3,048,780	
2014/01		0.20	0.8564	0.8564		60	0.67	2,987,100	3,074,880	
2014/07		0.20	1.2383	1.2383		60	0.67	2,987,100	3,112,980	
2015/01		0.30	0.7571	0.7571		60	0.00	2,987,100	3,136,560	

Message Code:

8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 072320123120130713201206192014110735



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 073324-00 - 2015/01

239.81

Braden River Rehabilitation Center, LLC

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2010 MANATEE AVE E	1/1/2013-6/30/2013	Number of Beds: 208	Superior: 0
BRADENTON, FL 34208-1560	Days in CR 181	Maximum: 37,648	Standard: 243
County: Manatee [41]	First Used : 2013/01	Max Annualized: 75,920	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 29,752	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,938	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,140	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	67.69293%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.02677%	Cost: 1.04757614
Open Date: 01/01/1964	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1964	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 01/01/1971	Low Occupancy Adjustment Factor:	100.91362%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 005021			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,864	1,991,391	1,024,834	835,810		4,792,899
1a	Audit Adjustments						
2	Cost Per Diem	46.7162	98.8774	50.8855	41.5000		237.9791
3	Cost Per Diem Inflated	48.9388	102.3865	53.3064			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.9388	102.3865	53.3064	41.5000		246.1317
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5495		53.9717			
7	Provider Target Rate	51.3640		55.9482			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	49.3363		56.2814			
10b	Base for line 10a	47.5934		54.2931			
11	Lesser of 5,7,8,10, 10a	48.9388	98.1484	53.3064	13.6500		214.0436
12/13	Medical Adjustment Rate		1.9536	1.0610			
14	Prospective Per Diem 11	48.9388	100.1020	54.3674	13.6500		217.0582
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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0 073324-00 - 2015/01

239.81

Rate Semester 01/01/2015 through 08/31/2015

Braden River Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	3,327,646	5.0717
Indexed Asset Value	4,159,557	<60% of Base:	False	20% ROE(2):	831,911	0.1877
FRVS Base Asset:	1,984,948	Interest Rate:	8.5000%	Insurance Cost(3):	31,221	1.0494
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	39,105	1.3144
ROE Factor	0.015420	Amortization Rate:	8.5000%	Home Office(3):	8,024	0.2697
		Interest Only:	False	Replacement(3&4):	28,835	0.0000
		Yearly Payment:	346,537	Total FRVS PD:		7.8929

- (1) 80% Capital (\$3,327,646) amortized at 8.5000 % for 20 years Principal & Interest of \$346,537 divided by annual available days (75920) divided by Occup. Adj. (0.90) = \$5.0717
- (2) 20% ROE (\$831,911) times the ROE factor (0.015420) divided by annual available days (75920) divided by Occup. Adj. (0.90) = \$0.1877
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	208	Effective PBS Limitation	5,928,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.9388	48.9388	0.8514	48.0874
Direct Care	100.1020	100.1020	1.7415	98.3605
Indirect Care	54.3674	54.3674	0.9459	53.4215
Property	13.6500	7.8929	0.1373	7.7556
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.2854
Supplemental Rate Add-on				9.9025
Totals	217.0582	211.3011	3.6761	239.8129

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2013

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239.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,192,462	0.00				208	100.00	1,192,462	2,134,288	
1972/01		0.10	3.9787	3.0000	0.9787	208	100.00	1,196,039	2,219,152	
1972/07	2,046	0.10	5.9113	3.0000	2.9113	208	100.00	1,201,673	2,328,560	
1973/01		0.20	8.0622	3.0000	5.0622	208	100.00	1,208,883	2,448,576	
1973/07	1,291	0.20	10.7186	3.0000	7.7186	208	100.00	1,217,427	2,587,104	
1974/01	874	0.30	12.9457	3.0000	9.9457	208	100.00	1,229,258	2,722,304	
1974/07	4,753	0.30	13.0494	3.0000	10.0494	208	100.00	1,245,074	2,806,752	
1975/01	2,079	0.40	13.1399	3.0000	10.1399	208	100.00	1,262,094	2,893,488	
1975/07	10,215	0.40	14.2033	3.0000	11.2033	208	100.00	1,287,454	3,011,216	
1976/01	2,306	0.50	15.2478	3.0000	12.2478	208	100.00	1,309,072	3,132,896	
1976/07	19,134	0.50	15.7330	3.0000	12.7330	208	100.00	1,347,842	3,242,096	
1977/01	40,548	0.60	16.4836	3.0000	13.4836	208	100.00	1,412,651	3,363,776	
1977/07	12,392	0.60	18.5412	3.0000	15.5412	208	100.00	1,450,471	3,533,712	
1978/01	2,900	0.70	20.2809	3.0000	17.2809	208	100.00	1,483,831	3,701,360	
1978/07	3,961	0.70	22.8203	3.0000	19.8203	208	100.00	1,518,952	3,906,240	
1979/01	7,500	0.80	24.9476	3.0000	21.9476	208	100.00	1,562,907	4,106,544	
1979/07		0.80	26.1458	3.0000	23.1458	208	100.00	1,600,417	4,278,976	
1980/01	5,000	0.90	29.3115	3.0000	26.3115	208	52.02	1,646,287	4,542,928	
1980/07	5,435	0.90	30.1222	3.0000	27.1222	208	52.02	1,693,763	4,715,984	
1981/01	10,500	1.00	30.9462	3.0000	27.9462	208	47.06	1,747,740	4,896,320	
1981/07	2,950	1.00	30.5350	3.0000	27.5350	208	47.06	1,795,553	5,022,992	
1982/01	3,155	1.00	30.2110	3.0000	27.2110	208	33.15	1,831,175	5,157,568	
1982/07	51,600	1.00	29.5087	3.0000	26.5087	208	33.15	1,915,886	5,275,920	
1983/04	3,200	1.00	29.1375	3.0000	26.1375	208	31.22	1,951,712	5,414,656	
1983/07		1.00	30.0953	3.0000	27.0953	208	31.22	1,984,948	5,628,896	
1984/01		1.00	28.3905	3.0000	25.3905	208	20.79	1,984,948	5,701,904	
1984/07		1.00	27.3084	3.0000	24.3084	208	20.79	1,984,948	5,811,312	
1985/01		1.00	25.4555	3.0000	22.4555	208	20.79	1,984,948	5,877,872	
1985/10		1.00	23.3077	3.0000	20.3077	208	20.79	1,984,948	5,928,000	
1986/01		1.00	21.1376	3.0000	18.1376	208	20.79	1,984,948	5,977,296	



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239.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	298,727	1.00	18.4350	3.0000	15.4350	208	20.79	2,283,675	5,965,856	
1987/01		1.00	16.4441	3.0000	13.4441	208	20.79	2,283,675	6,072,560	
1987/07		1.00	14.3448	3.0000	11.3448	208	23.73	2,283,675	6,119,984	
1988/01		1.00	12.2455	3.0000	9.2455	208	23.00	2,283,675	6,169,696	
1988/07		1.00	9.8354	3.0000	6.8354	208	30.29	2,321,405	6,166,368	
1989/01		1.00	7.4253	3.0000	4.4253	208	30.29	2,359,759	6,202,768	
1989/07		1.00	5.0152	3.0000	2.0152	208	47.91	2,421,426	6,244,784	
1990/01		1.00	2.6051	2.6051		208	47.91	2,476,375	6,276,192	
1990/07		1.00	0.5899	0.5899		208	47.91	2,489,100	6,313,216	
1991/01		1.00	0.5899	0.5899		208	47.91	2,501,890	6,350,240	
1991/07		1.00	1.4932	1.4932		208	47.91	2,534,432	6,445,088	
1992/01		0.95	2.0117	2.0117		208	47.91	2,576,624	6,574,672	
1992/07		0.95	1.8152	1.8152		208	47.85	2,615,279	6,694,064	
1993/01		0.90	1.7710	1.7710		208	47.85	2,651,545	6,812,624	
1993/07		0.90	1.5329	1.5329		208	51.06	2,685,505	6,917,040	
1994/01		0.85	1.6983	1.6983		208	51.06	2,721,496	7,034,560	
1994/07	104,449	0.85	1.5991	1.5991		208	51.08	2,860,299	7,147,088	
1995/01		0.80	1.5812	1.5812		208	51.08	2,893,903	7,260,032	
1995/07		0.80	1.5250	1.5250		208	50.70	2,926,448	7,370,688	
1996/01		0.75	1.7228	1.7228		208	50.70	2,961,304	7,497,776	
1996/07		0.75	1.3294	1.3294		208	53.56	2,990,058	7,597,408	
1997/01		0.70	1.4109	1.4109		208	53.56	3,018,815	7,704,528	
1997/07		0.70	1.0917	1.0917		208	59.23	3,041,885	7,788,560	
1998/01		0.65	1.1663	1.1663		208	59.23	3,064,946	7,879,456	
1998/07		0.65	1.0794	1.0794		208	63.01	3,086,450	7,964,528	
1999/01		0.60	1.4499	1.4499		208	68.15	3,113,299	8,079,968	
1999/07		0.60	1.2299	1.2299		208	68.15	3,136,272	8,179,392	
2000/01		0.55	1.3356	1.3356		208	68.15	3,159,311	8,288,592	
2000/07		0.55	1.1129	1.1129		208	68.15	3,178,649	8,380,736	
2001/01		0.50	1.2976	1.2976		208	68.15	3,199,272	8,489,520	



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239.81

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		208	68.15	3,214,654	8,571,056	
2002/01		0.45	1.0301	1.0301		208	73.28	3,229,554	8,659,248	
2002/07		0.45	0.8337	0.8337		208	73.28	3,241,671	8,731,424	
2003/01	225,243	0.40	1.3271	1.3271		208	79.11	3,484,121	8,847,280	
2003/07		0.40	1.1664	1.1664		208	77.08	3,500,378	8,950,448	
2004/01		0.35	1.1103	1.1103		208	77.08	3,513,980	9,049,872	
2004/07		0.35	0.8378	0.8378		208	77.08	3,524,283	9,125,792	
2005/01		0.30	0.8595	0.8595		208	77.08	3,533,372	9,204,208	
2005/07	182,031	0.30	0.7364	0.7364		208	74.71	3,723,208	9,272,016	
2006/01		0.25	0.9068	0.9068		208	74.71	3,731,649	9,356,048	
2006/07		0.25	0.8133	0.8133		208	74.71	3,739,235	9,432,176	
2007/01		0.20	1.0133	1.0133		208	71.66	3,746,814	9,527,648	
2007/07		0.20	1.1050	1.1050		208	71.66	3,755,094	9,632,896	
2008/01		0.15	0.8556	0.8556		208	67.82	3,759,912	9,715,264	
2008/07		0.15	0.6104	0.6104		208	68.00	3,763,356	9,774,544	
2009/01		0.10	1.3268	1.3268		208	68.00	3,768,350	9,904,336	
2009/07		0.10	0.6841	0.6841		208	68.00	3,770,928	9,972,144	
2010/01		0.05	0.8643	0.8643		208	68.00	3,772,557	10,058,256	
2010/07		0.05	0.7107	0.7107		208	68.00	3,773,896	10,129,808	
2011/01	32,314	0.00	0.9198	0.9198		208	70.23	3,806,210	10,222,992	
2011/07	353,347	0.00	0.9028	0.9028		208	70.92	4,159,557	10,315,344	
2012/01		0.00	0.3865	0.3865		208	70.92	4,159,557	10,355,280	
2012/07		0.00	0.9417	0.9417		208	70.92	4,159,557	10,452,832	
2013/01		0.00	0.4901	0.4901		208	67.69	4,159,557	10,504,000	
2013/07		0.00	0.6196	0.6196		208	67.69	4,159,557	10,569,104	
2014/01		0.00	0.8564	0.8564		208	67.69	4,159,557	10,659,584	
2014/07		0.00	1.2383	1.2383		208	67.69	4,159,557	10,791,664	
2015/01		0.00	0.7571	0.7571		208	67.69	4,159,557	10,873,408	

Message Code:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080062-00 - 2015/01

199.60

The Groves Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Nonprofit : 501(c)(3) Organization

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
512 S 11TH ST	9/1/2013-8/31/2014	Number of Beds: 120	Superior: 0
LAKE WALES, FL 33853	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 40,663	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,879	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,863	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	75.89947%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.83790%	Cost: 1.03148401
Open Date: 10/01/1973	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1973	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 10/01/1973	Low Occupancy Adjustment Factor:	118.54981%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 212881			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,120,389	2,247,628	1,364,294	554,299		5,286,610	
1a	Audit Adjustments							
2	Cost Per Diem	36.3020	72.8260	44.2048	17.9600		171.2928	
3	Cost Per Diem Inflated	37.4449	74.5998	45.5965				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.4449	74.5998	45.5965	17.9600		175.6012	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	46.6899		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	37.4449	74.5998	45.5965	13.6500		171.2912	
12/13	Medical Adjustment Rate		2.1736	1.3285				
14	Prospective Per Diem 11	37.4449	76.7734	46.9250	13.6500		174.7933	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

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Rate Semester 01/01/2015 through 08/31/2015

The Groves Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,708,333.00	Total Amount	Per Diem	
RS to Start Calcs:	1973/07	Type:	Variable	80% Capital(1):	2,003,438	6.5039
Indexed Asset Value	2,504,298	<60% of Base:	False	20% ROE(2):	500,860	0.2925
FRVS Base Asset:	1,240,145	Interest Rate:	11.5000%	Insurance Cost(3):	78,868	1.9396
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	26,348	0.6480
ROE Factor	0.023020	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	48,272	0.0000
		Yearly Payment:	256,383	Total FRVS PD:		9.3840

(1) 80% Capital (\$2,003,438) amortized at 11.5000 % for 20 years Principal & Interest of \$256,383 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.5039

(2) 20% ROE (\$500,860) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2925

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.4449	37.4449	0.6515	36.7934
Direct Care	76.7734	76.7734	1.3357	75.4377
Indirect Care	46.9250	46.9250	0.8164	46.1086
Property	13.6500	9.3840	0.1633	9.2207
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1336
Supplemental Rate Add-on				9.9025
Totals	174.7933	170.5273	2.9669	199.5965

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1973/07	781,157	0.00	5.6564	3.0000	2.6564	120	100.00	781,157	1,492,560	
1974/01		0.10	7.8836	3.0000	4.8836	120	100.00	783,500	1,570,560	
1974/07		0.10	7.9873	3.0000	4.9873	120	100.00	785,851	1,619,280	
1975/01		0.20	8.0777	3.0000	5.0777	120	100.00	790,566	1,669,320	
1975/07		0.20	9.1411	3.0000	6.1411	120	100.00	795,309	1,737,240	
1976/01		0.30	10.1856	3.0000	7.1856	120	100.00	802,467	1,807,440	
1976/07		0.30	10.6709	3.0000	7.6709	120	100.00	809,689	1,870,440	
1977/01		0.40	11.4215	3.0000	8.4215	120	100.00	819,405	1,940,640	
1977/07		0.40	13.4790	3.0000	10.4790	120	100.00	829,238	2,038,680	
1978/01		0.50	15.2187	3.0000	12.2187	120	100.00	841,677	2,135,400	
1978/07		0.50	17.7582	3.0000	14.7582	120	100.00	854,302	2,253,600	
1979/01		0.60	19.8854	3.0000	16.8854	120	100.00	869,679	2,369,160	
1979/07		0.60	21.0836	3.0000	18.0836	120	100.00	885,333	2,468,640	
1980/01		0.70	24.2494	3.0000	21.2494	120	81.24	903,925	2,620,920	
1980/07		0.70	25.0600	3.0000	22.0600	120	81.24	922,907	2,720,760	
1981/01		0.80	25.8840	3.0000	22.8840	120	78.77	945,057	2,824,800	
1981/07		0.80	25.4728	3.0000	22.4728	120	78.77	967,738	2,897,880	
1982/01		0.90	25.1488	3.0000	22.1488	120	78.01	993,867	2,975,520	
1982/07		0.90	24.4465	3.0000	21.4465	120	78.01	1,020,701	3,043,800	
1983/04		1.00	24.0753	3.0000	21.0753	120	78.68	1,051,322	3,123,840	
1983/07		1.00	25.0331	3.0000	22.0331	120	78.68	1,082,862	3,247,440	
1984/01		1.00	23.3283	3.0000	20.3283	120	77.19	1,115,348	3,289,560	
1984/07		1.00	22.2462	3.0000	19.2462	120	77.19	1,148,808	3,352,680	
1985/01		1.00	20.3933	3.0000	17.3933	120	77.18	1,183,272	3,391,080	
1985/10	21,375	1.00	18.2455	3.0000	15.2455	120	77.18	1,240,145	3,420,000	
1986/01		1.00	16.0754	3.0000	13.0754	120	67.39	1,277,349	3,448,440	
1986/07		1.00	13.3728	3.0000	10.3728	120	67.39	1,315,669	3,441,840	
1987/01		1.00	11.3819	3.0000	8.3819	120	62.96	1,355,139	3,503,400	
1987/07		1.00	9.2826	3.0000	6.2826	120	62.96	1,395,793	3,530,760	
1988/01		1.00	7.1833	3.0000	4.1833	120	62.96	1,437,667	3,559,440	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07		1.00	4.7732	3.0000	1.7732	120	68.46	1,480,797	3,557,520	
1989/01		1.00	2.3631	2.3631		120	72.89	1,515,790	3,578,520	
1989/07		1.00	0.5899	0.5899		120	72.89	1,524,732	3,602,760	
1990/01		1.00	0.5899	0.5899		120	73.94	1,533,726	3,620,880	
1990/07		1.00	0.5899	0.5899		120	73.94	1,542,773	3,642,240	
1991/01		1.00	0.5899	0.5899		120	73.94	1,551,874	3,663,600	
1991/07		1.00	1.4932	1.4932		120	74.75	1,575,047	3,718,320	
1992/01		1.00	2.0117	2.0117		120	81.78	1,606,732	3,793,080	
1992/07		1.00	1.8152	1.8152		120	81.78	1,635,897	3,861,960	
1993/01		1.00	1.7710	1.7710		120	81.78	1,664,869	3,930,360	
1993/07	(13,844)	1.00	1.5329	1.5329		119	76.66	1,676,546	3,957,345	
1994/01		0.95	1.6983	1.6983		119	76.66	1,703,595	4,024,580	
1994/07		0.95	1.5991	1.5991		119	76.66	1,729,474	4,088,959	
1995/01		0.90	1.5812	1.5812		119	76.66	1,754,086	4,153,576	
1995/07		0.90	1.5250	1.5250		119	76.66	1,778,161	4,216,884	
1996/01		0.85	1.7228	1.7228		119	76.66	1,804,200	4,289,593	
1996/07	16,917	0.85	1.3294	1.3294		119	74.57	1,841,504	4,346,594	
1997/01		0.80	1.4109	1.4109		119	74.57	1,862,289	4,407,879	
1997/07		0.80	1.0917	1.0917		119	74.57	1,878,554	4,455,955	
1998/01		0.75	1.1663	1.1663		119	74.57	1,894,986	4,507,958	
1998/07		0.75	1.0794	1.0794		119	74.57	1,910,328	4,556,629	
1999/01		0.70	1.4499	1.4499		119	76.10	1,929,716	4,622,674	
1999/07		0.70	1.2299	1.2299		119	76.10	1,946,329	4,679,556	
2000/01		0.65	1.3356	1.3356		120	76.13	1,963,225	4,781,880	
2000/07		0.65	1.1129	1.1129		120	76.13	1,977,427	4,835,040	
2001/01		0.60	1.2976	1.2976		120	69.92	1,992,823	4,897,800	
2001/07		0.60	0.9615	0.9615		120	69.92	2,004,320	4,944,840	
2002/01		0.55	1.0301	1.0301		120	82.66	2,015,676	4,995,720	
2002/07		0.55	0.8337	0.8337		120	82.66	2,024,918	5,037,360	
2003/01		0.50	1.3271	1.3271		120	77.64	2,038,355	5,104,200	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		0.50	1.1664	1.1664		120	77.64	2,050,243	5,163,720	
2004/01		0.45	1.1103	1.1103		120	78.96	2,060,486	5,221,080	
2004/07		0.45	0.8378	0.8378		120	78.96	2,068,254	5,264,880	
2005/01		0.40	0.8595	0.8595		120	78.83	2,075,365	5,310,120	
2005/07		0.40	0.7364	0.7364		120	78.83	2,081,479	5,349,240	
2006/01		0.35	0.9068	0.9068		120	78.83	2,088,086	5,397,720	
2006/07		0.35	0.8133	0.8133		120	68.02	2,094,031	5,441,640	
2007/01		0.30	1.0133	1.0133		120	68.02	2,100,397	5,496,720	
2007/07		0.30	1.1050	1.1050		120	68.10	2,107,360	5,557,440	
2008/01		0.25	0.8556	0.8556		120	69.84	2,111,868	5,604,960	
2008/07		0.25	0.6104	0.6104		120	69.84	2,115,091	5,639,160	
2009/01		0.20	1.3268	1.3268		120	69.84	2,120,704	5,714,040	
2009/07	39,494	0.20	0.6841	0.6841		120	71.19	2,163,099	5,753,160	
2010/01		0.15	0.8643	0.8643		120	71.19	2,165,902	5,802,840	
2010/07		0.15	0.7107	0.7107		120	74.16	2,168,211	5,844,120	
2011/01		0.10	0.9198	0.9198		120	74.68	2,170,206	5,897,880	
2011/07		0.10	0.9028	0.9028		120	74.68	2,172,166	5,951,160	
2012/01		0.05	0.3865	0.3865		120	74.68	2,172,585	5,974,200	
2012/07	160,149	0.05	0.9417	0.9417		120	73.51	2,333,757	6,030,480	
2013/01		0.00	0.4901	0.4901		120	73.51	2,333,757	6,060,000	
2013/07	91,184	0.00	0.6196	0.6196		120	71.91	2,424,941	6,097,560	
2014/01	79,357	0.00	0.8564	0.8564		120	73.82	2,504,298	6,149,760	
2014/07		0.00	1.2383	1.2383		120	73.82	2,504,298	6,225,960	
2015/01		0.00	0.7571	0.7571		120	75.90	2,504,298	6,273,120	

Message Code:



Florida Agency for Health Care Administration
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196.54

Lakeland Hills Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective		CHOW Status based on this Cost Report: No Change	
Type of Ownership: Nonprofit : 501(c)(3) Organization			
Provider Information	Cost Report	Patient Days	Ratings Days
610 E BELLA VISTA DR	9/1/2013-8/31/2014	Number of Beds: 120	Superior: 0
LAKELAND, FL 33805	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 41,337	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,399	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 33,752	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	81.65082%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.37671%	Cost: 1.03148401
Open Date: 08/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 08/01/1972	Low Occupancy Adjustment Factor:	120.51480%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 212865			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,204,826	2,434,851	1,405,782	586,272		5,631,731	
1a	Audit Adjustments							
2	Cost Per Diem	35.6964	72.1395	41.6503	17.3700		166.8562	
3	Cost Per Diem Inflated	36.8203	73.8966	42.9616				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.8203	73.8966	42.9616	17.3700		171.0485	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.4186		54.5598				
7	Provider Target Rate	47.0819		56.5578				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.8203	73.8966	42.9616	13.6500		167.3285	
12/13	Medical Adjustment Rate		2.6312	1.5297				
14	Prospective Per Diem 11	36.8203	76.5278	44.4913	13.6500		171.4894	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Lakeland Hills Center	
FRVS	

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,583,333.00	
RS to Start Calcs:	1972/07	Type:	Variable	80% Capital(1):
Indexed Asset Value	2,782,323	<60% of Base:	False	2,225,858
FRVS Base Asset:	1,403,125	Interest Rate:	6.7500%	5.1521
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	20% ROE(2):
ROE Factor	0.023020	Amortization Rate:	6.7500%	556,465
		Interest Only:	False	0.3250
		Yearly Payment:	203,096	Insurance Cost(3):
				78,038
				Taxes Cost(3):
				28,848
				Home Office(3):
				0
				Replacement(3&4):
				56,686
				Total FRVS PD:
				8.0628

- (1) 80% Capital (\$2,225,858) amortized at 6.7500 % for 20 years Principal & Interest of \$203,096 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.1521
- (2) 20% ROE (\$556,465) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3250
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS					
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Components	Cost	FRVS	Adjustment*	Final Component	
Operating	36.8203	36.8203	0.6406	36.1797	
Direct Care	76.5278	76.5278	1.3314	75.1964	
Indirect Care	44.4913	44.4913	0.7740	43.7173	
Property	13.6500	8.0628	0.1403	7.9225	
ROE					
ROE Adjustment					
Quality Assess-Medicaid Share				23.6196	
Supplemental Rate Add-on				9.9025	
Totals	171.4894	165.9022	2.8863	196.5380	

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/31/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	836,125	0.00	4.9326	3.0000	1.9326	120	100.00	836,125	1,343,400	
1973/01		0.10	7.0835	3.0000	4.0835	120	100.00	838,633	1,412,640	
1973/07		0.10	9.7399	3.0000	6.7399	120	100.00	841,149	1,492,560	
1974/01		0.20	11.9670	3.0000	8.9670	120	100.00	846,196	1,570,560	
1974/07		0.20	12.0707	3.0000	9.0707	120	100.00	851,273	1,619,280	
1975/01		0.30	12.1612	3.0000	9.1612	120	100.00	858,934	1,669,320	
1975/07		0.30	13.2246	3.0000	10.2246	120	100.00	866,664	1,737,240	
1976/01		0.40	14.2691	3.0000	11.2691	120	100.00	877,064	1,807,440	
1976/07		0.40	14.7543	3.0000	11.7543	120	100.00	887,589	1,870,440	
1977/01		0.50	15.5049	3.0000	12.5049	120	100.00	900,903	1,940,640	
1977/07		0.50	17.5625	3.0000	14.5625	120	100.00	914,417	2,038,680	
1978/01		0.60	19.3022	3.0000	16.3022	120	100.00	930,877	2,135,400	
1978/07		0.60	21.8416	3.0000	18.8416	120	100.00	947,633	2,253,600	
1979/01		0.70	23.9689	3.0000	20.9689	120	100.00	967,533	2,369,160	
1979/07		0.70	25.1671	3.0000	22.1671	120	100.00	987,851	2,468,640	
1980/01		0.80	28.3328	3.0000	25.3328	120	68.03	1,011,559	2,620,920	
1980/07		0.80	29.1435	3.0000	26.1435	120	68.03	1,035,836	2,720,760	
1981/01		0.90	29.9675	3.0000	26.9675	120	57.16	1,063,804	2,824,800	
1981/07		0.90	29.5563	3.0000	26.5563	120	57.16	1,092,527	2,897,880	
1982/01		1.00	29.2323	3.0000	26.2323	120	56.84	1,125,303	2,975,520	
1982/07		1.00	28.5300	3.0000	25.5300	120	56.84	1,159,062	3,043,800	
1983/04		1.00	28.1588	3.0000	25.1588	120	54.88	1,193,758	3,123,840	
1983/07		1.00	29.1166	3.0000	26.1166	120	54.88	1,229,493	3,247,440	
1984/01		1.00	27.4118	3.0000	24.4118	120	61.23	1,266,378	3,289,560	
1984/07		1.00	26.3297	3.0000	23.3297	120	61.23	1,304,369	3,352,680	
1985/01		1.00	24.4768	3.0000	21.4768	120	61.22	1,343,500	3,391,080	
1985/10	19,320	1.00	22.3290	3.0000	19.3290	120	61.22	1,403,125	3,420,000	
1986/01		1.00	20.1589	3.0000	17.1589	120	53.94	1,444,407	3,448,440	
1986/07		1.00	17.4563	3.0000	14.4563	120	53.94	1,486,904	3,441,840	
1987/01		1.00	15.4654	3.0000	12.4654	120	55.46	1,531,511	3,503,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	120	55.46	1,577,456	3,530,760	
1988/01		1.00	11.2668	3.0000	8.2668	120	55.46	1,624,780	3,559,440	
1988/07		1.00	8.8567	3.0000	5.8567	120	62.15	1,673,523	3,557,520	
1989/01		1.00	6.4466	3.0000	3.4466	120	64.72	1,723,729	3,578,520	
1989/07		1.00	4.0365	3.0000	1.0365	120	64.72	1,775,441	3,602,760	
1990/01		1.00	1.6264	1.6264		120	66.53	1,804,317	3,620,880	
1990/07		1.00	0.5899	0.5899		120	66.53	1,814,961	3,642,240	
1991/01		1.00	0.5899	0.5899		120	66.53	1,825,667	3,663,600	
1991/07	25,738	1.00	1.4932	1.4932		120	76.41	1,851,405	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	79.00	1,878,666	3,793,080	5
1992/07		1.00	1.8152	1.8152		120	79.00	1,951,247	3,861,960	
1993/01		0.95	1.7710	1.7710		120	79.00	1,984,077	3,930,360	
1993/07		0.95	1.5329	1.5329		120	80.84	2,012,971	3,990,600	
1994/01	33,826	0.90	1.6983	1.6983		120	80.84	2,077,565	4,058,400	
1994/07		0.90	1.5991	1.5991		120	80.84	2,107,465	4,123,320	
1995/01		0.85	1.5812	1.5812		120	80.84	2,135,789	4,188,480	
1995/07		0.85	1.5250	1.5250		120	80.84	2,163,475	4,252,320	
1996/01		0.80	1.7228	1.7228		120	80.84	2,193,292	4,325,640	
1996/07	20,754	0.80	1.3294	1.3294		120	74.18	2,237,372	4,383,120	
1997/01		0.75	1.4109	1.4109		120	74.18	2,261,048	4,444,920	
1997/07		0.75	1.0917	1.0917		120	74.18	2,279,561	4,493,400	
1998/01		0.70	1.1663	1.1663		120	74.18	2,298,171	4,545,840	
1998/07		0.70	1.0794	1.0794		120	74.18	2,315,536	4,594,920	
1999/01		0.65	1.4499	1.4499		120	74.18	2,337,358	4,661,520	
1999/07	25,829	0.65	1.2299	1.2299		120	76.31	2,381,872	4,718,880	
2000/01		0.60	1.3356	1.3356		120	79.60	2,400,960	4,781,880	
2000/07		0.60	1.1129	1.1129		120	79.60	2,416,991	4,835,040	
2001/01		0.55	1.2976	1.2976		120	77.10	2,434,241	4,897,800	
2001/07		0.55	0.9615	0.9615		120	77.10	2,447,113	4,944,840	
2002/01	26,435	0.50	1.0301	1.0301		120	79.02	2,486,153	4,995,720	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		120	79.02	2,496,518	5,037,360	
2003/01		0.45	1.3271	1.3271		120	84.46	2,511,427	5,104,200	
2003/07		0.45	1.1664	1.1664		120	84.46	2,524,609	5,163,720	
2004/01	33,910	0.40	1.1103	1.1103		120	71.46	2,569,731	5,221,080	
2004/07		0.40	0.8378	0.8378		120	71.46	2,578,342	5,264,880	
2005/01		0.35	0.8595	0.8595		120	72.02	2,586,098	5,310,120	
2005/07		0.35	0.7364	0.7364		120	72.02	2,592,762	5,349,240	
2006/01		0.30	0.9068	0.9068		120	72.02	2,592,762	5,397,720	5
2006/07		0.30	0.8133	0.8133		120	75.25	2,606,158	5,441,640	
2007/01		0.25	1.0133	1.0133		120	75.25	2,612,759	5,496,720	
2007/07		0.25	1.1050	1.1050		120	76.24	2,619,978	5,557,440	
2008/01		0.20	0.8556	0.8556		120	76.24	2,624,461	5,604,960	
2008/07		0.20	0.6104	0.6104		120	70.40	2,627,665	5,639,160	
2009/01		0.15	1.3268	1.3268		120	70.40	2,632,894	5,714,040	
2009/07	17,634	0.15	0.6841	0.6841		120	70.73	2,653,229	5,753,160	
2010/01		0.10	0.8643	0.8643		120	70.73	2,655,521	5,802,840	
2010/07		0.10	0.7107	0.7107		120	68.01	2,657,409	5,844,120	
2011/01		0.05	0.9198	0.9198		120	68.01	2,658,631	5,897,880	
2011/07		0.05	0.9028	0.9028		120	65.74	2,659,830	5,951,160	
2012/01		0.00	0.3865	0.3865		120	78.53	2,659,830	5,974,200	
2012/07		0.00	0.9417	0.9417		120	78.53	2,659,830	6,030,480	
2013/01		0.00	0.4901	0.4901		120	78.53	2,659,830	6,060,000	
2013/07	59,818	0.00	0.6196	0.6196		120	81.33	2,719,648	6,097,560	
2014/01		0.00	0.8564	0.8564		120	81.33	2,719,648	6,149,760	
2014/07	62,675	0.00	1.2383	1.2383		120	80.73	2,782,323	6,225,960	
2015/01		0.00	0.7571	0.7571		120	81.65	2,782,323	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



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Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
515 CHESAPEAKE DR	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
TARPON SPRINGS, FL 34689	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 38,671	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,652	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,151	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	77.96799%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.28995%	Cost: 1.05040266
Open Date: 07/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 07/01/1972	Low Occupancy Adjustment Factor:	112.74229%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2009	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 212849			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,658,252	2,324,962	1,268,266	545,432		5,796,912	
1a	Audit Adjustments							
2	Cost Per Diem	54.9982	77.1106	42.0638	18.0900		192.2626	
3	Cost Per Diem Inflated	57.7703	79.9132	44.1839				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.7703	79.9132	44.1839	18.0900		199.9574	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		54.4474				
7	Provider Target Rate	46.6899		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	46.6899	79.9132	44.1839	13.6500		184.4370	
12/13	Medical Adjustment Rate		2.5144	1.3902				
14	Prospective Per Diem 11	46.6899	82.4276	45.5741	13.6500		188.3416	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,166,667.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,028,440 8.8965
RS to Start Calcs:	1972/07	<60% of Base:	False	20% ROE(2):	757,110 0.3021
Indexed Asset Value	3,785,550	Interest Rate:	10.0000%	Insurance Cost(3):	95,668 2.4739
FRVS Base Asset:	1,883,680	Chase Rate:	8.0000%	Taxes Cost(3):	37,486 0.9694
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	0 0.0000
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	27,847 0.0000
		Yearly Payment:	350,701	Total FRVS PD:	12.6419

(1) 80% Capital (\$3,028,440) amortized at 10.0000 % for 20 years Principal & Interest of \$350,701 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.8965

(2) 20% ROE (\$757,110) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3021

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.6899	46.6899	0.8123	45.8776
Direct Care	82.4276	82.4276	1.4340	80.9936
Indirect Care	45.5741	45.5741	0.7929	44.7812
Property	13.6500	12.6419	0.2199	12.4220
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.0154
Supplemental Rate Add-on				9.9025
Totals	188.3416	187.3335	3.2591	218.9923

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	867,432	0.00	4.9326	3.0000	1.9326	120	100.00	867,432	1,343,400	
1973/01		0.10	7.0835	3.0000	4.0835	120	100.00	870,034	1,412,640	
1973/07	100,000	0.10	9.7399	3.0000	6.7399	120	100.00	972,644	1,492,560	
1974/01	150,000	0.20	11.9670	3.0000	8.9670	120	100.00	1,128,480	1,570,560	
1974/07		0.20	12.0707	3.0000	9.0707	120	100.00	1,135,251	1,619,280	
1975/01		0.30	12.1612	3.0000	9.1612	120	100.00	1,145,468	1,669,320	
1975/07		0.30	13.2246	3.0000	10.2246	120	100.00	1,155,777	1,737,240	
1976/01		0.40	14.2691	3.0000	11.2691	120	100.00	1,169,646	1,807,440	
1976/07		0.40	14.7543	3.0000	11.7543	120	100.00	1,183,682	1,870,440	
1977/01		0.50	15.5049	3.0000	12.5049	120	100.00	1,201,437	1,940,640	
1977/07		0.50	17.5625	3.0000	14.5625	120	100.00	1,219,459	2,038,680	
1978/01		0.60	19.3022	3.0000	16.3022	120	100.00	1,241,409	2,135,400	
1978/07		0.60	21.8416	3.0000	18.8416	120	100.00	1,263,754	2,253,600	
1979/01		0.70	23.9689	3.0000	20.9689	120	100.00	1,290,293	2,369,160	
1979/07		0.70	25.1671	3.0000	22.1671	120	100.00	1,317,389	2,468,640	
1980/01		0.80	28.3328	3.0000	25.3328	120	73.64	1,349,006	2,620,920	
1980/07		0.80	29.1435	3.0000	26.1435	120	73.64	1,381,382	2,720,760	
1981/01		0.90	29.9675	3.0000	26.9675	120	64.52	1,418,679	2,824,800	
1981/07		0.90	29.5563	3.0000	26.5563	120	64.52	1,456,983	2,897,880	
1982/01		1.00	29.2323	3.0000	26.2323	120	67.01	1,500,692	2,975,520	
1982/07		1.00	28.5300	3.0000	25.5300	120	67.01	1,545,713	3,043,800	
1983/04		1.00	28.1588	3.0000	25.1588	120	67.73	1,592,084	3,123,840	
1983/07		1.00	29.1166	3.0000	26.1166	120	67.73	1,639,847	3,247,440	
1984/01		1.00	27.4118	3.0000	24.4118	120	62.96	1,689,042	3,289,560	
1984/07		1.00	26.3297	3.0000	23.3297	120	62.96	1,739,713	3,352,680	
1985/01		1.00	24.4768	3.0000	21.4768	120	62.95	1,791,904	3,391,080	
1985/10	38,019	1.00	22.3290	3.0000	19.3290	120	92.95	1,883,680	3,420,000	
1986/01		1.00	20.1589	3.0000	17.1589	120	59.08	1,940,190	3,448,440	
1986/07		1.00	17.4563	3.0000	14.4563	120	59.08	1,998,396	3,441,840	
1987/01		1.00	15.4654	3.0000	12.4654	120	54.10	2,057,367	3,503,400	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	120	54.10	2,118,078	3,530,760	
1988/01	38,349	1.00	11.2668	3.0000	8.2668	120	54.10	2,218,930	3,559,440	
1988/07		1.00	8.8567	3.0000	5.8567	120	55.89	2,285,498	3,557,520	
1989/01		1.00	6.4466	3.0000	3.4466	120	60.90	2,354,063	3,578,520	
1989/07		1.00	4.0365	3.0000	1.0365	120	60.90	2,424,685	3,602,760	
1990/01		1.00	1.6264	1.6264		120	68.81	2,464,120	3,620,880	
1990/07		1.00	0.5899	0.5899		120	68.81	2,478,656	3,642,240	
1991/01		1.00	0.5899	0.5899		120	68.81	2,493,278	3,663,600	
1991/07		1.00	1.4932	1.4932		120	66.35	2,530,508	3,718,320	
1992/01		1.00	2.0117	2.0117		120	63.80	2,581,414	3,793,080	
1992/07		1.00	1.8152	1.8152		120	63.80	2,628,272	3,861,960	
1993/01		0.95	1.7710	1.7710		120	63.80	2,672,493	3,930,360	
1993/07	71,305	0.95	1.5329	1.5329		120	69.39	2,782,718	3,990,600	
1994/01		0.90	1.6983	1.6983		120	69.39	2,782,718	4,058,400	5
1994/07		0.90	1.5991	1.5991		120	69.39	2,865,913	4,123,320	
1995/01		0.85	1.5812	1.5812		120	69.39	2,904,431	4,188,480	
1995/07		0.85	1.5250	1.5250		120	69.39	2,942,081	4,252,320	
1996/01		0.80	1.7228	1.7228		120	69.39	2,982,629	4,325,640	
1996/07	18,279	0.80	1.3294	1.3294		120	68.82	3,032,628	4,383,120	
1997/01	1,461	0.75	1.4109	1.4109		120	68.82	3,066,180	4,444,920	
1997/07		0.75	1.0917	1.0917		120	68.82	3,091,286	4,493,400	
1998/01		0.70	1.1663	1.1663		120	68.82	3,116,523	4,545,840	
1998/07		0.70	1.0794	1.0794		120	68.82	3,140,071	4,594,920	
1999/01		0.65	1.4499	1.4499		120	68.82	3,169,663	4,661,520	
1999/07	33,832	0.65	1.2299	1.2299		120	73.04	3,228,833	4,718,880	
2000/01	19,699	0.60	1.3356	1.3356		120	71.99	3,274,408	4,781,880	
2000/07		0.60	1.1129	1.1129		120	71.99	3,296,271	4,835,040	
2001/01	33,940	0.55	1.2976	1.2976		120	75.84	3,353,736	4,897,800	
2001/07		0.55	0.9615	0.9615		120	75.84	3,371,471	4,944,840	
2002/01	19,656	0.50	1.0301	1.0301		120	75.98	3,408,493	4,995,720	



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2002/07		0.50	0.8337	0.8337		120	75.98	3,422,703	5,037,360	
2003/01		0.45	1.3271	1.3271		120	74.53	3,443,143	5,104,200	
2003/07		0.45	1.1664	1.1664		120	74.53	3,461,216	5,163,720	
2004/01		0.40	1.1103	1.1103		120	79.88	3,476,587	5,221,080	
2004/07		0.40	0.8378	0.8378		120	79.88	3,488,237	5,264,880	
2005/01		0.35	0.8595	0.8595		120	82.31	3,498,730	5,310,120	
2005/07		0.35	0.7364	0.7364		120	82.31	3,507,746	5,349,240	
2006/01		0.30	0.9068	0.9068		120	82.31	3,517,287	5,397,720	
2006/07		0.30	0.8133	0.8133		120	79.36	3,525,869	5,441,640	
2007/01		0.25	1.0133	1.0133		120	79.36	3,534,800	5,496,720	
2007/07		0.25	1.1050	1.1050		120	81.32	3,544,567	5,557,440	
2008/01		0.20	0.8556	0.8556		120	75.56	3,550,632	5,604,960	
2008/07		0.20	0.6104	0.6104		120	75.56	3,554,967	5,639,160	
2009/01		0.15	1.3268	1.3268		120	75.56	3,562,041	5,714,040	
2009/07		0.15	0.6841	0.6841		120	74.82	3,565,696	5,753,160	
2010/01	51,785	0.10	0.8643	0.8643		120	75.64	3,620,562	5,802,840	
2010/07		0.10	0.7107	0.7107		120	75.64	3,623,136	5,844,120	
2011/01		0.05	0.9198	0.9198		120	75.64	3,624,803	5,897,880	
2011/07	22,668	0.05	0.9028	0.9028		120	76.40	3,649,106	5,951,160	
2012/01		0.00	0.3865	0.3865		120	76.40	3,649,106	5,974,200	
2012/07		0.00	0.9417	0.9417		120	77.16	3,649,106	6,030,480	
2013/01		0.00	0.4901	0.4901		120	77.16	3,649,106	6,060,000	
2013/07	99,944	0.00	0.6196	0.6196		120	80.50	3,749,050	6,097,560	
2014/01	36,500	0.00	0.8564	0.8564		120	77.97	3,785,550	6,149,760	
2014/07		0.00	1.2383	1.2383		120	77.97	3,785,550	6,225,960	
2015/01		0.00	0.7571	0.7571		120	77.97	3,785,550	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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200.01

Consulate Health Care of Bayonet Point

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8132 HUDSON AVENUE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
HUDSON, FL 34667-8571	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pasco [51]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 42,014	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,651	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,178	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	59.92764%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.92237%	Cost: 1.04340134
Open Date: 01/29/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/29/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 02/22/1993	Low Occupancy Adjustment Factor:	122.48854%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319651			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,266,988	1,617,463	960,486	937,377		4,782,314	
1a	Audit Adjustments							
2	Cost Per Diem	50.3212	64.2411	38.1478	37.2300		189.9401	
3	Cost Per Diem Inflated	52.5052	66.3293	39.8035				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.5052	66.3293	39.8035	37.2300		195.8680	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.4233		54.4474				
7	Provider Target Rate	51.2332		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.2332	66.3293	39.8035	13.6500		171.0160	
12/13	Medical Adjustment Rate		0.7408	0.4445				
14	Prospective Per Diem 11	51.2332	67.0701	40.2480	13.6500		172.2013	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Bayonet Point

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/22/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,324,176.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,519,166	10.2568
RS to Start Calcs:	1993/01	<60% of Base:	False	20% ROE(2):	1,129,792	0.5374
Indexed Asset Value	5,648,958	Interest Rate:	6.5012%	Insurance Cost(3):	56,103	1.3353
FRVS Base Asset:	3,861,960	Chase Rate:	4.5000%	Taxes Cost(3):	73,824	1.7571
Occup Adj Factor	0.9000	Amortization Rate:	6.5000%	Home Office(3):	39,050	0.9295
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	140,992	0.0000
		Yearly Payment:	404,324	Total FRVS PD:		14.8161

- (1) 80% Capital (\$4,519,166) amortized at 6.5000 % for 20 years Principal & Interest of \$404,324 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.2568
- (2) 20% ROE (\$1,129,792) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5374
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	08/01/1992	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.2332	51.2332	0.8913	50.3419
Direct Care	67.0701	67.0701	1.1669	65.9032
Indirect Care	40.2480	40.2480	0.7002	39.5478
Property	13.6500	14.8161	0.2578	14.5583
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.7523
Supplemental Rate Add-on				9.9025
Totals	172.2013	173.3674	3.0162	200.0060

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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200.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	5,154,537	0.00	1.7710	1.7710		120	22.06	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	22.06	3,861,960	3,990,600	
1994/01		0.10	1.6983	1.6983		120	22.06	3,861,960	4,058,400	
1994/07		0.20	1.5991	1.5991		120	22.06	3,861,960	4,123,320	
1995/01		0.20	1.5812	1.5812		120	22.06	3,861,960	4,188,480	5
1995/07		0.30	1.5250	1.5250		120	22.06	3,861,960	4,252,320	
1996/01	165,029	0.30	1.7228	1.7228		120	26.95	4,036,769	4,325,640	
1996/07		0.40	1.3294	1.3294		120	26.95	4,047,288	4,383,120	
1997/01	98,051	0.40	1.4109	1.4109		120	27.48	4,156,752	4,444,920	
1997/07		0.50	1.0917	1.0917		120	27.48	4,168,090	4,493,400	
1998/01	136,564	0.50	1.1663	1.1663		120	29.29	4,317,599	4,545,840	
1998/07		0.60	1.0794	1.0794		120	29.29	4,332,489	4,594,920	
1999/01	41,092	0.60	1.4499	1.4499		120	30.32	4,394,358	4,661,520	
1999/07		0.70	1.2299	1.2299		120	30.32	4,415,213	4,718,880	
2000/01		0.70	1.3356	1.3356		120	29.99	4,437,721	4,781,880	
2000/07		0.80	1.1129	1.1129		120	29.99	4,459,264	4,835,040	
2001/01	46,886	0.80	1.2976	1.2976		120	40.89	4,540,566	4,897,800	
2001/07		0.90	0.9615	0.9615		120	40.89	4,569,779	4,944,840	
2002/01		0.90	1.0301	1.0301		120	40.89	4,569,779	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	40.89	4,629,797	5,037,360	
2003/01		1.00	1.3271	1.3271		120	40.89	4,675,476	5,104,200	
2003/07		1.00	1.1664	1.1664		120	48.55	4,723,615	5,163,720	
2004/01		1.00	1.1103	1.1103		120	48.55	4,769,911	5,221,080	
2004/07		1.00	0.8378	0.8378		120	55.55	4,809,873	5,264,880	
2005/01		1.00	0.8595	0.8595		120	55.55	4,851,214	5,310,120	
2005/07		1.00	0.7364	0.7364		120	55.30	4,886,938	5,349,240	
2006/01		1.00	0.9068	0.9068		120	55.30	4,931,253	5,397,720	
2006/07		1.00	0.8133	0.8133		120	52.95	4,969,864	5,441,640	
2007/01		1.00	1.0133	1.0133		120	52.95	5,018,347	5,496,720	
2007/07		1.00	1.1050	1.1050		120	48.42	5,067,166	5,557,440	



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200.01

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	48.42	5,105,334	5,604,960	
2008/07		1.00	0.6104	0.6104		120	43.77	5,130,134	5,639,160	
2009/01		1.00	1.3268	1.3268		120	43.77	5,184,303	5,714,040	
2009/07		1.00	0.6841	0.6841		120	47.86	5,215,165	5,753,160	
2010/01		1.00	0.8643	0.8643		120	47.86	5,254,388	5,802,840	
2010/07		1.00	0.7107	0.7107		120	49.69	5,288,126	5,844,120	
2011/01		1.00	0.9198	0.9198		120	49.69	5,332,070	5,897,880	
2011/07		1.00	0.9028	0.9028		120	49.69	5,375,560	5,951,160	
2012/01		1.00	0.3865	0.3865		120	56.69	5,396,337	5,974,200	
2012/07		1.00	0.9417	0.9417		120	56.69	5,447,154	6,030,480	
2013/01		1.00	0.4901	0.4901		120	53.17	5,472,962	6,060,000	
2013/07		0.95	0.6196	0.6196		120	53.17	5,504,104	6,097,560	
2014/01		0.95	0.8564	0.8564		120	60.91	5,548,885	6,149,760	
2014/07		0.90	1.2383	1.2383		120	60.91	5,610,727	6,225,960	
2015/01		0.90	0.7571	0.7571		120	59.93	5,648,958	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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205.90

Consulate Health Care of Brandon

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
701 VICTORIA ST	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
BRANDON, FL 33510-4100	Days in CR 365	Maximum: 43,800	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 42,703	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,638	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,830	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	58.14580%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.49543%	Cost: 1.04340134
Open Date: 09/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 09/24/1985	Low Occupancy Adjustment Factor:	124.49727%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319660			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,305,427	1,564,775	968,032	914,986		4,753,220	
1a	Audit Adjustments							
2	Cost Per Diem	52.5746	63.0195	38.9864	36.8500		191.4305	
3	Cost Per Diem Inflated	54.8564	65.0680	40.6785				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.8564	65.0680	40.6785	36.8500		197.4529	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.6250		54.7595				
7	Provider Target Rate	58.6987		56.7648				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.1549	65.0680	40.6785	13.6500		173.5514	
12/13	Medical Adjustment Rate		0.5963	0.3728				
14	Prospective Per Diem 11	54.1549	65.6643	41.0513	13.6500		174.5205	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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205.90

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Brandon

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	6,316,600.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,820,763	14.5529
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,205,191	0.5732
Indexed Asset Value	6,025,954	Interest Rate:	10.4000%	Insurance Cost(3):	56,275	1.3178
FRVS Base Asset:	3,420,000	Chase Rate:	8.5000%	Taxes Cost(3):	86,060	2.0153
Occup Adj Factor	0.9000	Amortization Rate:	10.4000%	Home Office(3):	41,014	0.9604
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	184,481	0.0000
		Yearly Payment:	573,674	Total FRVS PD:		19.4196

- (1) 80% Capital (\$4,820,763) amortized at 10.4000 % for 20 years Principal & Interest of \$573,674 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.5529
- (2) 20% ROE (\$1,205,191) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5732
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	65.6643	65.6643	1.1424	64.5219
Indirect Care	41.0513	41.0513	0.7142	40.3371
Property	13.6500	19.4196	0.3379	19.0817
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8467
Supplemental Rate Add-on				9.9025
Totals	174.5205	180.2901	3.1367	205.9026

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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205.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,485,796	0.00	0.8522	0.8522		120	2.58	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	2.58	3,420,000	3,448,440	
1986/07		0.10	0.2974	0.2974		120	2.58	3,420,000	3,441,840	
1987/01		0.20	1.0091	1.0091		120	2.58	3,420,000	3,503,400	
1987/07		0.20	0.9007	0.9007		120	2.58	3,420,000	3,530,760	
1988/01		0.30	0.9007	0.9007		120	25.62	3,424,305	3,559,440	
1988/07		0.30	0.5899	0.5899		120	37.36	3,428,422	3,557,520	
1989/01	18,176	0.40	0.5899	0.5899		120	37.36	3,452,094	3,578,520	
1989/07		0.40	0.5899	0.5899		120	42.70	3,452,094	3,602,760	5
1990/01		0.50	0.5899	0.5899		120	42.70	3,466,340	3,620,880	
1990/07	19,729	0.50	0.5899	0.5899		120	32.93	3,492,191	3,642,240	
1991/01		0.60	0.5899	0.5899		120	32.93	3,499,591	3,663,600	
1991/07	24,533	0.60	1.4932	1.4932		120	36.06	3,544,680	3,718,320	
1992/01		0.70	2.0117	2.0117		120	36.06	3,577,407	3,793,080	
1992/07		0.70	1.8152	1.8152		120	38.09	3,608,886	3,861,960	
1993/01		0.80	1.7710	1.7710		120	38.09	3,644,296	3,930,360	
1993/07		0.80	1.5329	1.5329		120	40.66	3,677,334	3,990,600	
1994/01		0.90	1.6983	1.6983		120	40.66	3,718,887	4,058,400	
1994/07	25,711	0.90	1.5991	1.5991		120	45.30	3,788,681	4,123,320	
1995/01	14,040	1.00	1.5812	1.5812		120	41.36	3,847,771	4,188,480	
1995/07		1.00	1.5250	1.5250		120	41.36	3,891,897	4,252,320	
1996/01	35,587	1.00	1.7228	1.7228		120	43.20	3,980,148	4,325,640	
1996/07		1.00	1.3294	1.3294		120	43.20	4,021,708	4,383,120	
1997/01	1,304,224	1.00	1.4109	1.4109		120	41.30	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	41.30	4,481,358	4,493,400	
1998/01	127,338	1.00	1.1663	1.1663		120	44.43	4,545,840	4,545,840	8
1998/07		1.00	1.0794	1.0794		120	44.43	4,585,478	4,594,920	
1999/01	71,995	1.00	1.4499	1.4499		120	50.40	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	58.26	4,718,852	4,718,880	
2000/01	8,981	1.00	1.3356	1.3356		120	58.26	4,781,880	4,781,880	8



Florida Agency for Health Care Administration
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205.90

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	31,452	1.00	1.1129	1.1129		120	58.26	4,835,040	4,835,040	8
2001/01		1.00	1.2976	1.2976		120	58.26	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.26	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	58.26	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	60.17	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	60.17	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	60.17	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	60.17	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	67.73	5,264,795	5,264,880	
2005/01		1.00	0.8595	0.8595		120	67.73	5,310,046	5,310,120	
2005/07		1.00	0.7364	0.7364		120	67.73	5,349,149	5,349,240	
2006/01	23,716	0.95	0.9068	0.9068		120	72.62	5,397,720	5,397,720	8
2006/07		0.95	0.8133	0.8133		120	72.62	5,439,423	5,441,640	
2007/01		0.90	1.0133	1.0133		120	69.98	5,489,031	5,496,720	
2007/07		0.90	1.1050	1.1050		120	69.98	5,543,619	5,557,440	
2008/01		0.85	0.8556	0.8556		120	70.47	5,583,938	5,604,960	
2008/07		0.85	0.6104	0.6104		120	70.47	5,612,907	5,639,160	
2009/01		0.80	1.3268	1.3268		120	68.64	5,672,482	5,714,040	
2009/07		0.80	0.6841	0.6841		120	68.64	5,703,527	5,753,160	
2010/01		0.75	0.8643	0.8643		120	63.15	5,740,497	5,802,840	
2010/07		0.75	0.7107	0.7107		120	63.15	5,771,094	5,844,120	
2011/01		0.70	0.9198	0.9198		120	63.15	5,808,254	5,897,880	
2011/07		0.70	0.9028	0.9028		120	57.28	5,844,962	5,951,160	
2012/01		0.65	0.3865	0.3865		120	57.28	5,859,645	5,974,200	
2012/07		0.65	0.9417	0.9417		120	57.28	5,895,512	6,030,480	
2013/01		0.60	0.4901	0.4901		120	57.68	5,912,851	6,060,000	
2013/07		0.60	0.6196	0.6196		120	57.68	5,934,835	6,097,560	
2014/01		0.55	0.8564	0.8564		120	54.86	5,962,717	6,149,760	
2014/07		0.55	1.2383	1.2383		120	54.86	6,003,226	6,225,960	
2015/01		0.50	0.7571	0.7571		120	58.15	6,025,954	6,273,120	

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency
- 8 Limited to Current RS Per Bed Standard

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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212.16

Consulate Health Care of Jacksonville

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
4101 SOUTHPOINT DRIVE EAST	1/1/2013-12/31/2013	Number of Beds: 116	Superior: 0
JACKSONVILLE, FL 32216	Days in CR 365	Maximum: 42,340	Standard: 243
County: Duval [16]	First Used: 2015/01	Max Annualized: 42,340	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 40,566	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,969	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,870	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	51.44702%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.81011%	Cost: 1.04340134
Open Date: 08/09/1996	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/09/1996	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/09/1996	Low Occupancy Adjustment Factor:	122.34519%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319503			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,159,340	1,498,204	886,801	780,747		4,325,092	
1a	Audit Adjustments							
2	Cost Per Diem	55.5506	71.7874	42.4917	37.4100		207.2397	
3	Cost Per Diem Inflated	57.9616	74.1209	44.3359				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.9616	74.1209	44.3359	37.4100		213.8284	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8088		53.6363				
7	Provider Target Rate	56.8159		55.6005				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.5678	74.1209	44.3359	13.6500		183.6746	
12/13	Medical Adjustment Rate		0.1207	0.0722				
14	Prospective Per Diem 11	51.5678	74.2416	44.4081	13.6500		183.8675	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/09/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,697,802.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable	80% Capital(1):	4,363,220	10.2444
Indexed Asset Value	5,454,025	<60% of Base:	False	20% ROE(2):	1,090,805	0.5367
FRVS Base Asset:	4,181,452	Interest Rate:	6.5012%	Insurance Cost(3):	55,570	1.3699
Occup Adj Factor	0.9000	Chase Rate:	4.5000%	Taxes Cost(3):	80,989	1.9965
ROE Factor	0.018750	Amortization Rate:	6.5000%	Home Office(3):	43,100	1.0625
		Interest Only:	False	Replacement(3&4):	213,263	0.0000
		Yearly Payment:	390,372	Total FRVS PD:		15.2100

- (1) 80% Capital (\$4,363,220) amortized at 6.5000 % for 20 years Principal & Interest of \$390,372 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$10.2444
- (2) 20% ROE (\$1,090,805) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.5367
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	01/01/1996	Current RS PBS:	52,276
Comparison Bed	116	Effective PBS Limitation	4,181,452

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	74.2416	74.2416	1.2916	72.9500
Indirect Care	44.4081	44.4081	0.7726	43.6355
Property	13.6500	15.2100	0.2646	14.9454
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0540
Supplemental Rate Add-on				9.9025
Totals	183.8675	185.4275	3.2260	212.1580

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	8,046,470	0.00	1.3294	1.3294		116	26.69	4,181,452	4,181,452	1
1997/01	19,750	0.10	1.4109	1.4109		116	26.69	4,204,065	4,296,756	
1997/07		0.10	1.0917	1.0917		116	26.69	4,206,293	4,343,620	
1998/01		0.20	1.1663	1.1663		116	26.69	4,211,055	4,394,312	
1998/07		0.20	1.0794	1.0794		116	26.69	4,215,467	4,441,756	
1999/01	27,001	0.30	1.4499	1.4499		116	34.32	4,253,910	4,506,136	
1999/07		0.30	1.2299	1.2299		116	34.32	4,263,705	4,561,584	
2000/01	74,660	0.40	1.3356	1.3356		116	41.31	4,338,365	4,622,484	5
2000/07		0.40	1.1129	1.1129		116	41.31	4,370,036	4,673,872	
2001/01		0.50	1.2976	1.2976		116	41.87	4,391,620	4,734,540	
2001/07		0.50	0.9615	0.9615		116	41.87	4,407,694	4,780,012	
2002/01		0.60	1.0301	1.0301		116	41.87	4,428,434	4,829,196	
2002/07		0.60	0.8337	0.8337		116	41.87	4,445,297	4,869,448	
2003/01		0.70	1.3271	1.3271		116	41.87	4,476,735	4,934,060	
2003/07	19,850	0.70	1.1664	1.1664		116	43.46	4,525,468	4,991,596	
2004/01		0.80	1.1103	1.1103		116	43.46	4,557,230	5,047,044	
2004/07		0.80	0.8378	0.8378		116	44.97	4,582,203	5,089,384	
2005/01		0.90	0.8595	0.8595		116	44.97	4,611,187	5,133,116	
2005/07		0.90	0.7364	0.7364		116	45.98	4,636,738	5,170,932	
2006/01		1.00	0.9068	0.9068		116	45.98	4,671,888	5,217,796	
2006/07	50,836	1.00	0.8133	0.8133		116	52.47	4,758,973	5,260,252	
2007/01		1.00	1.0133	1.0133		116	52.47	4,804,977	5,313,496	
2007/07		1.00	1.1050	1.1050		116	55.71	4,858,072	5,372,192	
2008/01		1.00	0.8556	0.8556		116	55.71	4,899,638	5,418,128	
2008/07		1.00	0.6104	0.6104		116	56.79	4,929,545	5,451,188	
2009/01		1.00	1.3268	1.3268		116	56.79	4,994,950	5,523,572	
2009/07		1.00	0.6841	0.6841		116	56.79	5,029,120	5,561,388	
2010/01		1.00	0.8643	0.8643		116	56.79	5,072,587	5,609,412	
2010/07		1.00	0.7107	0.7107		116	51.18	5,106,134	5,649,316	
2011/01		1.00	0.9198	0.9198		116	51.18	5,149,838	5,701,284	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		116	51.18	5,193,102	5,752,788	
2012/01		1.00	0.3865	0.3865		116	51.69	5,211,965	5,775,060	
2012/07		1.00	0.9417	0.9417		116	51.69	5,258,092	5,829,464	
2013/01		1.00	0.4901	0.4901		116	49.96	5,281,500	5,858,000	
2013/07		1.00	0.6196	0.6196		116	49.96	5,311,225	5,894,308	
2014/01		1.00	0.8564	0.8564		116	51.39	5,353,725	5,944,768	
2014/07		1.00	1.2383	1.2383		116	51.39	5,415,669	6,018,428	
2015/01		1.00	0.7571	0.7571		116	51.45	5,454,025	6,064,016	

Message Code:

1 Per Bed Standard Limitation 5 Uncorrected Licensure Deficiency

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205.27

Consulate Health Care of Kissimmee

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2511 JOHN YOUNG PARKWAY NORTH	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
KISSIMMEE, FL 34741	Days in CR 365	Maximum: 43,800	Standard: 243
County: Osceola [49]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 43,035	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,392	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,471	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	59.18671%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	98.25342%	Cost: 1.04340134
Open Date: 08/20/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/20/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/20/1999	Low Occupancy Adjustment Factor:	125.46519%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319511			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,260,733	1,756,686	975,214	892,759		4,885,392	
1a	Audit Adjustments							
2	Cost Per Diem	49.4968	68.9681	38.2872	35.0500		191.8021	
3	Cost Per Diem Inflated	51.6450	71.2100	39.9489				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.6450	71.2100	39.9489	35.0500		197.8539	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.2493		54.4474				
7	Provider Target Rate	55.1993		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.6450	71.2100	39.9489	13.6500		176.4539	
12/13	Medical Adjustment Rate		0.7360	0.4129				
14	Prospective Per Diem 11	51.6450	71.9460	40.3618	13.6500		177.6028	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Kissimmee

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 08/20/1999		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,762,891.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Fixed	80% Capital(1):	4,622,026	10.2433
Indexed Asset Value	5,777,532	<60% of Base:	False	20% ROE(2):	1,155,506	0.5496
FRVS Base Asset:	4,661,520	Interest Rate:	6.2000%	Insurance Cost(3):	55,140	1.2813
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	70,587	1.6402
ROE Factor	0.018750	Amortization Rate:	6.2000%	Home Office(3):	42,246	0.9817
		Interest Only:	False	Replacement(3&4):	84,331	0.0000
		Yearly Payment:	403,790	Total FRVS PD:		14.6961

- (1) 80% Capital (\$4,622,026) amortized at 6.2000 % for 20 years Principal & Interest of \$403,790 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.2433
 (2) 20% ROE (\$1,155,506) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5496
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1999	Current RS PBS:	38,846
Comparison Bed	120	Effective PBS Limitation	52,276
			4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.6450	51.6450	0.8985	50.7465
Direct Care	71.9460	71.9460	1.2517	70.6943
Indirect Care	40.3618	40.3618	0.7022	39.6596
Property	13.6500	14.6961	0.2557	14.4404
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8242
Supplemental Rate Add-on				9.9025
Totals	177.6028	178.6489	3.1081	205.2675

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	7,151,465	0.00	1.2299	1.2299		120	52.69	4,661,520	4,661,520	1
2000/01	10,389	0.10	1.3356	1.3356		120	52.69	4,677,875	4,781,880	
2000/07		0.10	1.1129	1.1129		120	52.69	4,682,863	4,835,040	
2001/01	36,966	0.20	1.2976	1.2976		120	65.55	4,731,981	4,897,800	
2001/07		0.20	0.9615	0.9615		120	65.55	4,741,081	4,944,840	
2002/01		0.30	1.0301	1.0301		120	65.55	4,755,731	4,995,720	
2002/07		0.30	0.8337	0.8337		120	65.55	4,767,625	5,037,360	
2003/01		0.40	1.3271	1.3271		120	65.55	4,792,932	5,104,200	
2003/07		0.40	1.1664	1.1664		120	65.74	4,815,296	5,163,720	
2004/01		0.50	1.1103	1.1103		120	65.74	4,842,031	5,221,080	
2004/07		0.50	0.8378	0.8378		120	62.92	4,862,314	5,264,880	
2005/01		0.60	0.8595	0.8595		120	62.92	4,887,389	5,310,120	
2005/07	20,675	0.60	0.7364	0.7364		120	59.15	4,929,656	5,349,240	
2006/01		0.70	0.9068	0.9068		120	59.15	4,960,949	5,397,720	
2006/07	51,027	0.70	0.8133	0.8133		120	59.59	5,040,219	5,441,640	
2007/01		0.80	1.0133	1.0133		120	59.59	5,081,075	5,496,720	
2007/07		0.80	1.1050	1.1050		120	58.82	5,125,992	5,557,440	
2008/01		0.90	0.8556	0.8556		120	58.82	5,165,462	5,604,960	
2008/07		0.90	0.6104	0.6104		120	58.82	5,193,841	5,639,160	
2009/01		1.00	1.3268	1.3268		120	58.82	5,262,753	5,714,040	
2009/07		1.00	0.6841	0.6841		120	58.82	5,298,755	5,753,160	
2010/01		1.00	0.8643	0.8643		120	58.82	5,344,552	5,802,840	
2010/07		1.00	0.7107	0.7107		120	61.48	5,382,536	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.48	5,432,045	5,897,880	
2011/07		1.00	0.9028	0.9028		120	61.48	5,481,086	5,951,160	
2012/01		1.00	0.3865	0.3865		120	58.90	5,502,270	5,974,200	
2012/07		1.00	0.9417	0.9417		120	58.90	5,554,085	6,030,480	
2013/01		1.00	0.4901	0.4901		120	58.14	5,581,306	6,060,000	
2013/07		1.00	0.6196	0.6196		120	58.14	5,615,888	6,097,560	
2014/01		1.00	0.8564	0.8564		120	62.23	5,663,982	6,149,760	



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205.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		120	62.23	5,734,119	6,225,960	
2015/01		1.00	0.7571	0.7571		120	59.19	5,777,532	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Consulate Health Care of Lakeland

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
5245 N SOCRUM LOOP RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
LAKELAND, FL 33809	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 41,152	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,101	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,837	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	70.07436%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.95434%	Cost: 1.04340134
Open Date: 12/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 12/01/1984	Low Occupancy Adjustment Factor:	119.97546%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319953			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,619,736	1,811,813	1,026,671	1,052,262		5,510,482	
1a	Audit Adjustments							
2	Cost Per Diem	56.1687	62.8295	35.6026	36.4900		191.0908	
3	Cost Per Diem Inflated	58.6065	64.8718	37.1478				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.6065	64.8718	37.1478	36.4900		197.1161	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.1226		54.4474				
7	Provider Target Rate	59.2145		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.1549	64.8718	37.1478	13.6500		169.8245	
12/13	Medical Adjustment Rate		1.4650	0.8389				
14	Prospective Per Diem 11	54.1549	66.3368	37.9867	13.6500		172.1284	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002.					0.00



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Lakeland

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,295,154 7.0414
RS to Start Calcs:	1984/07	<60% of Base:	True	20% ROE(2):	823,788 0.3918
Indexed Asset Value	4,118,942	Interest Rate:	8.5000%	Insurance Cost(3):	57,348 1.3936
FRVS Base Asset:	2,134,715	Chase Rate:	8.5000%	Taxes Cost(3):	59,734 1.4515
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	36,519 0.8874
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	224,050 0.0000
		Yearly Payment:	277,572	Total FRVS PD:	11.1657

(1) 80% Capital (\$3,295,154) amortized at 8.5000 % for 20 years Interest of \$277,572 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.0414

(2) 20% ROE (\$823,788) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3918

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	66.3368	66.3368	1.1541	65.1827
Indirect Care	37.9867	37.9867	0.6609	37.3258
Property	13.6500	11.1657	0.1943	10.9714
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.7468
Supplemental Rate Add-on				9.9025
Totals	172.1284	169.6441	2.9515	199.3419

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,130,550	0.00	1.9179	1.9179		120	53.76	2,130,550	3,352,680	
1985/01		0.10	1.1471	1.1471		120	53.76	2,132,939	3,391,080	
1985/10		0.10	0.8522	0.8522		120	53.76	2,134,715	3,420,000	
1986/01		0.20	0.8299	0.8299		120	53.76	2,138,179	3,448,440	
1986/07		0.20	0.2974	0.2974		120	53.76	2,139,423	3,441,840	
1987/01		0.30	1.0091	1.0091		120	53.76	2,145,753	3,503,400	
1987/07		0.30	0.9007	0.9007		120	56.80	2,151,551	3,530,760	
1988/01		0.40	0.9007	0.9007		120	56.80	2,159,303	3,559,440	
1988/07		0.40	0.5899	0.5899		120	51.63	2,164,087	3,557,520	
1989/01		0.50	0.5899	0.5899		120	51.63	2,170,080	3,578,520	
1989/07	260,223	0.50	0.5899	0.5899		120	47.41	2,435,821	3,602,760	
1990/01		0.60	0.5899	0.5899		120	47.05	2,443,195	3,620,880	
1990/07		0.60	0.5899	0.5899		120	47.05	2,443,195	3,642,240	5
1991/01		0.70	0.5899	0.5899		120	57.42	2,450,592	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	57.42	2,486,429	3,718,320	
1992/01		0.80	2.0117	2.0117		120	76.47	2,526,446	3,793,080	
1992/07		0.80	1.8152	1.8152		120	76.47	2,563,135	3,861,960	
1993/01		0.90	1.7710	1.7710		120	76.47	2,603,989	3,930,360	
1993/07		0.90	1.5329	1.5329		120	82.75	2,639,914	3,990,600	
1994/01		1.00	1.6983	1.6983		120	83.77	2,684,748	4,058,400	
1994/07		1.00	1.5991	1.5991		120	83.77	2,727,680	4,123,320	
1995/01		1.00	1.5812	1.5812		120	83.77	2,770,810	4,188,480	
1995/07	25,438	1.00	1.5250	1.5250		120	73.62	2,838,503	4,252,320	
1996/01		1.00	1.7228	1.7228		120	73.62	2,887,405	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.52	2,925,790	4,383,120	
1997/01		1.00	1.4109	1.4109		120	80.04	2,967,070	4,444,920	
1997/07		1.00	1.0917	1.0917		120	80.04	2,999,462	4,493,400	
1998/01		1.00	1.1663	1.1663		120	82.02	3,034,445	4,545,840	
1998/07		1.00	1.0794	1.0794		120	82.02	3,067,199	4,594,920	
1999/01		1.00	1.4499	1.4499		120	82.02	3,111,670	4,661,520	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	82.02	3,149,940	4,718,880	
2000/01		1.00	1.3356	1.3356		120	82.02	3,192,011	4,781,880	
2000/07		1.00	1.1129	1.1129		120	76.97	3,227,535	4,835,040	
2001/01		1.00	1.2976	1.2976		120	76.97	3,269,415	4,897,800	
2001/07	45,288	1.00	0.9615	0.9615		120	71.32	3,346,138	4,944,840	
2002/01		1.00	1.0301	1.0301		120	71.32	3,380,607	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.97	3,408,791	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.97	3,454,029	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.97	3,494,317	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.97	3,533,114	5,221,080	
2004/07	39,061	1.00	0.8378	0.8378		120	61.42	3,601,775	5,264,880	
2005/01	30,296	0.95	0.8595	0.8595		120	63.89	3,661,479	5,310,120	
2005/07		0.95	0.7364	0.7364		120	63.89	3,687,095	5,349,240	
2006/01		0.90	0.9068	0.9068		120	64.74	3,717,185	5,397,720	
2006/07		0.90	0.8133	0.8133		120	64.74	3,744,395	5,441,640	
2007/01		0.85	1.0133	1.0133		120	64.74	3,776,645	5,496,720	
2007/07		0.85	1.1050	1.1050		120	69.15	3,812,119	5,557,440	
2008/01		0.80	0.8556	0.8556		120	69.15	3,838,213	5,604,960	
2008/07		0.80	0.6104	0.6104		120	69.15	3,856,955	5,639,160	
2009/01		0.75	1.3268	1.3268		120	69.64	3,895,336	5,714,040	
2009/07		0.75	0.6841	0.6841		120	69.64	3,915,323	5,753,160	
2010/01		0.70	0.8643	0.8643		120	72.84	3,939,011	5,802,840	
2010/07		0.70	0.7107	0.7107		120	72.84	3,958,608	5,844,120	
2011/01		0.65	0.9198	0.9198		120	72.84	3,982,277	5,897,880	
2011/07		0.65	0.9028	0.9028		120	68.19	4,005,645	5,951,160	
2012/01		0.60	0.3865	0.3865		120	68.19	4,014,934	5,974,200	
2012/07		0.60	0.9417	0.9417		120	68.19	4,037,618	6,030,480	
2013/01		0.55	0.4901	0.4901		120	69.30	4,048,503	6,060,000	
2013/07		0.55	0.6196	0.6196		120	69.30	4,062,300	6,097,560	
2014/01		0.50	0.8564	0.8564		120	65.75	4,079,695	6,149,760	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	65.75	4,104,956	6,225,960	
2015/01		0.45	0.7571	0.7571		120	70.07	4,118,942	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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209.25

Consulate Health Care of Lake Parker

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2020 W LAKE PARKER DR	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
LAKELAND, FL 33805-5005	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 41,432	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,351	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,576	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	64.14366%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.59361%	Cost: 1.04340134
Open Date: 04/12/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/12/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 05/14/1990	Low Occupancy Adjustment Factor:	120.79178%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319678			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,420,350	1,709,708	1,013,831	965,506		5,109,395	
1a	Audit Adjustments							
2	Cost Per Diem	53.4448	64.3328	38.1484	36.3300		192.2560	
3	Cost Per Diem Inflated	55.7644	66.4240	39.8041				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.7644	66.4240	39.8041	36.3300		198.3225	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.6501		54.4699				
7	Provider Target Rate	57.6881		56.4646				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.1549	66.4240	39.8041	13.6500		174.0330	
12/13	Medical Adjustment Rate		1.0569	0.6333				
14	Prospective Per Diem 11	54.1549	67.4809	40.4374	13.6500		175.7232	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Lake Parker

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/14/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable	80% Capital(1):	4,873,211	14.7112
Indexed Asset Value	6,091,514	<60% of Base:	False	20% ROE(2):	1,218,303	0.5795
FRVS Base Asset:	3,602,760	Interest Rate:	10.4000%	Insurance Cost(3):	58,187	1.4044
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	55,148	1.3310
ROE Factor	0.018750	Amortization Rate:	10.4000%	Home Office(3):	39,547	0.9545
		Interest Only:	False	Replacement(3&4):	109,570	0.0000
		Yearly Payment:	579,915	Total FRVS PD:		18.9806

- (1) 80% Capital (\$4,873,211) amortized at 10.4000 % for 20 years Principal & Interest of \$579,915 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.7112
- (2) 20% ROE (\$1,218,303) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5795
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	67.4809	67.4809	1.1740	66.3069
Indirect Care	40.4374	40.4374	0.7035	39.7339
Property	13.6500	18.9806	0.3302	18.6504
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4454
Supplemental Rate Add-on				9.9025
Totals	175.7232	181.0538	3.1499	209.2518

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,170,124	0.00	0.5899	0.5899		120	40.34	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	40.34	3,604,319	3,642,240	
1991/01		0.10	0.5899	0.5899		120	40.34	3,605,879	3,663,600	
1991/07	60,683	0.20	1.4932	1.4932		120	40.34	3,674,459	3,718,320	
1992/01		0.20	2.0117	2.0117		120	40.34	3,685,301	3,793,080	
1992/07		0.30	1.8152	1.8152		120	40.25	3,699,989	3,861,960	
1993/01	70,787	0.30	1.7710	1.7710		120	52.54	3,789,555	3,930,360	
1993/07		0.40	1.5329	1.5329		120	52.54	3,811,753	3,990,600	
1994/01	125,664	0.40	1.6983	1.6983		120	49.21	3,960,584	4,058,400	
1994/07		0.50	1.5991	1.5991		120	49.21	3,988,919	4,123,320	
1995/01	39,404	0.50	1.5812	1.5812		120	45.44	4,054,378	4,188,480	
1995/07		0.60	1.5250	1.5250		120	45.44	4,085,027	4,252,320	
1996/01	81,882	0.60	1.7228	1.7228		120	40.46	4,197,973	4,325,640	
1996/07		0.70	1.3294	1.3294		120	40.46	4,226,712	4,383,120	
1997/01	47,231	0.70	1.4109	1.4109		120	42.20	4,273,943	4,444,920	5
1997/07		0.80	1.0917	1.0917		120	42.20	4,334,827	4,493,400	
1998/01	46,364	0.80	1.1663	1.1663		120	43.75	4,413,362	4,545,840	
1998/07		0.90	1.0794	1.0794		120	43.75	4,447,468	4,594,920	
1999/01	36,291	0.90	1.4499	1.4499		120	40.65	4,526,652	4,661,520	
1999/07		1.00	1.2299	1.2299		120	56.62	4,582,325	4,718,880	
2000/01	2,963	1.00	1.3356	1.3356		120	56.62	4,646,490	4,781,880	
2000/07	28,832	1.00	1.1129	1.1129		120	56.62	4,727,033	4,835,040	
2001/01		1.00	1.2976	1.2976		120	56.62	4,788,371	4,897,800	
2001/07		1.00	0.9615	0.9615		120	56.62	4,834,411	4,944,840	
2002/01	26,424	1.00	1.0301	1.0301		120	57.87	4,910,634	4,995,720	
2002/07		1.00	0.8337	0.8337		120	57.87	4,951,574	5,037,360	
2003/01		1.00	1.3271	1.3271		120	57.87	5,017,286	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.05	5,075,808	5,163,720	
2004/01		1.00	1.1103	1.1103		120	59.05	5,132,165	5,221,080	
2004/07		1.00	0.8378	0.8378		120	62.79	5,175,162	5,264,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	62.79	5,219,643	5,310,120	
2005/07		1.00	0.7364	0.7364		120	60.85	5,258,080	5,349,240	
2006/01		1.00	0.9068	0.9068		120	60.85	5,305,760	5,397,720	
2006/07		1.00	0.8133	0.8133		120	55.11	5,348,912	5,441,640	
2007/01		1.00	1.0133	1.0133		120	55.11	5,403,113	5,496,720	
2007/07		1.00	1.1050	1.1050		120	55.75	5,462,817	5,557,440	
2008/01		1.00	0.8556	0.8556		120	55.75	5,509,557	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.77	5,543,047	5,639,160	
2009/01		1.00	1.3268	1.3268		120	54.77	5,616,285	5,714,040	
2009/07		1.00	0.6841	0.6841		120	63.34	5,654,706	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.34	5,703,580	5,802,840	
2010/07		0.95	0.7107	0.7107		120	63.34	5,742,091	5,844,120	
2011/01		0.95	0.9198	0.9198		120	62.23	5,792,265	5,897,880	
2011/07		0.90	0.9028	0.9028		120	62.23	5,839,327	5,951,160	
2012/01		0.90	0.3865	0.3865		120	60.13	5,859,642	5,974,200	
2012/07		0.85	0.9417	0.9417		120	63.56	5,906,543	6,030,480	
2013/01		0.85	0.4901	0.4901		120	63.56	5,931,150	6,060,000	
2013/07		0.80	0.6196	0.6196		120	63.56	5,960,551	6,097,560	
2014/01		0.80	0.8564	0.8564		120	56.52	6,001,387	6,149,760	
2014/07		0.75	1.2383	1.2383		120	56.52	6,057,122	6,225,960	
2015/01		0.75	0.7571	0.7571		120	64.14	6,091,514	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



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Consulate Health Care of Melbourne

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
3033 SARNO RD	1/1/2013-12/31/2013	Number of Beds: 167	Superior: 0
MELBOURNE, FL 32934	Days in CR 365	Maximum: 60,955	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 60,955	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 54,044	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,599	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,357	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	48.76952%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.66213%	Cost: 1.04340134
Open Date: 08/01/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/19/1994	Low Occupancy Adjustment Factor:	113.21754%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319520			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,317,343	1,744,017	1,110,965	1,034,249		5,206,574	
1a	Audit Adjustments							
2	Cost Per Diem	49.9808	66.1690	42.1507	39.2400		197.5405	
3	Cost Per Diem Inflated	52.1500	68.3199	43.9801				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.1500	68.3199	43.9801	39.2400		203.6900	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.2798		55.7569				
7	Provider Target Rate	57.3042		57.7988				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.1500	68.3199	43.9801	13.6500		178.1000	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.1500	68.3199	43.9801	13.6500		178.1000	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Melbourne

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/19/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	8,789,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable	80% Capital(1):	6,113,242	13.2608
Indexed Asset Value	7,641,553	<60% of Base:	False	20% ROE(2):	1,528,311	0.5223
FRVS Base Asset:	5,597,125	Interest Rate:	10.4000%	Insurance Cost(3):	55,304	1.0233
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	91,236	1.6882
ROE Factor	0.018750	Amortization Rate:	10.4000%	Home Office(3):	54,167	1.0023
		Interest Only:	False	Replacement(3&4):	130,861	0.0000
		Yearly Payment:	727,480	Total FRVS PD:		17.4969

- (1) 80% Capital (\$6,113,242) amortized at 10.4000 % for 20 years Principal & Interest of \$727,480 divided by annual available days (60955) divided by Occup. Adj. (0.90) = \$13.2608
- (2) 20% ROE (\$1,528,311) times the ROE factor (0.018750) divided by annual available days (60955) divided by Occup. Adj. (0.90) = \$0.5223
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,361
Comparison Date:	07/01/1994	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.1500	52.1500	0.9073	51.2427
Direct Care	68.3199	68.3199	1.1886	67.1313
Indirect Care	43.9801	43.9801	0.7651	43.2150
Property	13.6500	17.4969	0.3044	17.1925
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.2226
Supplemental Rate Add-on				9.9025
Totals	178.1000	181.9469	3.1654	208.9066

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	5,597,125	0.00	1.5991	1.5991		120	31.31	5,597,125	4,123,320	
1995/01	40,264	0.10	1.5812	1.5812		120	31.31	4,123,320	4,123,320	1
1995/07		0.10	1.5250	1.5250		120	31.31	4,126,900	4,252,320	
1996/01		0.20	1.7228	1.7228		120	31.31	4,134,996	4,325,640	
1996/07		0.20	1.3294	1.3294		120	31.31	4,141,255	4,383,120	
1997/01	69,868	0.30	1.4109	1.4109		120	31.26	4,221,086	4,444,920	
1997/07		0.30	1.0917	1.0917		120	31.26	4,228,943	4,493,400	
1998/01	56,127	0.40	1.1663	1.1663		120	32.09	4,296,580	4,545,840	
1998/07		0.40	1.0794	1.0794		120	32.09	4,307,405	4,594,920	
1999/01	24,738	0.50	1.4499	1.4499		120	29.35	4,348,808	4,661,520	
1999/07		0.50	1.2299	1.2299		167	46.30	4,371,323	6,567,108	
2000/01	1,788,446	0.60	1.3356	1.3356		167	46.30	6,189,259	6,654,783	
2000/07	11,713	0.60	1.1129	1.1129		167	46.30	6,235,761	6,728,764	
2001/01		0.70	1.2976	1.2976		167	46.30	6,283,441	6,816,105	
2001/07		0.70	0.9615	0.9615		167	46.30	6,319,045	6,881,569	
2002/01		0.80	1.0301	1.0301		167	46.30	6,362,883	6,952,377	
2002/07		0.80	0.8337	0.8337		167	46.73	6,398,942	7,010,326	
2003/01		0.90	1.3271	1.3271		167	46.73	6,463,879	7,103,345	
2003/07		0.90	1.1664	1.1664		167	46.73	6,521,533	7,186,177	
2004/01		1.00	1.1103	1.1103		167	46.73	6,583,054	7,266,003	
2004/07		1.00	0.8378	0.8378		167	46.01	6,629,192	7,326,958	
2005/01		1.00	0.8595	0.8595		167	46.01	6,676,857	7,389,917	
2005/07		1.00	0.7364	0.7364		167	46.01	6,717,989	7,444,359	
2006/01		1.00	0.9068	0.9068		167	44.07	6,766,802	7,511,827	
2006/07		1.00	0.8133	0.8133		167	44.07	6,810,900	7,572,949	
2007/01		1.00	1.0133	1.0133		167	44.07	6,866,200	7,649,602	
2007/07		1.00	1.1050	1.1050		167	41.38	6,923,283	7,734,104	
2008/01		1.00	0.8556	0.8556		167	37.72	6,963,908	7,800,236	
2008/07		1.00	0.6104	0.6104		167	37.72	6,993,061	7,847,831	
2009/01		1.00	1.3268	1.3268		167	43.78	7,066,917	7,952,039	



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208.91

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		167	43.78	7,105,399	8,006,481	
2010/01		1.00	0.8643	0.8643		167	47.35	7,158,269	8,075,619	
2010/07		1.00	0.7107	0.7107		167	47.35	7,202,067	8,133,067	
2011/01		1.00	0.9198	0.9198		167	47.35	7,259,098	8,207,883	
2011/07		1.00	0.9028	0.9028		167	47.94	7,316,221	8,282,031	
2012/01		1.00	0.3865	0.3865		167	47.94	7,340,868	8,314,095	
2012/07		1.00	0.9417	0.9417		167	47.94	7,401,123	8,392,418	
2013/01		1.00	0.4901	0.4901		167	47.86	7,432,687	8,433,500	
2013/07		1.00	0.6196	0.6196		167	47.86	7,472,761	8,485,771	
2014/01		1.00	0.8564	0.8564		167	42.13	7,521,782	8,558,416	
2014/07		1.00	1.2383	1.2383		167	42.13	7,593,129	8,664,461	
2015/01		0.95	0.7571	0.7571		167	48.77	7,641,553	8,730,092	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080394123120130101201305282014192111



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193.38

Consulate Health Care of New Port Richey

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
8417 OLD COUNTY RD 54	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
NEW PORT RICHEY, FL 34653	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pasco [51]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 42,033	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,315	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,162	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	66.99974%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.96575%	Cost: 1.04340134
Open Date: 04/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1984	Low Occupancy Adjustment Factor:	122.54394%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319970			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,571,043	1,742,075	952,287	1,047,908		5,313,313	
1a	Audit Adjustments							
2	Cost Per Diem	55.7859	61.8591	33.8146	37.2100		188.6696	
3	Cost Per Diem Inflated	58.2071	63.8699	35.2822				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.2071	63.8699	35.2822	37.2100		194.5692	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.6004		54.4474				
7	Provider Target Rate	52.4534		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	52.4534	63.8699	35.2822	13.6500		165.2555	
12/13	Medical Adjustment Rate		1.2215	0.6748				
14	Prospective Per Diem 11	52.4534	65.0914	35.9570	13.6500		167.1518	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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193.38

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of New Port Richey

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	3,177,994 6.7910
RS to Start Calcs:	1984/01	<60% of Base:	True	20% ROE(2):	794,498 0.3779
Indexed Asset Value	3,972,492	Interest Rate:	8.5000%	Insurance Cost(3):	61,967 1.4742
FRVS Base Asset:	2,097,277	Chase Rate:	8.5000%	Taxes Cost(3):	58,654 1.3954
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	36,402 0.8660
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	97,956 0.0000
		Yearly Payment:	267,703	Total FRVS PD:	10.9045

(1) 80% Capital (\$3,177,994) amortized at 8.5000 % for 20 years Interest of \$267,703 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.7910

(2) 20% ROE (\$794,498) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3779

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.4534	52.4534	0.9126	51.5408
Direct Care	65.0914	65.0914	1.1324	63.9590
Indirect Care	35.9570	35.9570	0.6256	35.3314
Property	13.6500	10.9045	0.1897	10.7148
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9315
Supplemental Rate Add-on				9.9025
Totals	167.1518	164.4063	2.8603	193.3800

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,092,662	0.00	1.2952	1.2952		120	25.42	2,092,662	3,289,560	
1984/07		0.10	1.9179	1.9179		120	25.42	2,094,517	3,352,680	
1985/01		0.10	1.1471	1.1471		120	25.42	2,095,627	3,391,080	
1985/10		0.20	0.8522	0.8522		120	25.42	2,097,277	3,420,000	
1986/01		0.20	0.8299	0.8299		120	25.42	2,098,886	3,448,440	
1986/07		0.30	0.2974	0.2974		120	25.42	2,099,751	3,441,840	
1987/01		0.30	1.0091	1.0091		120	25.42	2,102,689	3,503,400	
1987/07		0.40	0.9007	0.9007		120	33.59	2,107,316	3,530,760	
1988/01		0.40	0.9007	0.9007		120	33.59	2,111,953	3,559,440	
1988/07		0.50	0.5899	0.5899		120	35.36	2,115,958	3,557,520	
1989/01	242,398	0.50	0.5899	0.5899		120	55.06	2,364,598	3,578,520	
1989/07		0.60	0.5899	0.5899		120	55.06	2,372,966	3,602,760	
1990/01		0.60	0.5899	0.5899		120	55.06	2,381,364	3,620,880	
1990/07		0.70	0.5899	0.5899		120	50.21	2,390,340	3,642,240	
1991/01		0.70	0.5899	0.5899		120	59.17	2,400,210	3,663,600	
1991/07		0.80	1.4932	1.4932		120	59.17	2,428,883	3,718,320	
1992/01		0.80	2.0117	2.0117		120	61.57	2,428,883	3,793,080	5
1992/07		0.90	1.8152	1.8152		120	61.57	2,508,292	3,861,960	
1993/01		0.90	1.7710	1.7710		120	61.57	2,548,272	3,930,360	
1993/07		1.00	1.5329	1.5329		120	66.31	2,587,334	3,990,600	
1994/01		1.00	1.6983	1.6983		120	72.37	2,587,334	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	72.37	2,673,352	4,123,320	
1995/01		1.00	1.5812	1.5812		120	69.48	2,715,623	4,188,480	
1995/07		1.00	1.5250	1.5250		120	69.48	2,757,036	4,252,320	
1996/01		1.00	1.7228	1.7228		120	69.48	2,804,534	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.54	2,841,817	4,383,120	
1997/01		1.00	1.4109	1.4109		120	65.54	2,881,912	4,444,920	
1997/07		1.00	1.0917	1.0917		120	67.61	2,913,374	4,493,400	
1998/01		1.00	1.1663	1.1663		120	71.76	2,947,353	4,545,840	
1998/07		1.00	1.0794	1.0794		120	71.76	2,979,167	4,594,920	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	71.76	3,022,362	4,661,520	
1999/07		1.00	1.2299	1.2299		120	71.76	3,059,534	4,718,880	
2000/01		1.00	1.3356	1.3356		120	71.76	3,100,397	4,781,880	
2000/07		1.00	1.1129	1.1129		120	71.76	3,134,901	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.05	3,175,579	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.05	3,206,112	4,944,840	
2002/01	31,582	1.00	1.0301	1.0301		120	63.96	3,270,720	4,995,720	
2002/07		1.00	0.8337	0.8337		120	63.96	3,297,988	5,037,360	
2003/01		1.00	1.3271	1.3271		120	63.96	3,341,756	5,104,200	
2003/07		1.00	1.1664	1.1664		120	62.79	3,380,734	5,163,720	
2004/01		1.00	1.1103	1.1103		120	62.79	3,418,270	5,221,080	
2004/07	49,200	0.95	0.8378	0.8378		120	60.02	3,494,676	5,264,880	
2005/01		0.95	0.8595	0.8595		120	60.02	3,523,210	5,310,120	
2005/07	22,946	0.90	0.7364	0.7364		120	61.76	3,569,508	5,349,240	
2006/01		0.90	0.9068	0.9068		120	61.76	3,598,639	5,397,720	
2006/07		0.85	0.8133	0.8133		120	65.31	3,623,516	5,441,640	
2007/01		0.85	1.0133	1.0133		120	65.31	3,654,725	5,496,720	
2007/07		0.80	1.1050	1.1050		120	65.26	3,687,033	5,557,440	
2008/01		0.80	0.8556	0.8556		120	65.26	3,712,271	5,604,960	
2008/07		0.75	0.6104	0.6104		120	61.13	3,729,266	5,639,160	
2009/01		0.75	1.3268	1.3268		120	61.13	3,766,376	5,714,040	
2009/07		0.70	0.6841	0.6841		120	63.15	3,784,413	5,753,160	
2010/01		0.70	0.8643	0.8643		120	63.15	3,807,309	5,802,840	
2010/07		0.65	0.7107	0.7107		120	59.20	3,824,899	5,844,120	
2011/01		0.65	0.9198	0.9198		120	59.20	3,847,768	5,897,880	
2011/07		0.60	0.9028	0.9028		120	59.20	3,868,611	5,951,160	
2012/01		0.60	0.3865	0.3865		120	66.34	3,877,582	5,974,200	
2012/07		0.55	0.9417	0.9417		120	66.34	3,897,664	6,030,480	
2013/01		0.55	0.4901	0.4901		120	74.21	3,908,172	6,060,000	
2013/07		0.50	0.6196	0.6196		120	74.21	3,920,280	6,097,560	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	66.70	3,937,067	6,149,760	
2014/07		0.45	1.2383	1.2383		120	66.70	3,959,004	6,225,960	
2015/01		0.45	0.7571	0.7571		120	67.00	3,972,492	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080397123120130101201307142014173534



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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Consulate Health Care of North Ft. Myers

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
991 PONDELLA RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
NORTH FORT MYERS, FL	Days in CR 365	Maximum: 43,800	Standard: 240
33903	First Used : 2015/01	Max Annualized: 43,800	Conditional: 3
County: Lee [36]	Last Used: 2015/01	Total Patient: 42,299	Total: 243
Region: South Area: 8	Unaudited	Medicare: 6,926	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 26,219	FY Index: 1.31456505
Current Class South Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	61.98492%	Cost: 1.04340134
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	96.57306%	Target: 1.02563464
Open Date: 06/01/1985	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21500000
Acquired Date: 06/01/1985	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 06/01/1985	Weighted Low Occ Adjustment Factor:	123.31944%	DC Inflation: 1.03250618
Med # Active Date: 10/01/2012		100.00000%	PS Target: 1.03662091
Previous Med # 320111			

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,372,801	1,678,060	967,615	974,560		4,993,036	
1a	Audit Adjustments							
2	Cost Per Diem	52.3590	64.0017	36.9051	37.1700		190.4358	
3	Cost Per Diem Inflated	54.6315	66.0822	38.5068				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.6315	66.0822	38.5068	37.1700		196.3905	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0819		57.0559				
7	Provider Target Rate	56.0624		59.1453				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.6315	66.0822	38.5068	13.6500		172.8705	
12/13	Medical Adjustment Rate		0.8800	0.5128				
14	Prospective Per Diem 11	54.6315	66.9622	39.0196	13.6500		174.2633	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of North Ft. Myers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None	80% Capital(1):	3,045,678	6.5083
Indexed Asset Value	3,807,097	<60% of Base:	True	20% ROE(2):	761,419	0.3622
FRVS Base Asset:	2,181,402	Interest Rate:	8.5000%	Insurance Cost(3):	57,972	1.3705
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	83,084	1.9642
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	39,123	0.9249
		Interest Only:	True	Replacement(3&4):	62,688	0.0000
		Yearly Payment:	256,557	Total FRVS PD:		11.1301

(1) 80% Capital (\$3,045,678) amortized at 8.5000 % for 20 years Interest of \$256,557 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.5083

(2) 20% ROE (\$761,419) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3622

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	78	Effective PBS Limitation	2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.6315	54.6315	0.9505	53.6810
Direct Care	66.9622	66.9622	1.1650	65.7972
Indirect Care	39.0196	39.0196	0.6788	38.3408
Property	13.6500	11.1301	0.1936	10.9365
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8814
Supplemental Rate Add-on				9.9025
Totals	174.2633	171.7434	2.9879	199.5394

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	2,180,045	0.00	1.1471	1.1471		78	40.19	2,180,045	2,204,202	
1985/10		0.10	0.8522	0.8522		78	40.19	2,181,402	2,223,000	
1986/01		0.10	0.8299	0.8299		78	40.19	2,182,725	2,241,486	
1986/07		0.20	0.2974	0.2974		78	40.19	2,183,674	2,237,196	
1987/01		0.20	1.0091	1.0091		78	40.19	2,186,894	2,277,210	
1987/07		0.30	0.9007	0.9007		78	40.19	2,191,212	2,294,994	
1988/01		0.30	0.9007	0.9007		78	54.98	2,197,131	2,313,636	
1988/07		0.40	0.5899	0.5899		78	51.28	2,201,966	2,312,388	
1989/01		0.40	0.5899	0.5899		78	51.28	2,201,966	2,326,038	5
1989/07		0.50	0.5899	0.5899		78	62.65	2,213,321	2,341,794	
1990/01		0.50	0.5899	0.5899		78	62.65	2,213,321	2,353,572	5
1990/07		0.60	0.5899	0.5899		78	61.65	2,219,850	2,367,456	5
1991/01		0.60	0.5899	0.5899		78	61.65	2,235,590	2,381,340	
1991/07		0.70	1.4932	1.4932		78	60.60	2,258,956	2,416,908	
1992/01		0.70	2.0117	2.0117		78	60.60	2,290,767	2,465,502	
1992/07		0.80	1.8152	1.8152		78	67.76	2,324,034	2,510,274	
1993/01		0.80	1.7710	1.7710		78	67.76	2,356,961	2,554,734	
1993/07		0.90	1.5329	1.5329		78	67.43	2,389,478	2,593,890	
1994/01		0.90	1.6983	1.6983		78	67.43	2,426,001	2,637,960	
1994/07		1.00	1.5991	1.5991		78	72.28	2,464,795	2,680,158	
1995/01		1.00	1.5812	1.5812		78	72.28	2,503,768	2,722,512	
1995/07		1.00	1.5250	1.5250		120	77.00	2,541,950	4,252,320	
1996/01		1.00	1.7228	1.7228		120	77.00	2,585,743	4,325,640	
1996/07		1.00	1.3294	1.3294		120	76.91	2,620,118	4,383,120	
1997/01		1.00	1.4109	1.4109		120	76.91	2,657,085	4,444,920	
1997/07		1.00	1.0917	1.0917		120	82.89	2,686,092	4,493,400	
1998/01		1.00	1.1663	1.1663		120	80.09	2,717,420	4,545,840	
1998/07		1.00	1.0794	1.0794		120	80.09	2,746,752	4,594,920	
1999/01		1.00	1.4499	1.4499		120	80.09	2,786,577	4,661,520	
1999/07		1.00	1.2299	1.2299		120	80.09	2,820,849	4,718,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	80.09	2,858,524	4,781,880	
2000/07		1.00	1.1129	1.1129		120	80.09	2,890,337	4,835,040	
2001/01		1.00	1.2976	1.2976		120	80.86	2,927,842	4,897,800	
2001/07	30,791	1.00	0.9615	0.9615		120	79.05	2,986,784	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.05	3,017,551	4,995,720	
2002/07	72,156	1.00	0.8337	0.8337		120	79.20	3,114,864	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.20	3,156,201	5,104,200	
2003/07		1.00	1.1664	1.1664		120	79.20	3,193,015	5,163,720	
2004/01		1.00	1.1103	1.1103		120	79.20	3,228,467	5,221,080	
2004/07	57,160	1.00	0.8378	0.8378		120	73.31	3,312,675	5,264,880	
2005/01	21,930	1.00	0.8595	0.8595		120	72.75	3,363,077	5,310,120	
2005/07		0.95	0.7364	0.7364		120	72.75	3,386,605	5,349,240	
2006/01	20,210	0.95	0.9068	0.9068		120	67.14	3,435,991	5,397,720	
2006/07		0.90	0.8133	0.8133		120	67.14	3,461,142	5,441,640	
2007/01		0.90	1.0133	1.0133		120	67.14	3,492,708	5,496,720	
2007/07		0.85	1.1050	1.1050		120	65.23	3,525,515	5,557,440	
2008/01		0.85	0.8556	0.8556		120	64.63	3,551,156	5,604,960	
2008/07		0.80	0.6104	0.6104		120	64.63	3,568,496	5,639,160	
2009/01		0.80	1.3268	1.3268		120	65.76	3,606,372	5,714,040	
2009/07		0.75	0.6841	0.6841		120	65.76	3,624,876	5,753,160	
2010/01		0.75	0.8643	0.8643		120	60.25	3,648,372	5,802,840	
2010/07		0.70	0.7107	0.7107		120	60.25	3,666,523	5,844,120	
2011/01		0.70	0.9198	0.9198		120	60.25	3,690,132	5,897,880	
2011/07		0.65	0.9028	0.9028		120	55.28	3,711,786	5,951,160	
2012/01		0.65	0.3865	0.3865		120	55.28	3,721,110	5,974,200	
2012/07		0.60	0.9417	0.9417		120	55.69	3,742,134	6,030,480	
2013/01		0.60	0.4901	0.4901		120	55.69	3,753,140	6,060,000	
2013/07		0.55	0.6196	0.6196		120	55.69	3,765,931	6,097,560	
2014/01		0.55	0.8564	0.8564		120	58.51	3,783,669	6,149,760	
2014/07		0.50	1.2383	1.2383		120	58.51	3,807,097	6,225,960	



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199.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	61.98	3,807,097	6,273,120	5

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080400123120130101201307142014172056



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080402-00 - 2015/01

200.93

Consulate Health Care of Orange Park

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1215 KINGSLEY AVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 43,800	Standard: 243
County: Clay [10]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 42,070	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,960	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,748	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	58.82577%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.05023%	Cost: 1.04340134
Open Date: 12/12/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/12/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/09/1990	Low Occupancy Adjustment Factor:	122.65181%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319538			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,248,313	1,615,772	902,542	873,357		4,639,984	
1a	Audit Adjustments							
2	Cost Per Diem	50.4410	65.2890	36.4693	35.2900		187.4893	
3	Cost Per Diem Inflated	52.6302	67.4113	38.0521				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.6302	67.4113	38.0521	35.2900		193.3836	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.9294		52.2722				
7	Provider Target Rate	62.1241		54.1865				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.5678	67.4113	38.0521	13.6500		170.6812	
12/13	Medical Adjustment Rate		0.6693	0.3778				
14	Prospective Per Diem 11	51.5678	68.0806	38.4299	13.6500		171.7283	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 080402-00 - 2015/01

200.93

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Orange Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 01/09/1990		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,137,363.00	Total Amount	Per Diem	
RS to Start Calcs:	1989/07	Type:	Variable	80% Capital(1):	4,942,108	11.2167
Indexed Asset Value	6,177,635	<60% of Base:	False	20% ROE(2):	1,235,527	0.5877
FRVS Base Asset:	3,578,520	Interest Rate:	6.5012%	Insurance Cost(3):	55,226	1.3127
Occup Adj Factor	0.9000	Chase Rate:	4.5000%	Taxes Cost(3):	44,160	1.0497
ROE Factor	0.018750	Amortization Rate:	6.5000%	Home Office(3):	41,102	0.9770
		Interest Only:	False	Replacement(3&4):	93,052	0.0000
		Yearly Payment:	442,164	Total FRVS PD:		15.1438

- (1) 80% Capital (\$4,942,108) amortized at 6.5000 % for 20 years Principal & Interest of \$442,164 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.2167
- (2) 20% ROE (\$1,235,527) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5877
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	
Comparison Date:	01/01/1989	Current RS PBS:	29,821
Comparison Bed	120	Effective PBS Limitation	52,276
			3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	68.0806	68.0806	1.1844	66.8962
Indirect Care	38.4299	38.4299	0.6686	37.7613
Property	13.6500	15.1438	0.2635	14.8803
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8210
Supplemental Rate Add-on				9.9025
Totals	171.7283	173.2221	3.0137	200.9319

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 080402-00 - 2015/01

200.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	3,898,859	0.00	0.5899	0.5899		120	54.26	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	54.26	3,580,603	3,620,880	
1990/07		0.10	0.5899	0.5899		120	54.26	3,582,687	3,642,240	
1991/01		0.20	0.5899	0.5899		120	54.26	3,586,858	3,663,600	
1991/07	107,667	0.20	1.4932	1.4932		120	54.26	3,705,091	3,718,320	
1992/01		0.30	2.0117	2.0117		120	54.26	3,727,150	3,793,080	
1992/07		0.30	1.8152	1.8152		120	54.26	3,747,175	3,861,960	
1993/01	91,096	0.40	1.7710	1.7710		120	54.80	3,864,719	3,930,360	
1993/07		0.40	1.5329	1.5329		120	54.80	3,888,331	3,990,600	
1994/01	162,786	0.50	1.6983	1.6983		120	51.75	4,082,186	4,058,400	
1994/07		0.50	1.5991	1.5991		120	51.75	4,112,898	4,123,320	
1995/01	90,572	0.60	1.5812	1.5812		120	45.13	4,235,487	4,188,480	
1995/07		0.60	1.5250	1.5250		120	45.13	4,267,287	4,252,320	
1996/01	72,208	0.70	1.7228	1.7228		120	45.70	4,382,256	4,325,640	
1996/07		0.70	1.3294	1.3294		120	45.70	4,383,120	4,383,120	8
1997/01	101,149	0.80	1.4109	1.4109		120	45.20	4,444,920	4,444,920	8
1997/07		0.80	1.0917	1.0917		120	45.20	4,476,825	4,493,400	
1998/01	66,917	0.90	1.1663	1.1663		120	52.43	4,545,840	4,545,840	8
1998/07		0.90	1.0794	1.0794		120	52.43	4,587,939	4,594,920	
1999/01	63,246	1.00	1.4499	1.4499		120	57.79	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	57.79	4,718,852	4,718,880	
2000/01		1.00	1.3356	1.3356		120	61.85	4,781,877	4,781,880	
2000/07		1.00	1.1129	1.1129		120	61.85	4,835,040	4,835,040	8
2001/01	71,624	1.00	1.2976	1.2976		120	51.80	4,897,800	4,897,800	8
2001/07		1.00	0.9615	0.9615		120	51.80	4,942,152	4,944,840	
2002/01		1.00	1.0301	1.0301		120	51.80	4,990,099	4,995,720	
2002/07		1.00	0.8337	0.8337		120	51.80	5,029,281	5,037,360	
2003/01		1.00	1.3271	1.3271		120	51.80	5,092,141	5,104,200	
2003/07	45,173	1.00	1.1664	1.1664		120	47.80	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	47.80	5,213,547	5,221,080	



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200.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07	26,027	1.00	0.8378	0.8378		120	47.87	5,264,880	5,264,880	8
2005/01		1.00	0.8595	0.8595		120	47.87	5,304,265	5,310,120	
2005/07		1.00	0.7364	0.7364		120	55.51	5,343,326	5,349,240	
2006/01		1.00	0.9068	0.9068		120	55.51	5,391,779	5,397,720	
2006/07		1.00	0.8133	0.8133		120	59.02	5,435,630	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.02	5,435,630	5,496,720	5
2007/07		1.00	1.1050	1.1050		120	62.76	5,551,381	5,557,440	
2008/01		1.00	0.8556	0.8556		120	62.76	5,598,879	5,604,960	
2008/07		1.00	0.6104	0.6104		120	64.04	5,633,055	5,639,160	
2009/01		1.00	1.3268	1.3268		120	64.04	5,707,794	5,714,040	
2009/07		1.00	0.6841	0.6841		120	61.97	5,746,841	5,753,160	
2010/01		0.95	0.8643	0.8643		120	61.97	5,794,028	5,802,840	
2010/07		0.95	0.7107	0.7107		120	65.36	5,833,149	5,844,120	
2011/01		0.90	0.9198	0.9198		120	65.36	5,881,436	5,897,880	
2011/07		0.90	0.9028	0.9028		120	65.36	5,929,223	5,951,160	
2012/01		0.85	0.3865	0.3865		120	61.44	5,948,700	5,974,200	
2012/07		0.85	0.9417	0.9417		120	61.44	5,948,700	6,030,480	5
2013/01		0.80	0.4901	0.4901		120	63.87	6,019,825	6,060,000	
2013/07		0.80	0.6196	0.6196		120	63.87	6,049,665	6,097,560	
2014/01		0.75	0.8564	0.8564		120	62.31	6,088,522	6,149,760	
2014/07		0.75	1.2383	1.2383		120	62.31	6,145,066	6,225,960	
2015/01		0.70	0.7571	0.7571		120	58.83	6,177,635	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080405-00 - 2015/01

203.51

Consulate Health Care of Pensacola

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
235 WEST AIRPORT BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PENSACOLA, FL 32505	Days in CR 365	Maximum: 43,800	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 42,912	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,821	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,575	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	61.92906%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.97260%	Cost: 1.04340134
Open Date: 01/08/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/08/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/08/1997	Low Occupancy Adjustment Factor:	125.10659%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319686			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,349,881	1,733,770	1,017,869	922,153		5,023,673	
1a	Audit Adjustments							
2	Cost Per Diem	50.7951	65.2406	38.3017	34.7000		189.0374	
3	Cost Per Diem Inflated	52.9997	67.3613	39.9640				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.9997	67.3613	39.9640	34.7000		195.0250	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.4802		52.3949				
7	Provider Target Rate	62.6950		54.3136				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.5678	67.3613	39.9640	13.6500		172.5431	
12/13	Medical Adjustment Rate		0.9040	0.5363				
14	Prospective Per Diem 11	51.5678	68.2653	40.5003	13.6500		173.9834	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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203.51

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Pensacola

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/08/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable	80% Capital(1):	4,595,431	13.8726
Indexed Asset Value	5,744,289	<60% of Base:	False	20% ROE(2):	1,148,858	0.5465
FRVS Base Asset:	4,383,120	Interest Rate:	10.4000%	Insurance Cost(3):	55,055	1.2830
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	44,492	1.0368
ROE Factor	0.018750	Amortization Rate:	10.4000%	Home Office(3):	40,248	0.9379
		Interest Only:	False	Replacement(3&4):	365,121	0.0000
		Yearly Payment:	546,859	Total FRVS PD:		17.6768

- (1) 80% Capital (\$4,595,431) amortized at 10.4000 % for 20 years Principal & Interest of \$546,859 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.8726
- (2) 20% ROE (\$1,148,858) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5465
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,526
Comparison Date:	07/01/1996	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	68.2653	68.2653	1.1877	67.0776
Indirect Care	40.5003	40.5003	0.7046	39.7957
Property	13.6500	17.6768	0.3075	17.3693
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.6955
Supplemental Rate Add-on				9.9025
Totals	173.9834	178.0102	3.0970	203.5112

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	6,453,731	0.00	1.4109	1.4109		120	48.82	4,383,120	4,383,120	1
1997/07	9,871	0.10	1.0917	1.0917		120	48.82	4,397,240	4,493,400	
1998/01	43,253	0.10	1.1663	1.1663		120	48.82	4,445,044	4,545,840	
1998/07		0.20	1.0794	1.0794		120	48.82	4,453,563	4,594,920	
1999/01		0.20	1.4499	1.4499		120	48.82	4,465,027	4,661,520	
1999/07		0.30	1.2299	1.2299		120	56.73	4,465,027	4,718,880	5
2000/01	18,232	0.30	1.3356	1.3356		120	56.73	4,517,692	4,781,880	
2000/07	44,033	0.40	1.1129	1.1129		120	56.73	4,581,838	4,835,040	
2001/01		0.40	1.2976	1.2976		120	56.73	4,605,618	4,897,800	
2001/07		0.50	0.9615	0.9615		120	56.73	4,605,618	4,944,840	5
2002/01		0.50	1.0301	1.0301		120	56.73	4,651,600	4,995,720	
2002/07		0.60	0.8337	0.8337		120	59.75	4,674,867	5,037,360	
2003/01		0.60	1.3271	1.3271		120	59.75	4,712,093	5,104,200	
2003/07		0.70	1.1664	1.1664		120	59.75	4,750,567	5,163,720	
2004/01		0.70	1.1103	1.1103		120	59.75	4,787,488	5,221,080	
2004/07		0.80	0.8378	0.8378		120	57.05	4,819,574	5,264,880	
2005/01		0.80	0.8595	0.8595		120	59.58	4,852,713	5,310,120	
2005/07		0.90	0.7364	0.7364		120	59.58	4,884,877	5,349,240	
2006/01	18,477	0.90	0.9068	0.9068		120	56.74	4,943,219	5,397,720	
2006/07		1.00	0.8133	0.8133		120	56.74	4,983,422	5,441,640	
2007/01		1.00	1.0133	1.0133		120	56.74	5,033,919	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.74	5,089,544	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.74	5,133,090	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.74	5,164,422	5,639,160	
2009/01		1.00	1.3268	1.3268		120	56.74	5,232,944	5,714,040	
2009/07		1.00	0.6841	0.6841		120	56.74	5,268,743	5,753,160	
2010/01		1.00	0.8643	0.8643		120	58.63	5,314,281	5,802,840	
2010/07		1.00	0.7107	0.7107		120	58.63	5,352,050	5,844,120	
2011/01		1.00	0.9198	0.9198		120	58.63	5,401,278	5,897,880	
2011/07		1.00	0.9028	0.9028		120	56.43	5,450,041	5,951,160	



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203.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		120	56.43	5,471,105	5,974,200	
2012/07		1.00	0.9417	0.9417		120	56.43	5,522,626	6,030,480	
2013/01		1.00	0.4901	0.4901		120	54.55	5,549,471	6,060,000	
2013/07		1.00	0.6196	0.6196		120	54.55	5,583,574	6,097,560	
2014/01		1.00	0.8564	0.8564		120	56.65	5,631,392	6,149,760	
2014/07		1.00	1.2383	1.2383		120	56.65	5,701,126	6,225,960	
2015/01		1.00	0.7571	0.7571		120	61.93	5,744,289	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080405123120130101201307142014174748



Florida Agency for Health Care Administration
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206.15

Consulate Health Care of Safety Harbor

Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
1410 DR MARTIN LUTHER KING JR ST N	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SAFETY HARBOR, FL 34695-3303	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 42,395	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,642	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,807	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	72.66659%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.79224%	Cost: 1.04340134
Open Date: 09/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 09/01/1985	Low Occupancy Adjustment Factor:	123.59933%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319694			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,665,095	2,052,131	1,065,191	1,093,957		5,876,374	
1a	Audit Adjustments							
2	Cost Per Diem	54.0492	66.6125	34.5763	35.5100		190.7480	
3	Cost Per Diem Inflated	56.3950	68.7778	36.0770				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.3950	68.7778	36.0770	35.5100		196.7598	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.8852		54.4851				
7	Provider Target Rate	56.8951		56.4804				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.1549	68.7778	36.0770	13.6500		172.6597	
12/13	Medical Adjustment Rate		1.7538	0.9200				
14	Prospective Per Diem 11	54.1549	70.5316	36.9970	13.6500		175.3335	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate

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206.15

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Safety Harbor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,016,483.00		Total Amount	Per Diem
RS to Start Calcs:	1985/10	Type:	Variable	80% Capital(1):	4,784,939	10.8600
Indexed Asset Value	5,981,174	<60% of Base:	False	20% ROE(2):	1,196,235	0.5690
FRVS Base Asset:	3,420,000	Interest Rate:	6.5012%	Insurance Cost(3):	54,796	1.2925
Occup Adj Factor	0.9000	Chase Rate:	4.5000%	Taxes Cost(3):	44,522	1.0502
ROE Factor	0.018750	Amortization Rate:	6.5000%	Home Office(3):	36,994	0.8726
		Interest Only:	False	Replacement(3&4):	119,258	0.0000
		Yearly Payment:	428,103	Total FRVS PD:		14.6443

- (1) 80% Capital (\$4,784,939) amortized at 6.5000 % for 20 years Principal & Interest of \$428,103 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.8600
- (2) 20% ROE (\$1,196,235) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5690
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	70.5316	70.5316	1.2271	69.3045
Indirect Care	36.9970	36.9970	0.6437	36.3533
Property	13.6500	14.6443	0.2548	14.3895
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9902
Supplemental Rate Add-on				9.9025
Totals	175.3335	176.3278	3.0678	206.1527

Medicaid Trend Adjustment



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206.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,500,000	0.00	0.8522	0.8522		120	63.14	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	63.14	3,422,839	3,448,440	
1986/07		0.10	0.2974	0.2974		120	64.70	3,423,856	3,441,840	
1987/01		0.20	1.0091	1.0091		120	64.70	3,430,765	3,503,400	
1987/07		0.20	0.9007	0.9007		120	64.70	3,436,944	3,530,760	
1988/01		0.30	0.9007	0.9007		120	64.70	3,446,231	3,559,440	
1988/07		0.30	0.5899	0.5899		120	64.70	3,452,331	3,557,520	
1989/01		0.40	0.5899	0.5899		120	64.70	3,460,479	3,578,520	
1989/07		0.40	0.5899	0.5899		120	67.20	3,468,646	3,602,760	
1990/01		0.50	0.5899	0.5899		120	67.20	3,478,879	3,620,880	
1990/07		0.50	0.5899	0.5899		120	66.56	3,489,142	3,642,240	
1991/01		0.60	0.5899	0.5899		120	66.56	3,501,490	3,663,600	
1991/07		0.60	1.4932	1.4932		120	66.56	3,532,860	3,718,320	
1992/01		0.70	2.0117	2.0117		120	66.56	3,582,610	3,793,080	
1992/07		0.70	1.8152	1.8152		120	66.56	3,628,131	3,861,960	
1993/01		0.80	1.7710	1.7710		120	66.56	3,679,534	3,930,360	
1993/07		0.80	1.5329	1.5329		120	72.88	3,724,656	3,990,600	
1994/01		0.90	1.6983	1.6983		120	72.88	3,781,587	4,058,400	
1994/07	24,150	0.90	1.5991	1.5991		120	72.10	3,860,162	4,123,320	
1995/01	21,940	1.00	1.5812	1.5812		120	69.03	3,943,139	4,188,480	
1995/07		1.00	1.5250	1.5250		120	69.03	4,003,272	4,252,320	
1996/01	23,695	1.00	1.7228	1.7228		120	67.28	4,095,935	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.28	4,150,386	4,383,120	
1997/01	76,210	1.00	1.4109	1.4109		120	68.83	4,285,154	4,444,920	
1997/07		1.00	1.0917	1.0917		120	68.83	4,331,935	4,493,400	
1998/01	41,256	1.00	1.1663	1.1663		120	72.79	4,423,714	4,545,840	
1998/07		1.00	1.0794	1.0794		120	72.79	4,471,464	4,594,920	
1999/01	18,940	1.00	1.4499	1.4499		120	79.72	4,490,404	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	79.72	4,611,261	4,718,880	
2000/01		1.00	1.3356	1.3356		120	78.58	4,672,849	4,781,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	78.58	4,724,853	4,835,040	
2001/01	56,952	1.00	1.2976	1.2976		120	75.56	4,843,115	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.56	4,889,682	4,944,840	
2002/01		1.00	1.0301	1.0301		120	75.56	4,940,051	4,995,720	
2002/07		1.00	0.8337	0.8337		120	75.56	4,981,236	5,037,360	
2003/01		1.00	1.3271	1.3271		120	75.56	5,047,342	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.09	5,106,214	5,163,720	
2004/01		1.00	1.1103	1.1103		120	69.09	5,162,908	5,221,080	
2004/07	21,767	1.00	0.8378	0.8378		120	70.27	5,227,930	5,264,880	
2005/01		1.00	0.8595	0.8595		120	70.27	5,272,864	5,310,120	
2005/07		1.00	0.7364	0.7364		120	66.14	5,311,693	5,349,240	
2006/01		0.95	0.9068	0.9068		120	66.14	5,357,453	5,397,720	
2006/07		0.95	0.8133	0.8133		120	72.65	5,398,845	5,441,640	
2007/01		0.90	1.0133	1.0133		120	72.65	5,448,082	5,496,720	
2007/07		0.90	1.1050	1.1050		120	71.03	5,502,263	5,557,440	
2008/01		0.85	0.8556	0.8556		120	71.03	5,542,281	5,604,960	
2008/07		0.85	0.6104	0.6104		120	71.03	5,571,034	5,639,160	
2009/01		0.80	1.3268	1.3268		120	71.03	5,630,165	5,714,040	
2009/07		0.80	0.6841	0.6841		120	75.33	5,660,979	5,753,160	
2010/01		0.75	0.8643	0.8643		120	75.33	5,697,673	5,802,840	
2010/07		0.75	0.7107	0.7107		120	75.33	5,728,042	5,844,120	
2011/01		0.70	0.9198	0.9198		120	74.64	5,764,925	5,897,880	
2011/07		0.70	0.9028	0.9028		120	74.64	5,801,359	5,951,160	
2012/01		0.65	0.3865	0.3865		120	78.88	5,815,932	5,974,200	
2012/07		0.65	0.9417	0.9417		120	78.88	5,851,531	6,030,480	
2013/01		0.60	0.4901	0.4901		120	74.75	5,868,740	6,060,000	
2013/07		0.60	0.6196	0.6196		120	74.75	5,890,560	6,097,560	
2014/01		0.55	0.8564	0.8564		120	72.63	5,918,305	6,149,760	
2014/07		0.55	1.2383	1.2383		120	72.63	5,958,615	6,225,960	
2015/01		0.50	0.7571	0.7571		120	72.67	5,981,174	6,273,120	

1 Per Bed Standard Limitation

5 Uncorrected Licensure Deficiency

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209.83

Consulate Health Care of St. Petersburg

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
9393 PARK BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SEMINOLE, FL 33777-4140	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 40,820	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,829	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,050	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	63.81676%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.19635%	Cost: 1.04340134
Open Date: 10/01/1995	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/03/1995	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 11/03/1995	Low Occupancy Adjustment Factor:	119.00754%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319708			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,681	1,777,959	992,425	986,514		5,169,579
1a	Audit Adjustments						
2	Cost Per Diem	54.2296	68.2518	38.0969	37.8700		198.4483
3	Cost Per Diem Inflated	56.5832	70.4704	39.7504			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.5832	70.4704	39.7504	37.8700		204.6740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8830		54.4474			
7	Provider Target Rate	53.7830		56.4413			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.7830	70.4704	39.7504	13.6500		177.6538
12/13	Medical Adjustment Rate		1.0954	0.6179			
14	Prospective Per Diem 11	53.7830	71.5658	40.3683	13.6500		179.3671
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of St. Petersburg

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/03/1995	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,950,549.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,653,484	10.5617
RS to Start Calcs:	1995/07	<60% of Base:	False	20% ROE(2):	1,163,371	0.5534
Indexed Asset Value	5,816,855	Interest Rate:	6.5012%	Insurance Cost(3):	58,334	1.4291
FRVS Base Asset:	4,188,480	Chase Rate:	4.5000%	Taxes Cost(3):	75,076	1.8392
Occup Adj Factor	0.9000	Amortization Rate:	6.5000%	Home Office(3):	39,925	0.9781
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	138,437	0.0000
		Yearly Payment:	416,342	Total FRVS PD:		15.3615

- (1) 80% Capital (\$4,653,484) amortized at 6.5000 % for 20 years Principal & Interest of \$416,342 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.5617
- (2) 20% ROE (\$1,163,371) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5534
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	01/01/1995	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.7830	53.7830	0.9357	52.8473
Direct Care	71.5658	71.5658	1.2451	70.3207
Indirect Care	40.3683	40.3683	0.7023	39.6660
Property	13.6500	15.3615	0.2673	15.0942
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0031
Supplemental Rate Add-on				9.9025
Totals	179.3671	181.0786	3.1504	209.8338

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	6,758,121	0.00	1.5250	1.5250		120	17.27	4,188,480	4,188,480	1
1996/01	60,482	0.10	1.7228	1.7228		120	17.27	4,248,962	4,325,640	
1996/07		0.10	1.3294	1.3294		120	17.19	4,248,962	4,383,120	
1997/01		0.20	1.4109	1.4109		120	17.19	4,248,962	4,444,920	
1997/07		0.20	1.0917	1.0917		120	17.19	4,248,962	4,493,400	
1998/01	145,707	0.30	1.1663	1.1663		120	27.40	4,402,076	4,545,840	
1998/07		0.30	1.0794	1.0794		120	27.40	4,409,177	4,594,920	
1999/01	84,403	0.40	1.4499	1.4499		120	35.79	4,510,221	4,661,520	
1999/07		0.40	1.2299	1.2299		120	35.79	4,524,661	4,718,880	
2000/01		0.50	1.3356	1.3356		120	38.16	4,545,625	4,781,880	
2000/07		0.50	1.1129	1.1129		120	38.16	4,563,176	4,835,040	
2001/01	32,173	0.60	1.2976	1.2976		120	44.43	4,624,050	4,897,800	
2001/07		0.60	0.9615	0.9615		120	44.43	4,645,599	4,944,840	
2002/01		0.70	1.0301	1.0301		120	44.43	4,672,660	4,995,720	
2002/07		0.70	0.8337	0.8337		120	44.43	4,694,689	5,037,360	
2003/01		0.80	1.3271	1.3271		120	44.43	4,734,953	5,104,200	
2003/07	23,185	0.80	1.1664	1.1664		120	44.79	4,794,118	5,163,720	
2004/01		0.90	1.1103	1.1103		120	44.79	4,833,132	5,221,080	
2004/07	27,228	0.90	0.8378	0.8378		120	53.13	4,895,563	5,264,880	
2005/01		1.00	0.8595	0.8595		120	53.13	4,936,210	5,310,120	
2005/07		1.00	0.7364	0.7364		120	48.16	4,968,040	5,349,240	
2006/01		1.00	0.9068	0.9068		120	48.16	5,007,488	5,397,720	
2006/07		1.00	0.8133	0.8133		120	53.62	5,047,192	5,441,640	
2007/01		1.00	1.0133	1.0133		120	53.62	5,097,052	5,496,720	
2007/07		1.00	1.1050	1.1050		120	56.75	5,153,374	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.75	5,197,466	5,604,960	
2008/07		1.00	0.6104	0.6104		120	57.73	5,229,191	5,639,160	
2009/01		1.00	1.3268	1.3268		120	57.73	5,298,572	5,714,040	
2009/07		1.00	0.6841	0.6841		120	60.14	5,334,820	5,753,160	
2010/01		1.00	0.8643	0.8643		120	60.14	5,380,929	5,802,840	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		1.00	0.7107	0.7107		120	59.60	5,419,171	5,844,120	
2011/01		1.00	0.9198	0.9198		120	59.60	5,469,017	5,897,880	
2011/07		1.00	0.9028	0.9028		120	59.60	5,518,391	5,951,160	
2012/01		1.00	0.3865	0.3865		120	64.73	5,539,720	5,974,200	
2012/07		1.00	0.9417	0.9417		120	64.73	5,591,888	6,030,480	
2013/01		1.00	0.4901	0.4901		120	63.97	5,619,294	6,060,000	
2013/07		1.00	0.6196	0.6196		120	63.97	5,654,111	6,097,560	
2014/01		1.00	0.8564	0.8564		120	61.97	5,702,533	6,149,760	
2014/07		1.00	1.2383	1.2383		120	61.97	5,773,147	6,225,960	
2015/01		1.00	0.7571	0.7571		120	63.82	5,816,855	6,273,120	

Message Code:

1 Per Bed Standard Limitation

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Consulate Health Care of Sarasota
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Type of Cost Report: Prospective		Type of Cost: Actual	Type of Rate: Prospective
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: No Change	
Provider Information	Cost Report	Patient Days	Ratings Days
4783 FRUITVILLE ROAD	1/1/2013-12/31/2013	Number of Beds: 81	Superior: 0
SARASOTA, FL 34232	Days in CR 365	Maximum: 29,565	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 29,565	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 27,438	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,944	Inflation
Current Class South Small	Initial CR? False	Medicaid: 20,671	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	75.33712%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.80568%	Cost: 1.04340134
Open Date: 02/18/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/18/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 02/18/1998	Low Occupancy Adjustment Factor:	118.50867%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 320137			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,299,586	1,639,368	885,147	809,476		4,633,577	
1a	Audit Adjustments							
2	Cost Per Diem	62.8700	79.3076	42.8207	39.1600		224.1583	
3	Cost Per Diem Inflated	65.5986	81.8856	44.6792				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	65.5986	81.8856	44.6792	39.1600		231.3234	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.1277		69.1600				
7	Provider Target Rate	67.5127		71.6927				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	62.1716	81.8856	44.6792	13.6500		202.3864	
12/13	Medical Adjustment Rate		2.3341	1.2735				
14	Prospective Per Diem 11	62.1716	84.2197	45.9527	13.6500		205.9940	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 080413-00 - 2015/01

236.93

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/18/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,269,231.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable	80% Capital(1):	3,198,098	10.7533
Indexed Asset Value	3,997,622	<60% of Base:	False	20% ROE(2):	799,524	0.5634
FRVS Base Asset:	3,033,045	Interest Rate:	6.5012%	Insurance Cost(3):	55,521	2.0235
Occup Adj Factor	0.9000	Chase Rate:	4.5000%	Taxes Cost(3):	51,593	1.8803
ROE Factor	0.018750	Amortization Rate:	6.5000%	Home Office(3):	27,740	1.0110
		Interest Only:	False	Replacement(3&4):	121,562	0.0000
		Yearly Payment:	286,130	Total FRVS PD:		16.2315

- (1) 80% Capital (\$3,198,098) amortized at 6.5000 % for 20 years Principal & Interest of \$286,130 divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$10.7533
- (2) 20% ROE (\$799,524) times the ROE factor (0.018750) divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$0.5634
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	52,276
Comparison Bed	81	Effective PBS Limitation	3,033,045

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	84.2197	84.2197	1.4652	82.7545
Indirect Care	45.9527	45.9527	0.7995	45.1532
Property	13.6500	16.2315	0.2824	15.9491
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0801
Supplemental Rate Add-on				9.9025
Totals	205.9940	208.5755	3.6287	236.9294

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	5,390,862	0.00	1.1663	1.1663		81	16.04	3,033,045	3,033,045	1
1998/07		0.10	1.0794	1.0794		81	16.04	3,033,045	3,101,571	
1999/01		0.10	1.4499	1.4499		81	16.04	3,033,045	3,146,526	
1999/07		0.20	1.2299	1.2299		81	16.04	3,033,045	3,185,244	
2000/01	120,840	0.20	1.3356	1.3356		81	35.56	3,159,123	3,227,769	
2000/07		0.30	1.1129	1.1129		81	35.56	3,165,943	3,263,652	
2001/01	17,936	0.30	1.2976	1.2976		81	52.16	3,195,568	3,306,015	
2001/07		0.40	0.9615	0.9615		81	52.16	3,195,568	3,337,767	5
2002/01		0.40	1.0301	1.0301		81	52.16	3,219,755	3,372,111	
2002/07		0.50	0.8337	0.8337		81	52.16	3,232,485	3,400,218	
2003/01		0.50	1.3271	1.3271		81	52.16	3,252,828	3,445,335	
2003/07		0.60	1.1664	1.1664		81	55.28	3,275,591	3,485,511	
2004/01		0.60	1.1103	1.1103		81	55.28	3,297,413	3,524,229	
2004/07	16,597	0.70	0.8378	0.8378		81	56.40	3,333,349	3,553,794	
2005/01		0.70	0.8595	0.8595		81	56.40	3,353,406	3,584,331	
2005/07		0.80	0.7364	0.7364		81	57.90	3,373,161	3,610,737	
2006/01		0.80	0.9068	0.9068		81	57.90	3,397,630	3,643,461	
2006/07	48,780	0.90	0.8133	0.8133		81	64.44	3,471,281	3,673,107	
2007/01		0.90	1.0133	1.0133		81	64.44	3,502,939	3,710,286	
2007/07		1.00	1.1050	1.1050		81	63.14	3,541,646	3,751,272	
2008/01		1.00	0.8556	0.8556		81	63.14	3,571,948	3,783,348	
2008/07		1.00	0.6104	0.6104		81	64.50	3,593,751	3,806,433	
2009/01		1.00	1.3268	1.3268		81	64.50	3,641,433	3,856,977	
2009/07		1.00	0.6841	0.6841		81	65.68	3,666,344	3,883,383	
2010/01		1.00	0.8643	0.8643		81	65.68	3,698,032	3,916,917	
2010/07		1.00	0.7107	0.7107		81	57.95	3,724,314	3,944,781	
2011/01		1.00	0.9198	0.9198		81	57.95	3,758,570	3,981,069	
2011/07		1.00	0.9028	0.9028		81	57.95	3,792,502	4,017,033	
2012/01		1.00	0.3865	0.3865		81	67.29	3,807,160	4,032,585	
2012/07		1.00	0.9417	0.9417		81	67.29	3,843,012	4,070,574	



Florida Agency for Health Care Administration
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236.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		81	67.38	3,861,847	4,090,500	
2013/07		1.00	0.6196	0.6196		81	67.38	3,885,775	4,115,853	
2014/01		1.00	0.8564	0.8564		81	68.39	3,919,053	4,151,088	
2014/07		1.00	1.2383	1.2383		81	68.39	3,967,583	4,202,523	
2015/01		1.00	0.7571	0.7571		81	75.34	3,997,622	4,234,356	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080416-00 - 2015/01

214.02

Consulate Health Care of Port Charlotte

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
18480 COCHRAN BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
PORT CHARLOTTE, FL 33948	Days in CR 365	Maximum: 43,800	Standard: 243
County: Charlotte [8]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 40,095	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,208	Inflation
Current Class South Large	Initial CR? False	Medicaid: 23,621	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	58.91258%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.54110%	Cost: 1.04340134
Open Date: 03/12/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/12/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/12/1998	Low Occupancy Adjustment Factor:	116.89386%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 320129			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,376,112	1,636,270	920,623	914,841		4,847,846	
1a	Audit Adjustments							
2	Cost Per Diem	58.2580	69.2719	38.9748	38.7300		205.2347	
3	Cost Per Diem Inflated	60.7865	71.5237	40.6664				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.7865	71.5237	40.6664	38.7300		211.7066	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.9305		56.6225				
7	Provider Target Rate	57.9787		58.6961				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	56.7419	71.5237	40.6664	13.6500		182.5820	
12/13	Medical Adjustment Rate		0.7171	0.4077				
14	Prospective Per Diem 11	56.7419	72.2408	41.0741	13.6500		183.7068	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 080416-00 - 2015/01

214.02

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Port Charlotte

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/12/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,604,395.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,393,180 9.9709
RS to Start Calcs:	1998/01	<60% of Base:	False	20% ROE(2):	1,098,295 0.5224
Indexed Asset Value	5,491,475	Interest Rate:	6.5012%	Insurance Cost(3):	55,098 1.3742
FRVS Base Asset:	4,306,175	Chase Rate:	4.5000%	Taxes Cost(3):	98,522 2.4572
Occup Adj Factor	0.9000	Amortization Rate:	6.5000%	Home Office(3):	38,447 0.9589
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	100,469 0.0000
		Yearly Payment:	393,052	Total FRVS PD:	15.2836

- (1) 80% Capital (\$4,393,180) amortized at 6.5000 % for 20 years Principal & Interest of \$393,052 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9709
- (2) 20% ROE (\$1,098,295) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5224
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,445
Comparison Date:	07/01/1997	Current RS PBS:	52,276
Comparison Bed	115	Effective PBS Limitation	4,306,175

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	72.2408	72.2408	1.2568	70.9840
Indirect Care	41.0741	41.0741	0.7146	40.3595
Property	13.6500	15.2836	0.2659	15.0177
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0048
Supplemental Rate Add-on				9.9025
Totals	183.7068	185.3404	3.2245	214.0232

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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214.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	7,098,538	0.00	1.1663	1.1663		115	37.77	4,306,175	4,306,175	1
1998/07		0.10	1.0794	1.0794		115	37.77	4,309,366	4,403,465	
1999/01		0.10	1.4499	1.4499		115	37.77	4,313,657	4,467,290	
1999/07		0.20	1.2299	1.2299		115	37.77	4,320,944	4,522,260	
2000/01		0.20	1.3356	1.3356		115	37.77	4,328,870	4,582,635	
2000/07		0.30	1.1129	1.1129		115	37.77	4,338,796	4,633,580	
2001/01	23,577	0.30	1.2976	1.2976		115	55.57	4,379,264	4,693,725	
2001/07	14,869	0.40	0.9615	0.9615		115	55.57	4,410,976	4,738,805	
2002/01	2,816	0.40	1.0301	1.0301		115	55.57	4,431,965	4,787,565	
2002/07		0.50	0.8337	0.8337		115	55.57	4,431,965	4,827,470	5
2003/01		0.50	1.3271	1.3271		115	55.57	4,479,975	4,891,525	
2003/07		0.60	1.1664	1.1664		115	55.57	4,511,326	4,948,565	
2004/01	48,125	0.60	1.1103	1.1103		120	53.86	4,588,883	5,221,080	
2004/07		0.70	0.8378	0.8378		120	53.86	4,615,239	5,264,880	
2005/01	18,151	0.70	0.8595	0.8595		120	53.27	4,660,286	5,310,120	
2005/07		0.80	0.7364	0.7364		120	53.27	4,686,876	5,349,240	
2006/01	25,256	0.80	0.9068	0.9068		120	55.62	4,746,131	5,397,720	
2006/07		0.90	0.8133	0.8133		120	55.62	4,780,873	5,441,640	
2007/01		0.90	1.0133	1.0133		120	54.88	4,824,379	5,496,720	
2007/07		1.00	1.1050	1.1050		120	54.88	4,877,572	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.88	4,919,213	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.88	4,949,174	5,639,160	
2009/01		1.00	1.3268	1.3268		120	55.98	5,014,840	5,714,040	
2009/07		1.00	0.6841	0.6841		120	55.98	5,049,147	5,753,160	
2010/01		1.00	0.8643	0.8643		120	56.03	5,092,787	5,802,840	
2010/07		1.00	0.7107	0.7107		120	56.03	5,128,981	5,844,120	
2011/01		1.00	0.9198	0.9198		120	56.03	5,128,981	5,897,880	5
2011/07		1.00	0.9028	0.9028		120	48.95	5,217,747	5,951,160	
2012/01		1.00	0.3865	0.3865		120	48.95	5,235,695	5,974,200	
2012/07		1.00	0.9417	0.9417		120	51.98	5,282,292	6,030,480	



Florida Agency for Health Care Administration
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214.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		120	51.98	5,306,759	6,060,000	
2013/07		1.00	0.6196	0.6196		120	51.98	5,337,834	6,097,560	
2014/01		1.00	0.8564	0.8564		120	60.63	5,383,547	6,149,760	
2014/07		1.00	1.2383	1.2383		120	60.63	5,450,211	6,225,960	
2015/01		1.00	0.7571	0.7571		120	58.91	5,491,475	6,273,120	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080428-00 - 2015/01

207.16

Consulate Health Care of Tallahassee

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1650 PHILLIPS RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
TALLAHASSEE , FL 32308	Days in CR 365	Maximum: 43,800	Standard: 243
County: Leon [37]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 41,076	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,289	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,044	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	48.79735%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.78082%	Cost: 1.04340134
Open Date: 03/09/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/09/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1992	Low Occupancy Adjustment Factor:	119.75388%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319716			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,032,240	1,300,162	904,658	750,447		3,987,507	
1a	Audit Adjustments							
2	Cost Per Diem	51.4987	64.8654	45.1336	37.4400		198.9377	
3	Cost Per Diem Inflated	53.7338	66.9739	47.0925				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.7338	66.9739	47.0925	37.4400		205.2402	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7651		61.3004				
7	Provider Target Rate	55.7340		63.5453				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.5678	66.9739	47.0925	13.6500		179.2842	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.5678	66.9739	47.0925	13.6500		179.2842	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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0 080428-00 - 2015/01

207.16

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Tallahassee

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Variable	80% Capital(1):	4,416,871	13.3336
Indexed Asset Value	5,521,089	<60% of Base:	False	20% ROE(2):	1,104,218	0.5252
FRVS Base Asset:	3,718,320	Interest Rate:	10.4000%	Insurance Cost(3):	55,194	1.3437
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	56,934	1.3861
ROE Factor	0.018750	Amortization Rate:	10.4000%	Home Office(3):	41,658	1.0142
		Interest Only:	False	Replacement(3&4):	143,956	0.0000
		Yearly Payment:	525,610	Total FRVS PD:		17.6028

- (1) 80% Capital (\$4,416,871) amortized at 10.4000 % for 20 years Principal & Interest of \$525,610 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.3336
- (2) 20% ROE (\$1,104,218) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5252
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	66.9739	66.9739	1.1652	65.8087
Indirect Care	47.0925	47.0925	0.8193	46.2732
Property	13.6500	17.6028	0.3062	17.2966
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.2046
Supplemental Rate Add-on				9.9025
Totals	179.2842	183.2370	3.1879	207.1562

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 080428-00 - 2015/01

207.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	4,144,879	0.00	2.0117	2.0117		120	31.91	3,718,320	3,718,320	1
1992/07		0.10	1.8152	1.8152		120	31.91	3,722,236	3,861,960	
1993/01		0.10	1.7710	1.7710		120	31.91	3,726,061	3,930,360	
1993/07	69,656	0.20	1.5329	1.5329		120	31.91	3,802,345	3,990,600	
1994/01		0.20	1.6983	1.6983		120	31.91	3,809,839	4,058,400	
1994/07		0.30	1.5991	1.5991		120	31.91	3,820,442	4,123,320	
1995/01	82,098	0.30	1.5812	1.5812		120	27.58	3,911,628	4,188,480	
1995/07		0.40	1.5250	1.5250		120	27.58	3,923,593	4,252,320	
1996/01	248,048	0.40	1.7228	1.7228		120	24.29	4,171,641	4,325,640	
1996/07		0.50	1.3294	1.3294		120	24.29	4,171,641	4,383,120	
1997/01	39,029	0.50	1.4109	1.4109		120	27.30	4,225,278	4,444,920	
1997/07		0.60	1.0917	1.0917		120	27.30	4,239,015	4,493,400	
1998/01	44,415	0.60	1.1663	1.1663		120	31.12	4,300,215	4,545,840	
1998/07		0.70	1.0794	1.0794		120	31.12	4,318,600	4,594,920	
1999/01	28,209	0.70	1.4499	1.4499		120	34.89	4,374,613	4,661,520	
1999/07		0.80	1.2299	1.2299		120	35.91	4,402,715	4,718,880	
2000/01	39,359	0.80	1.3356	1.3356		120	35.91	4,472,789	4,781,880	
2000/07		0.90	1.1129	1.1129		120	35.91	4,502,039	4,835,040	
2001/01		0.90	1.2976	1.2976		120	35.91	4,502,039	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	35.91	4,564,844	4,944,840	
2002/01	40,688	1.00	1.0301	1.0301		120	36.36	4,636,618	4,995,720	
2002/07		1.00	0.8337	0.8337		120	36.36	4,636,618	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	36.36	4,703,076	5,104,200	
2003/07		1.00	1.1664	1.1664		120	36.36	4,739,341	5,163,720	
2004/01	31,591	1.00	1.1103	1.1103		120	39.95	4,809,154	5,221,080	
2004/07	37,299	1.00	0.8378	0.8378		120	43.20	4,878,100	5,264,880	
2005/01		1.00	0.8595	0.8595		120	43.20	4,911,032	5,310,120	
2005/07		1.00	0.7364	0.7364		120	42.50	4,938,978	5,349,240	
2006/01		1.00	0.9068	0.9068		120	42.50	4,973,586	5,397,720	
2006/07		1.00	0.8133	0.8133		120	37.80	5,001,386	5,441,640	



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207.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		1.00	1.0133	1.0133		120	37.80	5,036,216	5,496,720	
2007/07		1.00	1.1050	1.1050		120	32.46	5,069,060	5,557,440	
2008/01		1.00	0.8556	0.8556		120	32.46	5,094,657	5,604,960	
2008/07		1.00	0.6104	0.6104		120	31.72	5,112,592	5,639,160	
2009/01		1.00	1.3268	1.3268		120	31.72	5,151,714	5,714,040	
2009/07		1.00	0.6841	0.6841		120	36.71	5,175,237	5,753,160	
2010/01		1.00	0.8643	0.8643		120	36.71	5,205,092	5,802,840	
2010/07		1.00	0.7107	0.7107		120	36.71	5,229,783	5,844,120	
2011/01		1.00	0.9198	0.9198		120	39.93	5,264,706	5,897,880	
2011/07		1.00	0.9028	0.9028		120	39.93	5,299,213	5,951,160	
2012/01		1.00	0.3865	0.3865		120	48.23	5,317,173	5,974,200	
2012/07		0.95	0.9417	0.9417		120	48.23	5,358,885	6,030,480	
2013/01		0.95	0.4901	0.4901		120	51.44	5,382,221	6,060,000	
2013/07		0.90	0.6196	0.6196		120	51.44	5,410,290	6,097,560	
2014/01		0.90	0.8564	0.8564		120	44.14	5,443,758	6,149,760	
2014/07		0.85	1.2383	1.2383		120	44.14	5,489,745	6,225,960	
2015/01		0.85	0.7571	0.7571		120	48.80	5,521,089	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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210.41

Consulate Health Care of Vero Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1310 37TH ST	1/1/2013-12/31/2013	Number of Beds: 159	Superior: 0
VERO BEACH, FL 32960-4860	Days in CR 365	Maximum: 58,035	Standard: 243
County: Indian River [31]	First Used : 2015/01	Max Annualized: 58,035	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 54,299	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,881	Inflation
Current Class South Large	Initial CR? False	Medicaid: 37,419	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	68.91287%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.56251%	Cost: 1.04340134
Open Date: 10/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1984	Low Occupancy Adjustment Factor:	119.47511%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 320145			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,006,253	2,579,007	1,375,936	1,366,168		7,327,364	
1a	Audit Adjustments							
2	Cost Per Diem	53.6159	68.9224	36.7711	36.5100		195.8194	
3	Cost Per Diem Inflated	55.9429	71.1628	38.3670				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.9429	71.1628	38.3670	36.5100		201.9827	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.2869		56.6225				
7	Provider Target Rate	56.2749		58.6961				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	55.9429	71.1628	38.3670	13.6500		179.1227	
12/13	Medical Adjustment Rate		1.5141	0.8163				
14	Prospective Per Diem 11	55.9429	72.6769	39.1833	13.6500		181.4531	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Vero Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None	80% Capital(1):	5,903,498 9.5209
Indexed Asset Value	7,379,372	<60% of Base:	True	20% ROE(2):	1,475,874 0.5298
FRVS Base Asset:	2,240,349	Interest Rate:	8.5000%	Insurance Cost(3):	56,608 1.0425
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	86,276 1.5889
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	50,234 0.9251
		Interest Only:	True	Replacement(3&4):	175,975 0.0000
		Yearly Payment:	497,290	Total FRVS PD:	13.6072

- (1) 80% Capital (\$5,903,498) amortized at 8.5000 % for 20 years Interest of \$497,290 divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$9.5209
- (2) 20% ROE (\$1,475,874) times the ROE factor (0.018750) divided by annual available days (58035) divided by Occup. Adj. (0.90) = \$0.5298
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.9429	55.9429	0.9733	54.9696
Direct Care	72.6769	72.6769	1.2644	71.4125
Indirect Care	39.1833	39.1833	0.6817	38.5016
Property	13.6500	13.6072	0.2367	13.3705
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.2530
Supplemental Rate Add-on				9.9025
Totals	181.4531	181.4103	3.1561	210.4097

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,237,110	0.00	1.9179	1.9179		120	39.83	2,237,110	3,352,680	
1985/01		0.10	1.1471	1.1471		120	39.83	2,238,968	3,391,080	
1985/10		0.10	0.8522	0.8522		120	39.83	2,240,349	3,420,000	
1986/01		0.20	0.8299	0.8299		120	39.83	2,243,042	3,448,440	
1986/07		0.20	0.2974	0.2974		120	39.83	2,244,009	3,441,840	
1987/01		0.30	1.0091	1.0091		120	39.83	2,248,928	3,503,400	
1987/07		0.30	0.9007	0.9007		120	39.83	2,253,329	3,530,760	
1988/01		0.40	0.9007	0.9007		120	39.83	2,259,208	3,559,440	
1988/07		0.40	0.5899	0.5899		120	43.97	2,263,470	3,557,520	
1989/01		0.50	0.5899	0.5899		120	43.97	2,268,808	3,578,520	
1989/07	385,796	0.50	0.5899	0.5899		120	47.94	2,660,438	3,602,760	
1990/01		0.60	0.5899	0.5899		120	49.31	2,668,879	3,620,880	
1990/07		0.60	0.5899	0.5899		120	49.31	2,677,347	3,642,240	
1991/01		0.70	0.5899	0.5899		120	55.39	2,688,402	3,663,600	
1991/07		0.70	1.4932	1.4932		120	55.39	2,716,501	3,718,320	
1992/01		0.80	2.0117	2.0117		120	60.61	2,760,220	3,793,080	
1992/07		0.80	1.8152	1.8152		120	60.61	2,800,304	3,861,960	
1993/01		0.90	1.7710	1.7710		120	60.61	2,844,938	3,930,360	
1993/07		0.90	1.5329	1.5329		120	63.34	2,884,187	3,990,600	
1994/01		1.00	1.6983	1.6983		120	67.59	2,933,169	4,058,400	
1994/07		1.00	1.5991	1.5991		120	67.59	2,980,073	4,123,320	
1995/01		1.00	1.5812	1.5812		120	67.59	3,027,194	4,188,480	
1995/07		1.00	1.5250	1.5250		120	67.46	3,073,359	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.46	3,126,307	4,325,640	
1996/07		1.00	1.3294	1.3294		120	67.89	3,167,868	4,383,120	
1997/01		1.00	1.4109	1.4109		120	72.26	3,212,563	4,444,920	
1997/07		1.00	1.0917	1.0917		120	72.26	3,247,635	4,493,400	
1998/01		1.00	1.1663	1.1663		120	75.65	3,285,512	4,545,840	
1998/07		1.00	1.0794	1.0794		120	75.65	3,320,976	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.65	3,369,127	4,661,520	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	75.65	3,410,564	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.65	3,456,115	4,781,880	
2000/07		1.00	1.1129	1.1129		120	75.65	3,494,578	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.73	3,494,578	4,897,800	5
2001/07	57,434	1.00	0.9615	0.9615		120	79.26	3,631,394	4,944,840	
2002/01	2,383,394	1.00	1.0301	1.0301		159	76.14	6,052,195	6,619,329	
2002/07		1.00	0.8337	0.8337		159	76.14	6,102,652	6,674,502	
2003/01		1.00	1.3271	1.3271		159	76.14	6,183,640	6,763,065	
2003/07	89,320	1.00	1.1664	1.1664		159	62.69	6,345,086	6,841,929	
2004/01		1.00	1.1103	1.1103		159	62.69	6,415,535	6,917,931	
2004/07	37,385	1.00	0.8378	0.8378		159	58.21	6,506,669	6,975,966	
2005/01		0.95	0.8595	0.8595		159	58.21	6,559,796	7,035,909	
2005/07		0.95	0.7364	0.7364		159	61.77	6,605,688	7,087,743	
2006/01		0.90	0.9068	0.9068		159	61.77	6,659,597	7,151,979	
2006/07		0.90	0.8133	0.8133		159	63.99	6,708,345	7,210,173	
2007/01		0.85	1.0133	1.0133		159	63.99	6,766,124	7,283,154	
2007/07		0.85	1.1050	1.1050		159	72.45	6,829,678	7,363,608	
2008/01		0.80	0.8556	0.8556		159	72.45	6,876,427	7,426,572	
2008/07		0.80	0.6104	0.6104		159	72.32	6,910,005	7,471,887	
2009/01		0.75	1.3268	1.3268		159	72.32	6,978,766	7,571,103	
2009/07		0.75	0.6841	0.6841		159	67.91	7,014,574	7,622,937	
2010/01		0.70	0.8643	0.8643		159	67.91	7,057,012	7,688,763	
2010/07		0.70	0.7107	0.7107		159	68.41	7,092,121	7,743,459	
2011/01		0.65	0.9198	0.9198		159	68.41	7,134,525	7,814,691	
2011/07		0.65	0.9028	0.9028		159	68.41	7,176,390	7,885,287	
2012/01		0.60	0.3865	0.3865		159	64.31	7,193,032	7,915,815	
2012/07		0.60	0.9417	0.9417		159	64.31	7,233,673	7,990,386	
2013/01		0.55	0.4901	0.4901		159	66.06	7,253,175	8,029,500	
2013/07		0.55	0.6196	0.6196		159	66.06	7,277,894	8,079,267	
2014/01		0.50	0.8564	0.8564		159	66.26	7,309,058	8,148,432	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		159	66.26	7,354,316	8,249,397	
2015/01		0.45	0.7571	0.7571		159	68.91	7,379,372	8,311,884	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080430123120130101201307142014171420



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080431-00 - 2015/01

208.75

Consulate Health Care at West Altamonte

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1099 WEST TOWN PARKWAY	1/1/2013-12/31/2013	Number of Beds: 116	Superior: 0
ALTAMONTE SPRINGS, FL	Days in CR 365	Maximum: 42,340	Standard: 243
32714	First Used : 2015/01	Max Annualized: 42,340	Conditional: 0
County: Seminole [59]	Last Used: 2015/01	Total Patient: 41,437	Total: 243
Region: Central Area: 7	Unaudited	Medicare: 9,276	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 24,085	FY Index: 1.31456505
Current Class Central Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	58.12438%	Cost: 1.04340134
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	97.86726%	Target: 1.02563464
Open Date: 01/20/1994	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21500000
Acquired Date: 01/20/1994	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 02/17/1994	Weighted Low Occ Adjustment Factor:	124.97208%	DC Inflation: 1.03250618
Med # Active Date: 10/01/2012		100.00000%	PS Target: 1.03662091
Previous Med # 319546			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,270,154	1,571,336	933,874	864,652		4,640,016	
1a	Audit Adjustments							
2	Cost Per Diem	52.7363	65.2413	38.7741	35.9000		192.6517	
3	Cost Per Diem Inflated	55.0251	67.3620	40.4569				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.0251	67.3620	40.4569	35.9000		198.7440	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0709		56.5775				
7	Provider Target Rate	61.2341		58.6494				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	54.1549	67.3620	40.4569	13.6500		175.6238	
12/13	Medical Adjustment Rate		0.6157	0.3698				
14	Prospective Per Diem 11	54.1549	67.9777	40.8267	13.6500		176.6093	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 080431-00 - 2015/01

208.75

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care at West Altamonte

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/17/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,947,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,250,188 13.2728
RS to Start Calcs:	1994/01	<60% of Base:	False	20% ROE(2):	1,062,547 0.5228
Indexed Asset Value	5,312,735	Interest Rate:	10.4000%	Insurance Cost(3):	55,346 1.3357
FRVS Base Asset:	3,757,815	Chase Rate:	8.5000%	Taxes Cost(3):	78,708 1.8995
Occup Adj Factor	0.9000	Amortization Rate:	10.4000%	Home Office(3):	41,125 0.9925
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	96,649 0.0000
		Yearly Payment:	505,775	Total FRVS PD:	18.0233

- (1) 80% Capital (\$4,250,188) amortized at 10.4000 % for 20 years Principal & Interest of \$505,775 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$13.2728
- (2) 20% ROE (\$1,062,547) times the ROE factor (0.018750) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.5228
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,255
Comparison Date:	07/01/1993	Current RS PBS:	52,276
Comparison Bed	113	Effective PBS Limitation	3,757,815

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	67.9777	67.9777	1.1826	66.7951
Indirect Care	40.8267	40.8267	0.7103	40.1164
Property	13.6500	18.0233	0.3136	17.7097
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0105
Supplemental Rate Add-on				9.9025
Totals	176.6093	180.9826	3.1487	208.7469

Medicaid Trend Adjustment



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208.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	5,848,942	0.00	1.6983	1.6983		113	32.25	3,757,815	3,757,815	1
1994/07		0.10	1.5991	1.5991		113	32.25	3,761,338	3,882,793	
1995/01	27,857	0.10	1.5812	1.5812		113	32.25	3,792,682	3,944,152	
1995/07		0.20	1.5250	1.5250		113	32.25	3,799,465	4,004,268	
1996/01		0.20	1.7228	1.7228		113	32.25	3,807,142	4,073,311	
1996/07		0.30	1.3294	1.3294		113	32.25	3,816,045	4,127,438	
1997/01	33,633	0.30	1.4109	1.4109		113	54.32	3,865,632	4,185,633	
1997/07		0.40	1.0917	1.0917		113	54.32	3,882,305	4,231,285	
1998/01	27,873	0.40	1.1663	1.1663		113	53.19	3,927,693	4,280,666	
1998/07		0.50	1.0794	1.0794		113	53.19	3,948,193	4,326,883	
1999/01	32,310	0.50	1.4499	1.4499		113	55.68	4,009,127	4,389,598	
1999/07		0.60	1.2299	1.2299		113	58.75	4,009,127	4,443,612	5
2000/01		0.60	1.3356	1.3356		113	58.75	4,071,076	4,502,937	
2000/07		0.70	1.1129	1.1129		113	58.75	4,102,790	4,552,996	
2001/01		0.70	1.2976	1.2976		113	58.75	4,140,056	4,612,095	
2001/07		0.80	0.9615	0.9615		113	58.75	4,171,901	4,656,391	
2002/01		0.80	1.0301	1.0301		113	58.75	4,206,282	4,704,303	
2002/07	40,626	0.90	0.8337	0.8337		113	62.34	4,278,468	4,743,514	
2003/01		0.90	1.3271	1.3271		113	62.34	4,329,570	4,806,455	
2003/07		1.00	1.1664	1.1664		113	62.34	4,380,070	4,862,503	
2004/01		1.00	1.1103	1.1103		113	62.34	4,428,702	4,916,517	
2004/07	32,991	1.00	0.8378	0.8378		116	57.89	4,498,797	5,089,384	
2005/01		1.00	0.8595	0.8595		116	57.89	4,537,464	5,133,116	
2005/07		1.00	0.7364	0.7364		116	57.89	4,570,878	5,170,932	
2006/01	18,227	1.00	0.9068	0.9068		116	51.87	4,628,195	5,217,796	
2006/07		1.00	0.8133	0.8133		116	51.87	4,663,694	5,260,252	
2007/01		1.00	1.0133	1.0133		116	55.04	4,710,951	5,313,496	
2007/07		1.00	1.1050	1.1050		116	55.04	4,710,951	5,372,192	5
2008/01		1.00	0.8556	0.8556		116	58.49	4,803,759	5,418,128	
2008/07		1.00	0.6104	0.6104		116	58.49	4,833,081	5,451,188	



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208.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		116	55.33	4,897,206	5,523,572	
2009/07		1.00	0.6841	0.6841		116	55.33	4,930,708	5,561,388	
2010/01		1.00	0.8643	0.8643		116	48.43	4,968,233	5,609,412	
2010/07		1.00	0.7107	0.7107		116	48.43	4,999,324	5,649,316	
2011/01		1.00	0.9198	0.9198		116	48.43	5,039,815	5,701,284	
2011/07		1.00	0.9028	0.9028		116	45.35	5,077,331	5,752,788	
2012/01		1.00	0.3865	0.3865		116	45.35	5,093,512	5,775,060	
2012/07		1.00	0.9417	0.9417		116	45.35	5,133,062	5,829,464	
2013/01		1.00	0.4901	0.4901		116	49.19	5,155,562	5,858,000	
2013/07		1.00	0.6196	0.6196		116	49.19	5,184,131	5,894,308	
2014/01		1.00	0.8564	0.8564		116	47.12	5,222,167	5,944,768	
2014/07		0.95	1.2383	1.2383		116	47.12	5,274,799	6,018,428	
2015/01		0.95	0.7571	0.7571		116	58.12	5,312,735	6,064,016	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
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220.23

Consulate Health Care of West Palm Beach

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1626 DAVIS RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
WEST PALM BCH, FL 33406-5640	Days in CR 365	Maximum: 43,800	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 41,700	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,660	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,856	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	62.00480%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.20548%	Cost: 1.04340134
Open Date: 03/18/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/18/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/18/1985	Low Occupancy Adjustment Factor:	121.57311%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 320153			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,449,947	1,980,582	1,102,039	1,000,627		5,533,195	
1a	Audit Adjustments							
2	Cost Per Diem	56.0778	76.6005	42.6222	38.7000		214.0005	
3	Cost Per Diem Inflated	58.5117	79.0905	44.4721				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.5117	79.0905	44.4721	38.7000		220.7743	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.1125		58.9623				
7	Provider Target Rate	68.5336		61.1216				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	56.7419	79.0905	44.4721	13.6500		193.9545	
12/13	Medical Adjustment Rate		1.0681	0.6006				
14	Prospective Per Diem 11	56.7419	80.1586	45.0727	13.6500		195.6232	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of West Palm Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None	80% Capital(1):	3,616,440	7.7280
Indexed Asset Value	4,520,550	<60% of Base:	True	20% ROE(2):	904,110	0.4300
FRVS Base Asset:	2,282,012	Interest Rate:	8.5000%	Insurance Cost(3):	58,493	1.4027
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	87,787	2.1052
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	42,085	1.0092
		Interest Only:	True	Replacement(3&4):	123,192	0.0000
		Yearly Payment:	304,636	Total FRVS PD:		12.6751

(1) 80% Capital (\$3,616,440) amortized at 8.5000 % for 20 years Interest of \$304,636 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.7280

(2) 20% ROE (\$904,110) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4300

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	80.1586	80.1586	1.3946	78.7640
Indirect Care	45.0727	45.0727	0.7842	44.2885
Property	13.6500	12.6751	0.2205	12.4546
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0668
Supplemental Rate Add-on				9.9025
Totals	195.6232	194.6483	3.3865	220.2311

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	2,281,037	0.00	1.1471	1.1471		120	27.58	2,281,037	3,391,080	
1985/10		0.10	0.8522	0.8522		120	27.58	2,282,012	3,420,000	
1986/01		0.10	0.8299	0.8299		120	27.58	2,282,962	3,448,440	
1986/07		0.20	0.2974	0.2974		120	27.58	2,283,643	3,441,840	
1987/01		0.20	1.0091	1.0091		120	27.58	2,285,954	3,503,400	
1987/07		0.30	0.9007	0.9007		120	27.58	2,289,051	3,530,760	
1988/01		0.30	0.9007	0.9007		120	48.62	2,294,519	3,559,440	
1988/07		0.40	0.5899	0.5899		120	57.97	2,299,934	3,557,520	
1989/01		0.40	0.5899	0.5899		120	57.97	2,305,362	3,578,520	
1989/07		0.50	0.5899	0.5899		120	57.97	2,312,163	3,602,760	
1990/01	322,469	0.50	0.5899	0.5899		120	68.93	2,641,453	3,620,880	
1990/07		0.60	0.5899	0.5899		120	67.58	2,650,801	3,642,240	
1991/01		0.60	0.5899	0.5899		120	67.58	2,660,182	3,663,600	
1991/07		0.70	1.4932	1.4932		120	79.69	2,687,986	3,718,320	
1992/01	25,354	0.70	2.0117	2.0117		120	79.69	2,751,192	3,793,080	
1992/07		0.80	1.8152	1.8152		120	81.36	2,791,145	3,861,960	
1993/01		0.80	1.7710	1.7710		120	81.36	2,830,690	3,930,360	
1993/07		0.90	1.5329	1.5329		120	86.14	2,830,690	3,990,600	5
1994/01		0.90	1.6983	1.6983		120	86.14	2,869,742	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	91.34	2,960,197	4,123,320	
1995/01		1.00	1.5812	1.5812		120	91.34	3,007,004	4,188,480	
1995/07		1.00	1.5250	1.5250		120	86.12	3,052,861	4,252,320	
1996/01		1.00	1.7228	1.7228		120	86.12	3,105,456	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.74	3,146,740	4,383,120	
1997/01		1.00	1.4109	1.4109		120	82.74	3,191,137	4,444,920	
1997/07		1.00	1.0917	1.0917		120	84.36	3,225,975	4,493,400	
1998/01		1.00	1.1663	1.1663		120	83.72	3,263,600	4,545,840	
1998/07		1.00	1.0794	1.0794		120	83.72	3,298,827	4,594,920	
1999/01		1.00	1.4499	1.4499		120	83.72	3,346,657	4,661,520	
1999/07		1.00	1.2299	1.2299		120	83.72	3,387,818	4,718,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	83.72	3,433,066	4,781,880	
2000/07		1.00	1.1129	1.1129		120	83.72	3,471,273	4,835,040	
2001/01		1.00	1.2976	1.2976		120	79.55	3,516,316	4,897,800	
2001/07	41,949	1.00	0.9615	0.9615		120	70.08	3,592,074	4,944,840	
2002/01	46,317	1.00	1.0301	1.0301		120	70.37	3,638,391	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	70.37	3,706,035	5,037,360	
2003/01		1.00	1.3271	1.3271		120	70.37	3,755,218	5,104,200	
2003/07	57,427	1.00	1.1664	1.1664		120	68.47	3,856,446	5,163,720	
2004/01		1.00	1.1103	1.1103		120	68.47	3,899,264	5,221,080	
2004/07	35,764	1.00	0.8378	0.8378		120	63.78	3,967,696	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.78	4,001,798	5,310,120	
2005/07		0.95	0.7364	0.7364		120	66.01	4,029,795	5,349,240	
2006/01		0.95	0.9068	0.9068		120	66.01	4,064,512	5,397,720	
2006/07		0.90	0.8133	0.8133		120	73.44	4,094,264	5,441,640	
2007/01		0.90	1.0133	1.0133		120	73.44	4,094,264	5,496,720	5
2007/07		0.85	1.1050	1.1050		120	73.44	4,170,412	5,557,440	
2008/01		0.85	0.8556	0.8556		120	73.44	4,200,743	5,604,960	
2008/07		0.80	0.6104	0.6104		120	60.06	4,221,255	5,639,160	
2009/01		0.80	1.3268	1.3268		120	60.06	4,266,059	5,714,040	
2009/07		0.75	0.6841	0.6841		120	65.63	4,287,948	5,753,160	
2010/01		0.75	0.8643	0.8643		120	65.63	4,315,742	5,802,840	
2010/07		0.70	0.7107	0.7107		120	60.64	4,337,213	5,844,120	
2011/01		0.70	0.9198	0.9198		120	60.64	4,365,140	5,897,880	
2011/07		0.65	0.9028	0.9028		120	60.64	4,390,755	5,951,160	
2012/01		0.65	0.3865	0.3865		120	60.81	4,401,785	5,974,200	
2012/07		0.60	0.9417	0.9417		120	60.81	4,426,655	6,030,480	
2013/01		0.60	0.4901	0.4901		120	62.04	4,439,674	6,060,000	
2013/07		0.55	0.6196	0.6196		120	62.04	4,454,804	6,097,560	
2014/01		0.55	0.8564	0.8564		120	62.71	4,475,786	6,149,760	
2014/07		0.50	1.2383	1.2383		120	62.71	4,503,500	6,225,960	



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220.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	62.00	4,520,550	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 080432123120130101201307142014173227



Florida Agency for Health Care Administration
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204.41

Consulate Health Care of Winter Haven

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2701 LAKE ALFRED RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
WINTER HAVEN, FL 33881	Days in CR 365	Maximum: 43,800	Standard: 212
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 31
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 40,824	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,478	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,783	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	46.00970%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.20548%	Cost: 1.04340134
Open Date: 10/02/1998	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/02/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/02/1998	Low Occupancy Adjustment Factor:	119.01920%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319724			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	933,046	1,218,234	818,094	698,728		3,668,102	
1a	Audit Adjustments							
2	Cost Per Diem	49.6750	64.8583	43.5550	37.2000		195.2883	
3	Cost Per Diem Inflated	51.8310	66.9666	45.4453				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.8310	66.9666	45.4453	37.2000		201.4429	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.0644		54.4474				
7	Provider Target Rate	51.8978		56.4413				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.8310	66.9666	45.4453	13.6500		177.8929	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.8310	66.9666	45.4453	13.6500		177.8929	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 080434-00 - 2015/01

204.41

Rate Semester 01/01/2015 through 08/31/2015

Consulate Health Care of Winter Haven

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/02/1998	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,237,328.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,433,591 9.8257
RS to Start Calcs:	1998/07	<60% of Base:	False	20% ROE(2):	1,108,398 0.5272
Indexed Asset Value	5,541,989	Interest Rate:	6.2000%	Insurance Cost(3):	55,362 1.3561
FRVS Base Asset:	4,545,840	Chase Rate:	4.0000%	Taxes Cost(3):	74,357 1.8214
Occup Adj Factor	0.9000	Amortization Rate:	6.2000%	Home Office(3):	42,274 1.0355
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	128,695 0.0000
		Yearly Payment:	387,328	Total FRVS PD:	14.5659

- (1) 80% Capital (\$4,433,591) amortized at 6.2000 % for 20 years Principal & Interest of \$387,328 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.8257
- (2) 20% ROE (\$1,108,398) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5272
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 01/01/1998	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.8310	51.8310	0.9017	50.9293
Direct Care	66.9666	66.9666	1.1651	65.8015
Indirect Care	45.4453	45.4453	0.7906	44.6547
Property	13.6500	14.5659	0.2534	14.3125
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8113
Supplemental Rate Add-on				9.9025
Totals	177.8929	178.8088	3.1108	204.4118

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 080434-00 - 2015/01

204.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	6,816,579	0.00	1.0794	1.0794		120	41.20	4,545,840	4,545,840	1
1999/01		0.10	1.4499	1.4499		120	41.20	4,550,778	4,661,520	
1999/07		0.10	1.2299	1.2299		120	41.20	4,554,971	4,718,880	
2000/01		0.20	1.3356	1.3356		120	41.20	4,564,085	4,781,880	
2000/07	41,309	0.20	1.1129	1.1129		120	49.95	4,614,621	4,835,040	
2001/01	24,355	0.30	1.2976	1.2976		120	51.59	4,655,827	4,897,800	
2001/07		0.30	0.9615	0.9615		120	51.59	4,668,426	4,944,840	
2002/01		0.40	1.0301	1.0301		120	51.59	4,686,467	4,995,720	
2002/07		0.40	0.8337	0.8337		120	51.59	4,701,127	5,037,360	
2003/01		0.50	1.3271	1.3271		120	51.59	4,730,389	5,104,200	
2003/07	20,160	0.50	1.1664	1.1664		120	52.21	4,776,737	5,163,720	
2004/01		0.60	1.1103	1.1103		120	52.21	4,806,945	5,221,080	
2004/07		0.60	0.8378	0.8378		120	48.94	4,828,447	5,264,880	
2005/01		0.70	0.8595	0.8595		120	48.94	4,854,299	5,310,120	
2005/07		0.70	0.7364	0.7364		120	43.63	4,874,150	5,349,240	
2006/01		0.80	0.9068	0.9068		120	43.63	4,902,198	5,397,720	
2006/07	48,564	0.80	0.8133	0.8133		120	44.11	4,976,341	5,441,640	
2007/01		0.90	1.0133	1.0133		120	44.11	5,012,739	5,496,720	
2007/07		0.90	1.1050	1.1050		120	43.09	5,051,796	5,557,440	
2008/01		1.00	0.8556	0.8556		120	43.09	5,085,659	5,604,960	
2008/07		1.00	0.6104	0.6104		120	40.76	5,108,665	5,639,160	
2009/01		1.00	1.3268	1.3268		120	40.76	5,158,897	5,714,040	
2009/07		1.00	0.6841	0.6841		120	43.14	5,186,579	5,753,160	
2010/01		1.00	0.8643	0.8643		120	43.14	5,221,740	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.35	5,250,990	5,844,120	
2011/01		1.00	0.9198	0.9198		120	43.35	5,289,058	5,897,880	
2011/07		1.00	0.9028	0.9028		120	43.35	5,326,693	5,951,160	
2012/01		1.00	0.3865	0.3865		120	43.10	5,342,826	5,974,200	
2012/07		1.00	0.9417	0.9417		120	43.10	5,382,253	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.09	5,382,253	6,060,000	5



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 080434-00 - 2015/01

204.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		1.00	0.6196	0.6196		120	40.09	5,425,875	6,097,560	
2014/01		1.00	0.8564	0.8564		120	39.17	5,458,968	6,149,760	
2014/07		1.00	1.2383	1.2383		120	39.17	5,507,110	6,225,960	
2015/01		1.00	0.7571	0.7571		120	46.01	5,541,989	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 080436-00 - 2015/01

218.46

Franco Nursing and Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
800 NW 95TH STREET	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
MIAMI , FL 33150	Days in CR 365	Maximum: 43,800	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 41,084	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,437	Inflation
Current Class South Large	Initial CR? False	Medicaid: 27,561	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	67.08451%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.79909%	Cost: 1.04340134
Open Date: 01/04/1996	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/04/1996	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/04/1996	Low Occupancy Adjustment Factor:	119.77721%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 319554			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,442,709	1,923,850	1,264,985	1,023,616		5,655,160
1a	Audit Adjustments						
2	Cost Per Diem	52.3460	69.8034	45.8976	37.1400		205.1870
3	Cost Per Diem Inflated	54.6179	72.0724	47.8896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.6179	72.0724	47.8896	37.1400		211.7199
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8223		56.8718			
7	Provider Target Rate	58.9032		58.9545			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.6179	72.0724	47.8896	13.6500		188.2299
12/13	Medical Adjustment Rate		1.3852	0.9204			
14	Prospective Per Diem 11	54.6179	73.4576	48.8100	13.6500		190.5355
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 080436-00 - 2015/01

218.46

Rate Semester 01/01/2015 through 08/31/2015

Franco Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/04/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,912,591.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Fixed	80% Capital(1):	4,592,974	10.1789
Indexed Asset Value	5,741,217	<60% of Base:	False	20% ROE(2):	1,148,243	0.5462
FRVS Base Asset:	4,252,320	Interest Rate:	6.2000%	Insurance Cost(3):	56,222	1.3685
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	59,958	1.4594
ROE Factor	0.018750	Amortization Rate:	6.2000%	Home Office(3):	44,709	1.0882
		Interest Only:	False	Replacement(3&4):	121,066	0.0000
		Yearly Payment:	401,252	Total FRVS PD:		14.6412

- (1) 80% Capital (\$4,592,974) amortized at 6.2000 % for 20 years Principal & Interest of \$401,252 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.1789
 (2) 20% ROE (\$1,148,243) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5462
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	35,436
Comparison Date:	07/01/1995	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.6179	54.6179	0.9502	53.6677
Direct Care	73.4576	73.4576	1.2780	72.1796
Indirect Care	48.8100	48.8100	0.8492	47.9608
Property	13.6500	14.6412	0.2547	14.3865
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3593
Supplemental Rate Add-on				9.9025
Totals	190.5355	191.5267	3.3321	218.4564

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 080436-00 - 2015/01

218.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	5,437,248	0.00	1.7228	1.7228		120	57.16	4,252,320	4,252,320	1
1996/07		0.10	1.3294	1.3294		120	57.16	4,257,971	4,383,120	
1997/01		0.10	1.4109	1.4109		120	57.16	4,263,979	4,444,920	
1997/07		0.20	1.0917	1.0917		120	57.16	4,273,287	4,493,400	
1998/01		0.20	1.1663	1.1663		120	57.16	4,283,257	4,545,840	
1998/07		0.30	1.0794	1.0794		120	59.80	4,297,126	4,594,920	
1999/01		0.30	1.4499	1.4499		120	69.58	4,315,818	4,661,520	
1999/07		0.40	1.2299	1.2299		120	69.58	4,337,052	4,718,880	
2000/01		0.40	1.3356	1.3356		120	69.58	4,360,221	4,781,880	
2000/07		0.50	1.1129	1.1129		120	69.58	4,384,486	4,835,040	
2001/01		0.50	1.2976	1.2976		120	69.58	4,412,933	4,897,800	
2001/07	30,251	0.60	0.9615	0.9615		120	76.63	4,468,642	4,944,840	
2002/01	48,788	0.60	1.0301	1.0301		120	75.04	4,545,051	4,995,720	
2002/07		0.70	0.8337	0.8337		120	75.04	4,571,576	5,037,360	
2003/01		0.70	1.3271	1.3271		120	75.04	4,614,046	5,104,200	
2003/07		0.80	1.1664	1.1664		120	75.04	4,657,100	5,163,720	
2004/01	88,086	0.80	1.1103	1.1103		120	73.40	4,786,550	5,221,080	
2004/07		0.90	0.8378	0.8378		120	73.40	4,822,641	5,264,880	
2005/01		0.90	0.8595	0.8595		120	73.40	4,859,949	5,310,120	
2005/07		1.00	0.7364	0.7364		120	67.04	4,895,738	5,349,240	
2006/01		1.00	0.9068	0.9068		120	67.04	4,940,133	5,397,720	
2006/07		1.00	0.8133	0.8133		120	67.75	4,980,311	5,441,640	
2007/01		1.00	1.0133	1.0133		120	67.75	5,030,776	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.03	5,086,366	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.03	5,129,885	5,604,960	
2008/07		1.00	0.6104	0.6104		120	68.71	5,161,198	5,639,160	
2009/01		1.00	1.3268	1.3268		120	68.71	5,229,677	5,714,040	
2009/07		1.00	0.6841	0.6841		120	68.71	5,265,453	5,753,160	
2010/01		1.00	0.8643	0.8643		120	68.71	5,310,962	5,802,840	
2010/07		1.00	0.7107	0.7107		120	68.71	5,348,707	5,844,120	



Florida Agency for Health Care Administration
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218.46

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		1.00	0.9198	0.9198		120	68.71	5,397,904	5,897,880	
2011/07		1.00	0.9028	0.9028		120	72.27	5,446,636	5,951,160	
2012/01		1.00	0.3865	0.3865		120	69.16	5,467,687	5,974,200	
2012/07		1.00	0.9417	0.9417		120	62.17	5,519,176	6,030,480	
2013/01		1.00	0.4901	0.4901		120	62.17	5,546,225	6,060,000	
2013/07		1.00	0.6196	0.6196		120	62.17	5,580,589	6,097,560	
2014/01		1.00	0.8564	0.8564		120	59.45	5,628,381	6,149,760	
2014/07		1.00	1.2383	1.2383		120	59.45	5,698,077	6,225,960	
2015/01		1.00	0.7571	0.7571		120	67.08	5,741,217	6,273,120	

Message Code:

1 Per Bed Standard Limitation

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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243.61

The Villages Rehabilitation and Nursing Center

Type of Cost Report: Interim New Facility Type of Cost: Estimated Type of Rate: Interim

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: New Provider

Provider Information	Cost Report	Patient Days	Ratings Days
900 HIGHWAY 466	2/1/2013-1/31/2014	Number of Beds: 120	Superior: 0
LADY LAKE, FL 32159	Days in CR 365	Maximum: 43,800	Standard: 243
County: Lake [35]	First Used : 2013/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 25,890	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,588	Inflation
Current Class North Large	Initial CR? True	Medicaid: 13,026	FY Index: 1.31458957
Class at 1/94: North Large	Medical Utilization	50.31286%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	59.10959%	Cost: 1.00000000
Open Date: 03/11/2013	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/11/2011	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 03/11/2013	Low Occupancy Adjustment Factor:	75.48028%	DC Sem Index: 1.25449501
Med # Active Date: 03/11/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,839	1,289,971	839,420	1,189,013		3,924,243
1a	Audit Adjustments						
2	Cost Per Diem	46.5100	99.0305	64.4419	91.2800		301.2624
3	Cost Per Diem Inflated	46.5100	99.0305	64.4419			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5100	99.0305	64.4419	91.2800		301.2624
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	52.1499		61.6580			
10a	New Provider Target Limitation	50.0221		58.9482			
10b	Base for line 10a	48.2550		56.8657			
11	Lesser of 5,7,8,10, 10a	46.5100	96.4319	58.9482	13.6500		215.5401
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	46.5100	96.4319	58.9482	13.6500		215.5401
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 081046-00 - 2015/01

243.61

Rate Semester 01/01/2015 through 08/31/2015

The Villages Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/2013	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	12,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2011/07	Type:	Variable	80% Capital(1):	4,848,551	9.9457
Indexed Asset Value	6,060,689	<60% of Base:	False	20% ROE(2):	1,212,138	0.4837
FRVS Base Asset:	0	Interest Rate:	5.5000%	Insurance Cost(3):	246,300	9.5133
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	197,000	7.6091
ROE Factor	0.015729	Amortization Rate:	5.2500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	392,060	Total FRVS PD:		27.5518

- (1) 80% Capital (\$4,848,551) amortized at 5.2500 % for 20 years Principal & Interest of \$392,060 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9457
- (2) 20% ROE (\$1,212,138) times the ROE factor (0.015729) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4837
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	50,254
Comparison Date:	07/01/2012	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	6,030,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.5100	46.5100	0.8092	45.7008
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	58.9482	58.9482	1.0256	57.9226
Property	13.6500	27.5518	0.4793	27.0725
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				8.2583
Supplemental Rate Add-on				9.9025
Totals	215.5401	229.4419	3.9918	243.6109

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 1/31/2014

0 081046-00 - 2015/01

243.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	16,970,820	0.00	0.4901	0.4901		120	50.31	6,030,480	6,030,480	1
2013/07		0.10	0.6196	0.6196		120	50.31	6,033,900	6,097,560	
2014/01		0.10	0.8564	0.8564		120	50.31	6,038,625	6,149,760	
2014/07		0.20	1.2383	1.2383		120	50.31	6,052,307	6,225,960	
2015/01		0.20	0.7571	0.7571		120	50.31	6,060,689	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 082204-00 - 2015/01

249.69

University Plaza Rehabilitation & Nursing Center

Type of Cost Report: Interim New Facility Type of Cost: Estimated Type of Rate: Interim

Type of Ownership: Proprietary : Individual

CHOW Status based on this Cost Report: New Provider

Provider Information	Cost Report	Patient Days	Ratings Days
724 NW 19TH ST	1/1/2013-12/31/2013	Number of Beds: 148	Superior: 0
MIAMI, FL 33136	Days in CR 365	Maximum: 54,020	Standard: 243
County: Dade [13]	First Used : 2013/07	Max Annualized: 54,020	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 30,565	Total: 243
Control: Proprietary : Individual	Unaudited	Medicare: 9,168	Inflation
Current Class South Large	Initial CR? True	Medicaid: 19,868	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	65.00245%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	56.58090%	Cost: 1.00000000
Open Date: 05/02/2013	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/23/2011	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/22/2013	Low Occupancy Adjustment Factor:	72.25126%	DC Sem Index: 1.25449501
Med # Active Date: 08/22/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,233	2,056,417	1,185,490	1,111,615		5,377,755
1a	Audit Adjustments						
2	Cost Per Diem	51.5519	103.5040	59.6683	55.9500		270.6742
3	Cost Per Diem Inflated	51.5519	103.5040	59.6683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5519	103.5040	59.6683	55.9500		270.6742
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	55.2095		64.0577			
10b	Base for line 10a	53.2591		61.7947			
11	Lesser of 5,7,8,10, 10a	51.5519	99.8648	59.6683	13.6500		224.7350
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	51.5519	99.8648	59.6683	13.6500		224.7350
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 082204-00 - 2015/01

249.69

Rate Semester 01/01/2015 through 08/31/2015

University Plaza Rehabilitation & Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/22/2013	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	19,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	2011/07	Type:	Variable	80% Capital(1):	5,971,567 8.6825
Indexed Asset Value	7,464,459	<60% of Base:	False	20% ROE(2):	1,492,892 0.5119
FRVS Base Asset:	0	Interest Rate:	3.6767%	Insurance Cost(3):	98,200 3.2128
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	3.6767%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	422,128	Total FRVS PD:	12.4072

- (1) 80% Capital (\$5,971,567) amortized at 3.6767 % for 20 years Principal & Interest of \$422,128 divided by annual available days (54020) divided by Occup. Adj. (0.90) = \$8.6825
- (2) 20% ROE (\$1,492,892) times the ROE factor (0.016670) divided by annual available days (54020) divided by Occup. Adj. (0.90) = \$0.5119
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	50,254
Comparison Date:	07/01/2012	Current RS PBS:	52,276
Comparison Bed	148	Effective PBS Limitation	7,437,592

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5519	51.5519	0.8969	50.6550
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	59.6683	59.6683	1.0381	58.6302
Property	13.6500	12.4072	0.2159	12.1913
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.1839
Supplemental Rate Add-on				9.9025
Totals	224.7350	223.4922	3.8883	249.6903

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 082204-00 - 2015/01

249.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07	25,637,447	0.00	0.6196	0.6196		148	65.00	7,437,592	7,437,592	1
2014/01		0.10	0.8564	0.8564		148	65.00	7,443,959	7,584,704	
2014/07		0.10	1.2383	1.2383		148	65.00	7,453,175	7,678,684	
2015/01		0.20	0.7571	0.7571		148	65.00	7,464,459	7,736,848	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 085643-00 - 2015/01
257.96

Sarasota Point Rehabilitation Center

Type of Cost Report: Interim Change of Ownership - Budget		Type of Cost: Estimated	Type of Rate: Interim
Type of Ownership: Nonprofit : 501(c)(3) Organization		CHOW Status based on this Cost Report: NRP CHOW Re-entry to Medicaid	
Provider Information	Cost Report	Patient Days	Ratings Days
2600 COURTLAND STREET	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
SARASOTA, FL 34237	Days in CR 365	Maximum: 43,800	Standard: 243
County: Sarasota [58]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 17,900	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,480	Inflation
Current Class South Large	Initial CR? False	Medicaid: 12,230	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	68.32402%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	40.86758%	Cost: 1.00000000
Open Date: 06/27/2006	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/27/2006	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 06/27/2006	Low Occupancy Adjustment Factor:	52.18606%	DC Sem Index: 1.25449501
Med # Active Date: 10/24/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 317136			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	694,816	1,261,330	736,928	215,248		2,908,322	
1a	Audit Adjustments							
2	Cost Per Diem	56.8124	103.1341	60.2558	17.6000		237.8023	
3	Cost Per Diem Inflated	56.8124	103.1341	60.2558				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.8124	103.1341	60.2558	17.6000		237.8023	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	54.5647		62.9520				
10b	Base for line 10a	52.6371		60.7281				
11	Lesser of 5,7,8,10, 10a	54.5647	99.8648	60.2558	13.6500		228.3353	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.5647	99.8648	60.2558	13.6500		228.3353	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 085643-00 - 2015/01

257.96

Rate Semester 01/01/2015 through 08/31/2015

Sarasota Point Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/27/2006	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,474,286 9.9555
RS to Start Calcs:	2006/01	<60% of Base:	False	20% ROE(2):	1,118,572 0.6444
Indexed Asset Value	5,592,858	Interest Rate:	6.8600%	Insurance Cost(3):	50,000 2.7933
FRVS Base Asset:	5,349,240	Chase Rate:	3.2500%	Taxes Cost(3):	65,000 3.6313
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	0 0.0000
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	392,446	Total FRVS PD:	17.0245

- (1) 80% Capital (\$4,474,286) amortized at 6.2500 % for 20 years Principal & Interest of \$392,446 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9555
- (2) 20% ROE (\$1,118,572) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6444
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	44,577
Comparison Date:	07/01/2005	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,349,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.5647	54.5647	0.9493	53.6154
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	60.2558	60.2558	1.0483	59.2075
Property	13.6500	17.0245	0.2962	16.7283
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3809
Supplemental Rate Add-on				9.9025
Totals	228.3353	231.7098	4.0312	257.9620

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 085643-00 - 2015/01

257.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	7,781,634	0.00	0.9068	0.9068		120	36.53	5,349,240	5,349,240	1
2006/07		0.10	0.8133	0.8133		120	36.53	5,352,128	5,441,640	
2007/01		0.10	1.0133	1.0133		120	36.53	5,355,729	5,496,720	
2007/07		0.20	1.1050	1.1050		120	36.53	5,363,590	5,557,440	
2008/01		0.20	0.8556	0.8556		120	36.53	5,369,685	5,604,960	
2008/07		0.30	0.6104	0.6104		120	36.53	5,376,215	5,639,160	
2009/01		0.30	1.3268	1.3268		120	36.53	5,390,427	5,714,040	
2009/07		0.40	0.6841	0.6841		120	36.53	5,400,222	5,753,160	
2010/01		0.40	0.8643	0.8643		120	47.28	5,416,270	5,802,840	
2010/07		0.50	0.7107	0.7107		120	47.28	5,416,270	5,844,120	5
2011/01		0.50	0.9198	0.9198		120	61.09	5,457,804	5,897,880	
2011/07		0.60	0.9028	0.9028		120	61.09	5,487,369	5,951,160	11
2012/01		0.60	0.9028	0.9028		120	61.09	5,487,369	5,974,200	11
2012/07		0.60	0.9028	0.9028		120	61.09	5,487,369	6,030,480	11
2013/01		0.60	0.9028	0.9028		120	61.09	5,487,369	6,060,000	11
2013/07		0.60	0.6196	0.6196		120	68.32	5,487,369	6,097,560	12
2014/01		0.60	0.8564	0.8564		120	68.32	5,515,563	6,149,760	
2014/07		0.70	1.2383	1.2383		120	68.32	5,563,372	6,225,960	
2015/01		0.70	0.7571	0.7571		120	68.32	5,592,858	6,273,120	

Message Code:

1	Per Bed Standard Limitation
5	Uncorrected Licensure Deficiency
11	Not in Medicaid
12	Re-Entry to Medicaid



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 086990-00 - 2015/01

241.63

Bartram Crossing

Type of Cost Report: **Interim New Facility** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **New Provider**

Provider Information	Cost Report	Patient Days	Ratings Days
6209 BROOKS BARTRAM DRIVE	7/1/2013-6/30/2014	Number of Beds: 100	Superior: 0
JACKSONVILLE, FL 32258	Days in CR 365	Maximum: 36,500	Standard: 243
County: Duval [16]	First Used : 2013/07	Max Annualized: 36,500	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 24,269	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,735	Inflation
Current Class North Small	Initial CR? True	Medicaid: 12,750	FY Index: 1.32215372
Class at 1/94: North Small	Medical Utilization	52.53616%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	66.49041%	Cost: 1.00000000
Open Date: 07/09/2013	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/2013	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 07/09/2013	Low Occupancy Adjustment Factor:	84.90526%	DC Sem Index: 1.25449501
Med # Active Date: 07/09/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	689,996	1,234,180	801,066	594,788		3,320,030	
1a	Audit Adjustments							
2	Cost Per Diem	54.1173	96.7984	62.8287	46.6500		260.3944	
3	Cost Per Diem Inflated	54.1173	96.7984	62.8287				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.1173	96.7984	62.8287	46.6500		260.3944	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	57.2279		64.8403				
10b	Base for line 10a	55.2062		62.5497				
11	Lesser of 5,7,8,10, 10a	54.1173	96.7541	62.8287	13.6500		227.3501	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1173	96.7541	62.8287	13.6500		227.3501	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 086990-00 - 2015/01

241.63

Rate Semester 01/01/2015 through 08/31/2015

Bartram Crossing

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/09/2013	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	17,276,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,053,939 8.8680
RS to Start Calcs:	2013/01	<60% of Base:	False	20% ROE(2):	1,013,485 0.4628
Indexed Asset Value	5,067,424	Interest Rate:	3.8638%	Insurance Cost(3):	66,200 2.7278
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	3.8638%	Home Office(3):	0 0.0000
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	291,313	Total FRVS PD:	12.0586

- (1) 80% Capital (\$4,053,939) amortized at 3.8638 % for 20 years Principal & Interest of \$291,313 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$8.8680
- (2) 20% ROE (\$1,013,485) times the ROE factor (0.015000) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.4628
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	50,500
Comparison Date:	01/01/2013	Current RS PBS:	52,276
Comparison Bed	100	Effective PBS Limitation	5,050,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1173	54.1173	0.9415	53.1758
Direct Care	96.7541	96.7541	1.6833	95.0708
Indirect Care	62.8287	62.8287	1.0931	61.7356
Property	13.6500	12.0586	0.2098	11.8488
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				9.8918
Supplemental Rate Add-on				9.9025
Totals	227.3501	225.7587	3.9277	241.6253

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 6/30/2014

0 086990-00 - 2015/01

241.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07	14,983,099	0.00	0.6196	0.6196		100	52.54	5,050,000	5,050,000	1
2014/01		0.10	0.8564	0.8564		100	52.54	5,054,129	5,124,800	
2014/07		0.10	1.2383	1.2383		100	52.54	5,060,106	5,188,300	
2015/01		0.20	0.7571	0.7571		100	52.54	5,067,424	5,227,600	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 088049-00 - 2015/01

276.04

Cross Gardens Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
190 NE 191ST STREET	5/1/2013-4/30/2014	Number of Beds: 120	Superior: 0
MIAMI , FL 33179	Days in CR 365	Maximum: 43,800	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 33,879	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,784	Inflation
Current Class South Large	Initial CR? False	Medicaid: 29,181	FY Index: 1.31713889
Class at 1/94: South Large	Medical Utilization	86.13300%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	77.34932%	Cost: 1.04136242
Open Date: 02/04/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/04/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22033188
Entered Medicaid 03/11/1992	Low Occupancy Adjustment Factor:	98.77159%	DC Sem Index: 1.25449501
Med # Active Date: 10/11/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02799495
Previous Med # 210617			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,610,791	2,871,938	1,858,056	358,051		6,698,836	
1a	Audit Adjustments							
2	Cost Per Diem	55.2000	98.4181	63.6735	12.2700		229.5616	
3	Cost Per Diem Inflated	57.4832	101.1733	66.3072				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.4832	101.1733	66.3072	12.2700		237.2337	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.9125		70.4741				
7	Provider Target Rate	60.0333		73.0549				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	59.6738		68.2344				
10b	Base for line 10a	57.5657		65.8239				
11	Lesser of 5,7,8,10, 10a	56.7419	99.8648	65.5807	12.2700		234.4574	
12/13	Medical Adjustment Rate		4.0595	2.6658				
14	Prospective Per Diem 11	56.7419	103.9243	68.2465	12.2700		241.1827	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 088049-00 - 2015/01

276.04

Rate Semester 01/01/2015 through 08/31/2015

Cross Gardens Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,270,612 13.4188
RS to Start Calcs:	1992/01	<60% of Base:	False	20% ROE(2):	1,067,653 0.5812
Indexed Asset Value	5,338,265	Interest Rate:	11.1250%	Insurance Cost(3):	41,309 1.2193
FRVS Base Asset:	3,718,320	Chase Rate:	8.0000%	Taxes Cost(3):	50,112 1.4791
Occup Adj Factor	0.9000	Amortization Rate:	11.0000%	Home Office(3):	0 0.0000
ROE Factor	0.021460	Interest Only:	False	Replacement(3&4):	2,469 0.0000
		Yearly Payment:	528,969	Total FRVS PD:	16.6984

- (1) 80% Capital (\$4,270,612) amortized at 11.0000 % for 20 years Principal & Interest of \$528,969 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.4188
- (2) 20% ROE (\$1,067,653) times the ROE factor (0.021460) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5812
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	07/01/1991	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	103.9243	103.9243	1.8080	102.1163
Indirect Care	68.2465	68.2465	1.1873	67.0592
Property	12.2700	16.6984	0.2905	16.4079
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.8008
Supplemental Rate Add-on				9.9025
Totals	241.1827	245.6111	4.2730	276.0414

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 4/30/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	4,097,160	0.00	2.0117	2.0117		120	62.53	3,718,320	3,718,320	1
1992/07		0.10	1.8152	1.8152		120	62.53	3,725,069	3,861,960	
1993/01		0.10	1.7710	1.7710		120	62.53	3,731,666	3,930,360	
1993/07		0.20	1.5329	1.5329		120	62.53	3,731,666	3,990,600	5
1994/01		0.20	1.6983	1.6983		120	62.53	3,743,107	4,058,400	5
1994/07		0.30	1.5991	1.5991		120	62.53	3,773,839	4,123,320	
1995/01		0.30	1.5812	1.5812		120	62.53	3,791,742	4,188,480	
1995/07		0.40	1.5250	1.5250		120	72.51	3,814,872	4,252,320	
1996/01		0.40	1.7228	1.7228		120	68.63	3,841,160	4,325,640	
1996/07		0.50	1.3294	1.3294		120	68.63	3,866,692	4,383,120	
1997/01		0.50	1.4109	1.4109		120	70.48	3,893,972	4,444,920	
1997/07		0.60	1.0917	1.0917		120	70.48	3,919,478	4,493,400	
1998/01		0.60	1.1663	1.1663		120	70.48	3,946,907	4,545,840	
1998/07		0.70	1.0794	1.0794		120	80.97	3,976,730	4,594,920	
1999/01		0.70	1.4499	1.4499		120	80.97	3,976,730	4,661,520	5
1999/07		0.80	1.2299	1.2299		120	79.43	4,017,090	4,718,880	5
2000/01		0.80	1.3356	1.3356		120	75.31	4,056,614	4,781,880	5
2000/07		0.90	1.1129	1.1129		120	75.31	4,141,024	4,835,040	
2001/01		0.90	1.2976	1.2976		120	74.05	4,189,383	4,897,800	
2001/07		1.00	0.9615	0.9615		120	74.05	4,229,664	4,944,840	
2002/01		1.00	1.0301	1.0301		120	80.72	4,273,234	4,995,720	
2002/07		1.00	0.8337	0.8337		120	80.72	4,308,860	5,037,360	
2003/01		1.00	1.3271	1.3271		120	76.27	4,366,043	5,104,200	
2003/07		1.00	1.1664	1.1664		120	76.27	4,416,969	5,163,720	
2004/01		1.00	1.1103	1.1103		120	75.22	4,466,011	5,221,080	
2004/07		1.00	0.8378	0.8378		120	75.22	4,503,427	5,264,880	
2005/01		1.00	0.8595	0.8595		120	80.90	4,542,134	5,310,120	
2005/07		1.00	0.7364	0.7364		120	80.90	4,575,582	5,349,240	
2006/01		1.00	0.9068	0.9068		120	80.90	4,617,073	5,397,720	
2006/07		1.00	0.8133	0.8133		120	80.81	4,654,624	5,441,640	



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276.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		1.00	1.0133	1.0133		120	80.81	4,701,789	5,496,720	
2007/07		1.00	1.1050	1.1050		120	76.56	4,753,744	5,557,440	
2008/01		1.00	0.8556	0.8556		120	80.74	4,794,417	5,604,960	
2008/07		1.00	0.6104	0.6104		120	80.74	4,823,682	5,639,160	
2009/01		1.00	1.3268	1.3268		120	78.74	4,887,683	5,714,040	
2009/07		1.00	0.6841	0.6841		120	78.74	4,921,120	5,753,160	
2010/01		1.00	0.8643	0.8643		120	76.87	4,963,653	5,802,840	
2010/07		1.00	0.7107	0.7107		120	76.87	4,998,930	5,844,120	
2011/01		1.00	0.9198	0.9198		120	76.58	5,044,910	5,897,880	
2011/07		1.00	0.9028	0.9028		120	76.58	5,090,455	5,951,160	
2012/01		1.00	0.3865	0.3865		120	78.47	5,110,130	5,974,200	
2012/07		0.95	0.9417	0.9417		120	85.32	5,155,845	6,030,480	
2013/01		0.95	0.4901	0.4901		120	85.32	5,179,851	6,060,000	
2013/07		0.90	0.6196	0.6196		120	85.32	5,208,734	6,097,560	
2014/01		0.90	0.8564	0.8564		120	85.32	5,248,883	6,149,760	
2014/07		0.85	1.2383	1.2383		120	85.32	5,304,133	6,225,960	
2015/01		0.85	0.7571	0.7571		120	86.13	5,338,265	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 088601-00 - 2015/01

253.97

Whitehall Boca Raton

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: Related Party CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
7300 DEL PRADO CIRCLE SOUTH BOCA RATON, FL 33433	1/1/2013-8/1/2013	Number of Beds: 154	Superior: 0
County: Palm Beach [50]	Days in CR 213	Maximum: 32,802	Standard: 243
Region: South Area: 9	First Used : 2013/07	Max Annualized: 56,210	Conditional: 0
Control: Proprietary : Corporation	Last Used: 2015/01	Total Patient: 28,340	Total: 243
Current Class South Large	Unaudited	Medicare: 20,890	Inflation
Class at 1/94: South Large	Initial CR? False	Medicaid: 1,933	FY Index: 1.31107019
Operating Ex > 18 months	Medical Utilization	6.82075%	Semester Index: 1.37161894
Open Date: 12/16/1982	Occupancy:	86.39717%	Cost: 1.04618269
Acquired Date: 12/16/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Entered Medicaid 12/01/2009	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21266554
Med # Active Date: 08/02/2013	Low Occupancy Adjustment Factor:	110.32529%	DC Sem Index: 1.25449501
Previous Med # 071884	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03449382
			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	111,871	233,005	180,074	89,073		614,023	
1a	Audit Adjustments							
2	Cost Per Diem	57.8743	120.5405	93.1578	46.0802		317.6528	
3	Cost Per Diem Inflated	60.5471	124.6984	97.4601				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.5471	124.6984	97.4601	46.0802		328.7858	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.2769		98.6347				
7	Provider Target Rate	63.5209		102.2468				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	58.3454		66.0658				
10b	Base for line 10a	56.2842		63.7319				
11	Lesser of 5,7,8,10, 10a	56.7419	99.8648	65.5807	13.6500		235.8374	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	99.8648	65.5807	13.6500		235.8374	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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0 088601-00 - 2015/01

253.97

Rate Semester 01/01/2015 through 08/31/2015

Whitehall Boca Raton

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2009	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	16,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,102,283 4.9587
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	775,571 0.2588
Indexed Asset Value	3,877,854	Interest Rate:	5.5000%	Insurance Cost(3):	97,301 3.4333
FRVS Base Asset:	0	Chase Rate:	3.2500%	Taxes Cost(3):	133,480 4.7100
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	74,844 2.6409
ROE Factor	0.016880	Interest Only:	False	Replacement(3&4):	14,261 0.0000
		Yearly Payment:	250,855	Total FRVS PD:	16.0017

- (1) 80% Capital (\$3,102,283) amortized at 5.2500 % for 20 years Principal & Interest of \$250,855 divided by annual available days (56210) divided by Occup. Adj. (0.90) = \$4.9587
- (2) 20% ROE (\$775,571) times the ROE factor (0.016880) divided by annual available days (56210) divided by Occup. Adj. (0.90) = \$0.2588
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	24,796
Comparison Date:	01/01/1982	Current RS PBS:	52,276
Comparison Bed	154	Effective PBS Limitation	3,818,584

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	16.0017	0.2784	15.7233
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.0179
Supplemental Rate Add-on				9.9025
Totals	235.8374	238.1891	4.1439	253.9656

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 8/1/2013

0 088601-00 - 2015/01

253.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07	11,421,785	0.00	0.6841	0.6841		154	1.92	3,818,584	3,818,584	1
2010/01		0.10	0.8643	0.8643		154	1.92	3,818,584	7,446,978	
2010/07		0.10	0.7107	0.7107		154	1.92	3,818,584	7,499,954	
2011/01		0.20	0.9198	0.9198		154	1.92	3,818,584	7,568,946	
2011/07		0.20	0.9028	0.9028		154	1.92	3,818,584	7,637,322	
2012/01		0.30	0.3865	0.3865		154	1.92	3,818,584	7,666,890	
2012/07		0.30	0.9417	0.9417		154	6.56	3,818,584	7,739,116	
2013/01	59,270	0.40	0.4901	0.4901		154	6.82	3,877,854	7,777,000	
2013/07		0.40	0.6196	0.6196		154	6.82	3,877,854	7,825,202	
2014/01		0.50	0.8564	0.8564		154	6.82	3,877,854	7,892,192	
2014/07		0.50	1.2383	1.2383		154	6.82	3,877,854	7,989,982	
2015/01		0.60	0.7571	0.7571		154	6.82	3,877,854	8,050,504	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

0 089220-00 - 2015/01

239.65

Watercrest Care Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
16650 W DIXIE HWY	4/1/2013-3/31/2014	Number of Beds: 150	Superior: 0
NORTH MIAMI BEACH, FL	Days in CR 365	Maximum: 54,750	Standard: 243
County: Dade [13]	First Used : 2013/01	Max Annualized: 54,750	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 48,365	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,738	Inflation
Current Class South Large	Initial CR? False	Medicaid: 38,549	FY Index: 1.31463861
Class at 1/94: South Large	Medical Utilization	79.70433%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.33790%	Cost: 1.00000000
Open Date: 09/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21900000
Entered Medicaid 11/01/1984	Low Occupancy Adjustment Factor:	112.80352%	DC Sem Index: 1.25449501
Med # Active Date: 05/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 310409			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,720,213	3,913,132	1,868,505	653,020		8,154,870	
1a	Audit Adjustments							
2	Cost Per Diem	44.6241	101.5106	48.4709	16.9400		211.5456	
3	Cost Per Diem Inflated	44.6241	101.5106	48.4709				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.6241	101.5106	48.4709	16.9400		211.5456	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	54.0285		63.1805				
10b	Base for line 10a	52.1198		60.9485				
11	Lesser of 5,7,8,10, 10a	44.6241	99.8648	48.4709	13.6500		206.6098	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.6241	99.8648	48.4709	13.6500		206.6098	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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239.65

Rate Semester 01/01/2015 through 08/31/2015

Watercrest Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,000,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	5,970,882	13.0829
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,492,721	0.5459
Indexed Asset Value	7,463,603	Interest Rate:	9.0000%	Insurance Cost(3):	70,654	1.4608
FRVS Base Asset:	4,275,000	Chase Rate:	8.0000%	Taxes Cost(3):	48,450	1.0018
Occup Adj Factor	0.9000	Amortization Rate:	9.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018020	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	644,659	Total FRVS PD:		16.0914

- (1) 80% Capital (\$5,970,882) amortized at 9.0000 % for 20 years Principal & Interest of \$644,659 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$13.0829
- (2) 20% ROE (\$1,492,721) times the ROE factor (0.018020) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.5459
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.6241	44.6241	0.7764	43.8477
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	48.4709	48.4709	0.8433	47.6276
Property	13.6500	16.0914	0.2800	15.8114
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3316
Supplemental Rate Add-on				9.9025
Totals	206.6098	209.0512	3.6371	239.6482

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 3/31/2014

0 089220-00 - 2015/01

239.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	4,293,365	0.00	1.9179	1.9179		150	61.82	4,293,365	4,190,850	
1985/01		0.10	1.1471	1.1471		150	61.82	4,298,289	4,238,850	
1985/10		0.10	0.8522	0.8522		150	61.82	4,275,000	4,275,000	1
1986/01		0.20	0.8299	0.8299		150	61.82	4,282,097	4,310,550	
1986/07		0.20	0.2974	0.2974		150	61.82	4,284,645	4,302,300	
1987/01		0.30	1.0091	1.0091		150	59.18	4,297,615	4,379,250	
1987/07		0.30	0.9007	0.9007		150	66.76	4,309,227	4,413,450	
1988/01		0.40	0.9007	0.9007		150	89.50	4,324,753	4,449,300	
1988/07		0.40	0.5899	0.5899		150	89.50	4,334,959	4,446,900	
1989/01		0.50	0.5899	0.5899		150	89.50	4,347,747	4,473,150	
1989/07		0.50	0.5899	0.5899		150	89.50	4,360,573	4,503,450	
1990/01		0.60	0.5899	0.5899		150	89.50	4,376,005	4,526,100	
1990/07		0.60	0.5899	0.5899		150	89.50	4,391,492	4,552,800	
1991/01		0.70	0.5899	0.5899		150	89.50	4,409,624	4,579,500	
1991/07		0.70	1.4932	1.4932		150	93.40	4,455,713	4,647,900	
1992/01		0.80	2.0117	2.0117		150	93.40	4,527,423	4,741,350	
1992/07		0.80	1.8152	1.8152		150	90.98	4,593,170	4,827,450	
1993/01		0.90	1.7710	1.7710		150	85.00	4,666,381	4,912,950	
1993/07		0.90	1.5329	1.5329		150	85.00	4,730,758	4,988,250	
1994/01		1.00	1.6983	1.6983		150	85.00	4,811,100	5,073,000	
1994/07		1.00	1.5991	1.5991		88	85.00	4,888,034	3,023,768	
1995/01		1.00	1.5812	1.5812		88	85.00	4,965,324	3,071,552	
1995/07	23,166	1.00	1.5250	1.5250		150	82.15	5,064,211	5,315,400	
1996/01		1.00	1.7228	1.7228		150	82.15	5,151,457	5,407,050	
1996/07		1.00	1.3294	1.3294		150	79.31	5,219,940	5,478,900	
1997/01		1.00	1.4109	1.4109		150	79.31	5,293,588	5,556,150	
1997/07		1.00	1.0917	1.0917		150	77.87	5,351,378	5,616,750	
1998/01		1.00	1.1663	1.1663		150	77.87	5,413,791	5,682,300	
1998/07		1.00	1.0794	1.0794		150	77.87	5,413,791	5,743,650	5
1999/01		1.00	1.4499	1.4499		150	73.36	5,472,227	5,826,900	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		150	82.17	5,551,569	5,898,600	5
2000/01		1.00	1.3356	1.3356		150	82.17	5,694,907	5,977,350	
2000/07		1.00	1.1129	1.1129		150	82.17	5,758,286	6,043,800	
2001/01		1.00	1.2976	1.2976		150	82.17	5,833,006	6,122,250	
2001/07		1.00	0.9615	0.9615		150	82.17	5,889,090	6,181,050	
2002/01		1.00	1.0301	1.0301		150	82.17	5,949,754	6,244,650	
2002/07		1.00	0.8337	0.8337		150	82.17	5,999,357	6,296,700	
2003/01		1.00	1.3271	1.3271		150	76.65	6,078,974	6,380,250	
2003/07		1.00	1.1664	1.1664		150	79.65	6,149,879	6,454,650	
2004/01		1.00	1.1103	1.1103		150	79.65	6,218,161	6,526,350	
2004/07		1.00	0.8378	0.8378		150	84.06	6,270,257	6,581,100	
2005/01		0.95	0.8595	0.8595		150	84.06	6,321,454	6,637,650	
2005/07		0.95	0.7364	0.7364		150	84.30	6,365,679	6,686,550	
2006/01		0.90	0.9068	0.9068		150	84.30	6,417,629	6,747,150	
2006/07		0.90	0.8133	0.8133		150	84.30	6,464,606	6,802,050	
2007/01		0.85	1.0133	1.0133		150	84.30	6,520,286	6,870,900	
2007/07		0.85	1.1050	1.1050		150	84.30	6,581,531	6,946,800	
2008/01	44,169	0.80	0.8556	0.8556		150	88.46	6,670,751	7,006,200	
2008/07	62,363	0.80	0.6104	0.6104		150	86.09	6,765,687	7,048,950	
2009/01		0.75	1.3268	1.3268		150	86.09	6,833,012	7,142,550	
2009/07		0.75	0.6841	0.6841		150	86.09	6,868,072	7,191,450	
2010/01	67,559	0.70	0.8643	0.8643		150	85.39	6,977,183	7,253,550	
2010/07	23,418	0.70	0.7107	0.7107		150	84.86	7,035,312	7,305,150	
2011/01		0.65	0.9198	0.9198		150	84.86	7,077,376	7,372,350	
2011/07	31,700	0.65	0.9028	0.9028		150	83.76	7,150,606	7,438,950	
2012/01		0.60	0.3865	0.3865		150	83.76	7,150,606	7,467,750	5
2012/07	108,558	0.60	0.9417	0.9417		150	83.52	7,316,241	7,538,100	
2013/01		0.55	0.4901	0.4901		150	79.70	7,335,966	7,575,000	
2013/07		0.55	0.6196	0.6196		150	79.70	7,360,967	7,621,950	
2014/01		0.50	0.8564	0.8564		150	79.70	7,392,487	7,687,200	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		150	79.70	7,438,261	7,782,450	
2015/01		0.45	0.7571	0.7571		150	79.70	7,463,603	7,841,400	

Message Code:

- 1 Per Bed Standard Limitation
- 5 Uncorrected Licensure Deficiency

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Osprey Point Nursing Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1104 NORTH MAIN STREET	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
BUSHNELL, FL 33513	Days in CR 365	Maximum: 21,900	Standard: 243
County: Sumter [60]	First Used : 2013/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 19,932	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,923	Inflation
Current Class North Small	Initial CR? False	Medicaid: 9,383	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	47.07506%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.01370%	Cost: 1.00000000
Open Date: 07/02/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/02/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/02/1999	Low Occupancy Adjustment Factor:	116.22039%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 215597			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	476,652	657,996	565,521	420,358		2,120,527	
1a	Audit Adjustments							
2	Cost Per Diem	50.7995	70.1264	60.2708	44.8000		225.9967	
3	Cost Per Diem Inflated	50.7995	70.1264	60.2708				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7995	70.1264	60.2708	44.8000		225.9967	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	51.8169		64.5989				
10b	Base for line 10a	49.9864		62.3168				
11	Lesser of 5,7,8,10, 10a	50.7995	70.1264	60.2708	13.6500		194.8467	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.7995	70.1264	60.2708	13.6500		194.8467	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Osprey Point Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/02/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,080,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable	80% Capital(1):	2,355,156	9.4630
Indexed Asset Value	2,943,945	<60% of Base:	False	20% ROE(2):	588,789	0.5601
FRVS Base Asset:	2,330,760	Interest Rate:	5.0000%	Insurance Cost(3):	12,300	0.6171
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	40,600	2.0369
ROE Factor	0.018750	Amortization Rate:	5.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	186,516	Total FRVS PD:		12.6771

- (1) 80% Capital (\$2,355,156) amortized at 5.0000 % for 20 years Principal & Interest of \$186,516 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$9.4630
- (2) 20% ROE (\$588,789) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5601
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	01/01/1999	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.7995	50.7995	0.8838	49.9157
Direct Care	70.1264	70.1264	1.2200	68.9064
Indirect Care	60.2708	60.2708	1.0486	59.2222
Property	13.6500	12.6771	0.2206	12.4565
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.6848
Supplemental Rate Add-on				9.9025
Totals	194.8467	193.8738	3.3730	218.0881

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	3,368,748	0.00	1.2299	1.2299		60	49.31	2,330,760	2,330,760	1
2000/01	23,273	0.10	1.3356	1.3356		60	49.31	2,356,825	2,390,940	
2000/07	4,535	0.10	1.1129	1.1129		60	49.31	2,363,712	2,417,520	
2001/01		0.20	1.2976	1.2976		60	49.31	2,369,211	2,448,900	
2001/07		0.20	0.9615	0.9615		60	49.31	2,373,296	2,472,420	
2002/01		0.30	1.0301	1.0301		60	49.31	2,379,871	2,497,860	
2002/07	13,203	0.30	0.8337	0.8337		60	58.49	2,399,026	2,518,680	
2003/01		0.40	1.3271	1.3271		60	58.49	2,411,760	2,552,100	
2003/07		0.40	1.1664	1.1664		60	62.63	2,423,013	2,581,860	
2004/01		0.50	1.1103	1.1103		60	62.63	2,436,466	2,610,540	
2004/07	17,649	0.50	0.8378	0.8378		60	64.63	2,464,321	2,632,440	
2005/01		0.60	0.8595	0.8595		60	64.63	2,477,030	2,655,060	
2005/07		0.60	0.7364	0.7364		60	64.63	2,487,974	2,674,620	
2006/01	13,156	0.70	0.9068	0.9068		60	49.91	2,515,462	2,698,860	
2006/07	43,072	0.70	0.8133	0.8133		60	49.57	2,571,441	2,720,820	
2007/01		0.80	1.0133	1.0133		60	49.57	2,590,227	2,748,360	
2007/07		0.80	1.1050	1.1050		60	42.74	2,608,021	2,778,720	
2008/01		0.90	0.8556	0.8556		60	42.74	2,623,626	2,802,480	
2008/07		0.90	0.6104	0.6104		60	45.61	2,635,579	2,819,580	
2009/01		1.00	1.3268	1.3268		60	45.61	2,664,578	2,857,020	
2009/07		1.00	0.6841	0.6841		60	45.61	2,679,694	2,876,580	
2010/01		1.00	0.8643	0.8643		60	43.87	2,698,168	2,901,420	
2010/07	28,133	1.00	0.7107	0.7107		60	46.61	2,742,552	2,922,060	
2011/01		1.00	0.9198	0.9198		60	46.61	2,763,930	2,948,940	
2011/07		1.00	0.9028	0.9028		60	46.61	2,785,076	2,975,580	
2012/01		1.00	0.3865	0.3865		60	47.03	2,794,280	2,987,100	
2012/07		1.00	0.9417	0.9417		60	47.03	2,816,781	3,015,240	
2013/01		1.00	0.4901	0.4901		60	47.06	2,828,593	3,030,000	
2013/07	29,652	1.00	0.6196	0.6196		60	47.08	2,873,247	3,048,780	
2014/01		1.00	0.8564	0.8564		60	47.08	2,894,310	3,074,880	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		60	47.08	2,924,989	3,112,980	
2015/01		1.00	0.7571	0.7571		60	47.08	2,943,945	3,136,560	

Message Code:

1 Per Bed Standard Limitation

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Baya Pointe Nursing and Rehabilitation Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
587 SE ERMINE AVE	1/1/2013-12/31/2013	Number of Beds: 90	Superior: 0
LAKE CITY, FL 32025	Days in CR 365	Maximum: 32,850	Standard: 243
County: Columbia [12]	First Used : 2013/07	Max Annualized: 32,850	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 29,858	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,989	Inflation
Current Class North Small	Initial CR? False	Medicaid: 16,384	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	54.87307%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.89193%	Cost: 1.00000000
Open Date: 01/07/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/07/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/25/1994	Low Occupancy Adjustment Factor:	116.06490%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 308111			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,801	1,294,829	925,293	746,619		3,770,542
1a	Audit Adjustments						
2	Cost Per Diem	49.0601	79.0301	56.4754	45.5700		230.1356
3	Cost Per Diem Inflated	49.0601	79.0301	56.4754			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0601	79.0301	56.4754	45.5700		230.1356
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500		
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441			
10	Target Rate Class Ceiling	55.8134		67.8397			
10a	New Provider Target Limitation	55.2220		62.3466			
10b	Base for line 10a	53.2712		60.1441			
11	Lesser of 5,7,8,10, 10a	49.0601	79.0301	56.4754	13.6500		198.2156
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	49.0601	79.0301	56.4754	13.6500		198.2156
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

Baya Pointe Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/25/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	9,120,000.00	Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable	80% Capital(1):	3,636,415 9.7407
Indexed Asset Value	4,545,519	<60% of Base:	False	20% ROE(2):	909,104 0.5765
FRVS Base Asset:	1,995,300	Interest Rate:	5.0000%	Insurance Cost(3):	16,400 0.5493
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	84,200 2.8200
ROE Factor	0.018750	Amortization Rate:	5.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	287,985	Total FRVS PD:	13.6865

- (1) 80% Capital (\$3,636,415) amortized at 5.0000 % for 20 years Principal & Interest of \$287,985 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$9.7407
- (2) 20% ROE (\$909,104) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.5765
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,255
Comparison Date:	07/01/1993	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,995,300

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.0601	49.0601	0.8535	48.2066
Direct Care	79.0301	79.0301	1.3749	77.6552
Indirect Care	56.4754	56.4754	0.9825	55.4929
Property	13.6500	13.6865	0.2381	13.4484
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.6231
Supplemental Rate Add-on				9.9025
Totals	198.2156	198.2521	3.4490	222.3287

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	2,178,057	0.00	1.6983	1.6983		60	79.33	1,995,300	1,995,300	1
1994/07		0.10	1.5991	1.5991		60	79.33	1,998,490	2,061,660	
1995/01		0.10	1.5812	1.5812		60	79.33	2,001,650	2,094,240	
1995/07		0.20	1.5250	1.5250		60	79.33	2,001,650	2,126,160	5
1996/01		0.20	1.7228	1.7228		60	79.33	2,014,674	2,162,820	
1996/07		0.30	1.3294	1.3294		60	79.33	2,022,709	2,191,560	
1997/01		0.30	1.4109	1.4109		60	79.35	2,031,271	2,222,460	
1997/07		0.40	1.0917	1.0917		60	79.35	2,040,142	2,246,700	
1998/01		0.40	1.1663	1.1663		60	79.35	2,049,659	2,272,920	
1998/07		0.50	1.0794	1.0794		60	68.14	2,060,721	2,297,460	
1999/01		0.50	1.4499	1.4499		60	68.14	2,075,661	2,330,760	
1999/07		0.60	1.2299	1.2299		60	70.82	2,090,977	2,359,440	
2000/01		0.60	1.3356	1.3356		60	70.82	2,107,734	2,390,940	
2000/07	20,228	0.70	1.1129	1.1129		60	67.85	2,144,381	2,417,520	
2001/01		0.70	1.2976	1.2976		60	67.85	2,163,858	2,448,900	
2001/07	10,969	0.80	0.9615	0.9615		60	77.89	2,191,471	2,472,420	
2002/01		0.80	1.0301	1.0301		60	77.89	2,191,471	2,497,860	5
2002/07	11,227	0.90	0.8337	0.8337		60	76.26	2,237,336	2,518,680	
2003/01		0.90	1.3271	1.3271		60	76.26	2,264,059	2,552,100	
2003/07	10,636	1.00	1.1664	1.1664		60	78.22	2,301,103	2,581,860	
2004/01		1.00	1.1103	1.1103		60	78.22	2,326,652	2,610,540	
2004/07		1.00	0.8378	0.8378		60	71.37	2,346,145	2,632,440	
2005/01	46,204	1.00	0.8595	0.8595		60	66.97	2,412,514	2,655,060	
2005/07	7,976	1.00	0.7364	0.7364		60	66.97	2,438,256	2,674,620	
2006/01	34,687	1.00	0.9068	0.9068		60	66.97	2,495,053	2,698,860	
2006/07	576	1.00	0.8133	0.8133		60	66.97	2,515,921	2,720,820	
2007/01		1.00	1.0133	1.0133		60	66.97	2,541,415	2,748,360	
2007/07		1.00	1.1050	1.1050		60	66.97	2,569,498	2,778,720	
2008/01	1,408,884	1.00	0.8556	0.8556		90	60.87	4,000,367	4,203,720	
2008/07		1.00	0.6104	0.6104		90	60.87	4,024,785	4,229,370	



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222.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		1.00	1.3268	1.3268		90	60.87	4,078,186	4,285,530	
2009/07		1.00	0.6841	0.6841		90	46.35	4,101,697	4,314,870	
2010/01	16,736	1.00	0.8643	0.8643		90	54.16	4,153,343	4,352,130	
2010/07		1.00	0.7107	0.7107		90	54.16	4,182,410	4,383,090	
2011/01		1.00	0.9198	0.9198		90	53.94	4,220,138	4,423,410	
2011/07		1.00	0.9028	0.9028		90	53.94	4,257,503	4,463,370	
2012/01		1.00	0.3865	0.3865		90	53.94	4,273,641	4,480,650	
2012/07		1.00	0.9417	0.9417		90	54.51	4,313,527	4,522,860	
2013/01		1.00	0.4901	0.4901		90	54.51	4,334,479	4,545,000	
2013/07	61,723	1.00	0.6196	0.6196		90	54.87	4,422,995	4,573,170	
2014/01		1.00	0.8564	0.8564		90	54.87	4,460,784	4,612,320	
2014/07		0.95	1.2383	1.2383		90	54.87	4,513,137	4,669,470	
2015/01		0.95	0.7571	0.7571		90	54.87	4,545,519	4,704,840	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 094353-00 - 2015/01

251.28

Hawthorne Health and Rehab of Sarasota

Type of Cost Report: Interim New Facility Type of Cost: Estimated Type of Rate: Interim
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: New Provider

Provider Information	Cost Report	Patient Days	Ratings Days
5381 Desoto Road	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SARASOTA, FL 34235	Days in CR 365	Maximum: 43,800	Standard: 243
County: Sarasota [58]	First Used : 2013/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 16,123	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,080	Inflation
Current Class South Large	Initial CR? True	Medicaid: 6,491	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	40.25926%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	36.81050%	Cost: 1.00000000
Open Date: 01/15/2013	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/22/2012	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/15/2013	Low Occupancy Adjustment Factor:	47.00535%	DC Sem Index: 1.25449501
Med # Active Date: 01/15/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	537,974	648,762	732,857	709,531		2,629,124
1a	Audit Adjustments						
2	Cost Per Diem	82.8800	99.9479	112.9036	109.3100		405.0415
3	Cost Per Diem Inflated	82.8800	99.9479	112.9036			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	82.8800	99.9479	112.9036	109.3100		405.0415
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500		
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416			
10	Target Rate Class Ceiling	58.0184		65.5807			
10a	New Provider Target Limitation	54.9501		63.3589			
10b	Base for line 10a	53.0089		61.1206			
11	Lesser of 5,7,8,10, 10a	54.9501	99.8648	63.3589	13.6500		231.8238
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	54.9501	99.8648	63.3589	13.6500		231.8238
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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251.28

Rate Semester 01/01/2015 through 08/31/2015

Hawthorne Health and Rehab of Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/15/2013	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	12,321,195.00		Total Amount	Per Diem
RS to Start Calcs:	2012/01	Type:	Fixed	80% Capital(1):	4,843,717	9.5285
Indexed Asset Value	6,054,646	<60% of Base:	False	20% ROE(2):	1,210,929	0.5121
FRVS Base Asset:	0	Interest Rate:	4.7500%	Insurance Cost(3):	51,840	3.2153
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	15,000	0.9303
ROE Factor	0.016670	Amortization Rate:	4.7500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	375,615	Total FRVS PD:		14.1862

- (1) 80% Capital (\$4,843,717) amortized at 4.7500 % for 20 years Principal & Interest of \$375,615 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.5285
- (2) 20% ROE (\$1,210,929) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5121
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	50,254
Comparison Date:	07/01/2012	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	6,030,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.9501	54.9501	0.9560	53.9941
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	63.3589	63.3589	1.1023	62.2566
Property	13.6500	14.1862	0.2468	13.9394
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.0614
Supplemental Rate Add-on				9.9025
Totals	231.8238	232.3600	4.0425	251.2814

Medicaid Trend Adjustment



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251.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	18,567,623	0.00	0.4901	0.4901		120	40.26	6,030,480	6,030,480	1
2013/07		0.10	0.6196	0.6196		120	40.26	6,033,217	6,097,560	
2014/01		0.10	0.8564	0.8564		120	40.26	6,036,997	6,149,760	
2014/07		0.20	1.2383	1.2383		120	40.26	6,047,943	6,225,960	
2015/01		0.20	0.7571	0.7571		120	40.26	6,054,646	6,273,120	

Message Code:

1 Per Bed Standard Limitation

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

0 096150-00 - 2015/01

232.25

Willowbrooke Court at Azalea Trace

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Nonprofit : 501(c)(3) Organization CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10100 HILL VIEW DR	1/1/2013-12/31/2013	Number of Beds: 82	Superior: 0
PENSACOLA, FL 32514	Days in CR 365	Maximum: 29,930	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 29,930	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 23,964	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,615	Inflation
Current Class North Small	Initial CR? False	Medicaid: 3,491	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	14.56768%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.06682%	Cost: 1.04340134
Open Date: 05/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 09/01/1988	Low Occupancy Adjustment Factor:	102.24172%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 210374			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	173,274	322,335	264,048	40,461		800,118	
1a	Audit Adjustments							
2	Cost Per Diem	49.6345	92.3332	75.6368	11.5901		229.1946	
3	Cost Per Diem Inflated	51.7887	95.3346	78.9195				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.7887	95.3346	78.9195	11.5901		237.6329	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	86.2020		115.7856				
7	Provider Target Rate	89.3588		120.0258				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	51.7887	95.3346	67.8397	11.5901		226.5531	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.7887	95.3346	67.8397	11.5901		226.5531	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Willowbrooke Court at Azalea Trace

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,225,224.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Variable	80% Capital(1):	2,477,414	6.3160
Indexed Asset Value	3,096,767	<60% of Base:	False	20% ROE(2):	619,353	0.4311
FRVS Base Asset:	2,040,570	Interest Rate:	3.3500%	Insurance Cost(3):	11,220	0.4682
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	9,168	0.3826
ROE Factor	0.018750	Amortization Rate:	3.3500%	Home Office(3):	89,301	3.7265
		Interest Only:	False	Replacement(3&4):	2,200,435	0.0000
		Yearly Payment:	170,133	Total FRVS PD:		11.3244

- (1) 80% Capital (\$2,477,414) amortized at 3.3500 % for 20 years Principal & Interest of \$170,133 divided by annual available days (29930) divided by Occup. Adj. (0.90) = \$6.3160
- (2) 20% ROE (\$619,353) times the ROE factor (0.018750) divided by annual available days (29930) divided by Occup. Adj. (0.90) = \$0.4311
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	22,673
Comparison Date:	07/01/1980	Current RS PBS:	52,276
Comparison Bed	90	Effective PBS Limitation	2,040,570

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.7887	51.7887	0.9010	50.8877
Direct Care	95.3346	95.3346	1.6586	93.6760
Indirect Care	67.8397	67.8397	1.1802	66.6595
Property	11.5901	11.3244	0.1970	11.1274
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	226.5531	226.2874	3.9368	232.2531

Medicaid Trend Adjustment



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232.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	3,083,124	0.00	3.8241	3.0000	0.8241	90		2,040,570	2,040,570	1
1981/07		0.10	3.4129	3.0000	0.4129	90		2,040,570	2,173,410	
1982/01		0.10	3.0888	3.0000	0.0888	90		2,040,570	2,231,640	
1982/07		0.20	2.3865	2.3865		90		2,040,570	2,282,850	
1983/04		0.20	2.6288	2.6288		90		2,040,570	2,342,880	
1983/07		0.30	3.9578	3.0000	0.9578	90		2,040,570	2,435,580	
1984/01		0.30	2.2530	2.2530		90		2,040,570	2,467,170	
1984/07		0.40	1.9179	1.9179		90		2,040,570	2,514,510	
1985/01		0.40	1.1471	1.1471		90		2,040,570	2,543,310	
1985/10		0.50	0.8522	0.8522		90		2,040,570	2,565,000	
1986/01		0.50	0.8299	0.8299		90		2,040,570	2,586,330	
1986/07		0.60	0.2974	0.2974		90		2,040,570	2,581,380	
1987/01		0.60	1.0091	1.0091		90		2,040,570	2,627,550	
1987/07		0.70	0.9007	0.9007		90		2,040,570	2,648,070	
1988/01		0.70	0.9007	0.9007		90		2,040,570	2,669,580	
1988/07		0.80	0.5899	0.5899		90	18.46	2,040,570	2,668,140	
1989/01		0.80	0.5899	0.5899		90	18.46	2,040,570	2,683,890	
1989/07		0.90	0.5899	0.5899		90	18.46	2,040,570	2,702,070	
1990/01		0.90	0.5899	0.5899		90	18.46	2,040,570	2,715,660	
1990/07		1.00	0.5899	0.5899		90	18.46	2,040,570	2,731,680	
1991/01		1.00	0.5899	0.5899		90	18.46	2,040,570	2,747,700	
1991/07		1.00	1.4932	1.4932		90	28.48	2,056,348	2,788,740	
1992/01		1.00	2.0117	2.0117		90	28.48	2,077,769	2,844,810	
1992/07		1.00	1.8152	1.8152		90	30.13	2,098,430	2,896,470	
1993/01		1.00	1.7710	1.7710		90	30.13	2,118,789	2,947,770	
1993/07		1.00	1.5329	1.5329		90	39.06	2,141,855	2,992,950	
1994/01		1.00	1.6983	1.6983		90	39.06	2,167,688	3,043,800	
1994/07	219,646	1.00	1.5991	1.5991		106	46.31	2,416,521	3,642,266	
1995/01		1.00	1.5812	1.5812		106	46.31	2,448,694	3,699,824	
1995/07		1.00	1.5250	1.5250		106	47.90	2,481,216	3,756,216	



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232.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01		1.00	1.7228	1.7228		106	47.90	2,518,444	3,820,982	
1996/07		1.00	1.3294	1.3294		106	49.24	2,548,418	3,871,756	
1997/01		1.00	1.4109	1.4109		106	49.24	2,580,608	3,926,346	
1997/07		1.00	1.0917	1.0917		106	43.01	2,602,639	3,969,170	
1998/01		1.00	1.1663	1.1663		106	43.01	2,626,376	4,015,492	
1998/07		1.00	1.0794	1.0794		106	44.26	2,649,189	4,058,846	
1999/01		1.00	1.4499	1.4499		106	44.26	2,680,099	4,117,676	
1999/07		1.00	1.2299	1.2299		106	50.71	2,710,490	4,168,344	
2000/01		1.00	1.3356	1.3356		106	50.71	2,743,868	4,223,994	
2000/07		1.00	1.1129	1.1129		106	52.63	2,773,089	4,270,952	
2001/01		1.00	1.2976	1.2976		106	52.63	2,807,522	4,326,390	
2001/07		0.95	0.9615	0.9615		106	49.69	2,830,690	4,367,942	
2002/01		0.95	1.0301	1.0301		106	49.69	2,855,717	4,412,886	
2002/07		0.90	0.8337	0.8337		106	45.83	2,873,571	4,449,668	
2003/01		0.90	1.3271	1.3271		106	45.83	2,902,171	4,508,710	
2003/07		0.85	1.1664	1.1664		106	42.86	2,924,592	4,561,286	
2004/01		0.85	1.1103	1.1103		106	42.86	2,924,592	4,611,954	5
2004/07		0.80	0.8378	0.8378		106	42.86	2,961,489	4,650,644	
2005/01		0.80	0.8595	0.8595		106	40.05	2,976,317	4,690,606	
2005/07		0.75	0.7364	0.7364		106	40.05	2,988,287	4,725,162	
2006/01		0.75	0.9068	0.9068		106	39.91	3,003,034	4,767,986	
2006/07		0.70	0.8133	0.8133		106	39.91	3,015,440	4,806,782	
2007/01		0.70	1.0133	1.0133		106	37.97	3,030,206	4,855,436	
2007/07		0.65	1.1050	1.1050		106	37.97	3,045,232	4,909,072	
2008/01		0.65	0.8556	0.8556		106	33.80	3,055,639	4,951,048	
2008/07		0.60	0.6104	0.6104		106	33.80	3,062,516	4,981,258	
2009/01		0.60	1.3268	1.3268		106	33.39	3,077,317	5,047,402	
2009/07		0.55	0.6841	0.6841		106	33.39	3,084,347	5,081,958	
2010/01		0.55	0.8643	0.8643		82	26.63	3,091,447	3,965,274	
2010/07		0.50	0.7107	0.7107		82	26.63	3,096,767	3,993,482	



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0 096150-00 - 2015/01

232.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		82	23.33	3,096,767	4,030,218	
2011/07		0.45	0.9028	0.9028		82	23.33	3,096,767	4,066,626	
2012/01		0.45	0.3865	0.3865		82	21.10	3,096,767	4,082,370	
2012/07		0.40	0.9417	0.9417		82	21.10	3,096,767	4,120,828	
2013/01		0.40	0.4901	0.4901		82	20.05	3,096,767	4,141,000	
2013/07		0.35	0.6196	0.6196		82	20.05	3,096,767	4,166,666	
2014/01		0.35	0.8564	0.8564		82	18.68	3,096,767	4,202,336	
2014/07		0.30	1.2383	1.2383		82	18.68	3,096,767	4,254,406	
2015/01		0.30	0.7571	0.7571		82	14.57	3,096,767	4,286,632	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID: 096150123120130101201312022014082058



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 098577-00 - 2015/01

237.79

Palm Garden of Aventura

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
21251 E DIXIE HIGHWAY	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
NORTH MIAMI BEACH , FL 33180	Days in CR 365	Maximum: 43,800	Standard: 243
County: Dade [13]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 42,162	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 12,181	Inflation
Current Class South Large	Initial CR? False	Medicaid: 24,184	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	57.35971%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.26027%	Cost: 1.00000000
Open Date: 07/13/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/13/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 07/13/1988	Low Occupancy Adjustment Factor:	122.92003%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257494			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,191,726	2,144,063	1,497,246	798,314		5,631,349	
1a	Audit Adjustments							
2	Cost Per Diem	49.2775	88.6563	61.9106	33.0100		232.8544	
3	Cost Per Diem Inflated	49.2775	88.6563	61.9106				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.2775	88.6563	61.9106	33.0100		232.8544	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	51.1830		64.3925				
10b	Base for line 10a	49.3748		62.1177				
11	Lesser of 5,7,8,10, 10a	49.2775	88.6563	61.9106	13.6500		213.4944	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.2775	88.6563	61.9106	13.6500		213.4944	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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237.79

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Aventura

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/13/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,598,642 8.8074
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	1,149,660 0.5710
Indexed Asset Value	5,748,302	Interest Rate:	4.4350%	Insurance Cost(3):	41,301 0.9796
FRVS Base Asset:	3,559,440	Chase Rate:	3.2500%	Taxes Cost(3):	141,365 3.3529
Occup Adj Factor	0.9000	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	347,186	Total FRVS PD:	13.7109

- (1) 80% Capital (\$4,598,642) amortized at 4.4350 % for 20 years Principal & Interest of \$347,186 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.8074
 (2) 20% ROE (\$1,149,660) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5710
 (3) Pass-throughs: Cost divided by Total Patient Days
 (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 01/01/1988	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.2775	49.2775	0.8573	48.4202
Direct Care	88.6563	88.6563	1.5424	87.1139
Indirect Care	61.9106	61.9106	1.0771	60.8335
Property	13.6500	13.7109	0.2385	13.4724
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.0470
Supplemental Rate Add-on				9.9025
Totals	213.4944	213.5553	3.7153	237.7895

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2014

0 098577-00 - 2015/01

237.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	6,734,529	0.00	0.5899	0.5899		120	34.58	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	34.58	3,560,760	3,578,520	
1989/07	18,819	0.10	0.5899	0.5899		120	34.58	3,580,900	3,602,760	
1990/01		0.20	0.5899	0.5899		120	34.58	3,583,557	3,620,880	
1990/07		0.20	0.5899	0.5899		120	34.58	3,586,216	3,642,240	
1991/01		0.30	0.5899	0.5899		120	34.58	3,586,216	3,663,600	5
1991/07		0.30	1.4932	1.4932		120	34.58	3,590,207	3,718,320	5
1992/01	21,335	0.40	2.0117	2.0117		120	49.07	3,647,503	3,793,080	
1992/07		0.40	1.8152	1.8152		120	49.07	3,671,132	3,861,960	
1993/01	17,648	0.50	1.7710	1.7710		120	56.95	3,721,288	3,930,360	
1993/07		0.50	1.5329	1.5329		120	56.95	3,749,812	3,990,600	
1994/01	35,373	0.60	1.6983	1.6983		120	58.59	3,823,396	4,058,400	
1994/07		0.60	1.5991	1.5991		120	58.59	3,860,081	4,123,320	
1995/01	70,035	0.70	1.5812	1.5812		120	46.92	3,966,563	4,188,480	
1995/07		0.70	1.5250	1.5250		120	46.92	4,002,685	4,252,320	
1996/01		0.80	1.7228	1.7228		120	44.78	4,047,599	4,325,640	
1996/07		0.80	1.3294	1.3294		120	44.78	4,082,646	4,383,120	
1997/01	42,882	0.90	1.4109	1.4109		120	50.38	4,173,015	4,444,920	
1997/07		0.90	1.0917	1.0917		120	50.38	4,210,571	4,493,400	
1998/01		1.00	1.1663	1.1663		120	50.61	4,255,759	4,545,840	
1998/07		1.00	1.0794	1.0794		120	50.61	4,298,029	4,594,920	
1999/01		1.00	1.4499	1.4499		120	48.75	4,353,265	4,661,520	
1999/07		1.00	1.2299	1.2299		120	50.39	4,402,318	4,718,880	
2000/01		1.00	1.3356	1.3356		120	50.39	4,456,187	4,781,880	
2000/07		1.00	1.1129	1.1129		120	50.39	4,501,623	4,835,040	
2001/01		1.00	1.2976	1.2976		120	50.39	4,501,623	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	50.39	4,595,267	4,944,840	
2002/01		1.00	1.0301	1.0301		120	58.01	4,642,603	4,995,720	
2002/07		1.00	0.8337	0.8337		120	58.01	4,681,308	5,037,360	
2003/01		1.00	1.3271	1.3271		120	58.01	4,743,434	5,104,200	



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237.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	58.01	4,798,761	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.01	4,852,042	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.01	4,892,692	5,264,880	
2005/01	38,242	1.00	0.8595	0.8595		120	50.04	4,969,194	5,310,120	
2005/07		1.00	0.7364	0.7364		120	50.04	5,002,487	5,349,240	
2006/01		1.00	0.9068	0.9068		120	50.04	5,043,759	5,397,720	
2006/07		1.00	0.8133	0.8133		120	55.05	5,084,780	5,441,640	
2007/01		1.00	1.0133	1.0133		120	55.05	5,136,304	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.23	5,193,060	5,557,440	
2008/01		1.00	0.8556	0.8556		120	59.83	5,237,492	5,604,960	
2008/07		1.00	0.6104	0.6104		120	59.83	5,269,462	5,639,160	
2009/01		0.95	1.3268	1.3268		120	60.04	5,335,884	5,714,040	
2009/07		0.95	0.6841	0.6841		120	60.04	5,370,562	5,753,160	
2010/01		0.90	0.8643	0.8643		120	60.04	5,412,340	5,802,840	
2010/07		0.90	0.7107	0.7107		120	57.92	5,446,957	5,844,120	
2011/01		0.85	0.9198	0.9198		120	60.65	5,489,541	5,897,880	
2011/07		0.85	0.9028	0.9028		120	60.65	5,531,668	5,951,160	
2012/01		0.80	0.3865	0.3865		120	60.65	5,548,772	5,974,200	
2012/07		0.80	0.9417	0.9417		120	56.20	5,590,576	6,030,480	
2013/01		0.75	0.4901	0.4901		120	56.20	5,611,127	6,060,000	
2013/07		0.75	0.6196	0.6196		120	57.36	5,637,202	6,097,560	
2014/01		0.70	0.8564	0.8564		120	57.36	5,670,997	6,149,760	
2014/07		0.70	1.2383	1.2383		120	57.36	5,720,153	6,225,960	
2015/01		0.65	0.7571	0.7571		120	57.36	5,748,302	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 098580-00 - 2015/01

244.53

Palm Garden of Clearwater

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
3480 MCMULLEN BOOTH RD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33761	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 41,435	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,479	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,262	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	56.14094%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.60046%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 09/18/1987	Low Occupancy Adjustment Factor:	120.80052%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257460			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,080,024	2,214,965	1,338,339	866,510		5,499,838
1a	Audit Adjustments						
2	Cost Per Diem	46.4287	95.2182	57.5333	37.2500		236.4302
3	Cost Per Diem Inflated	46.4287	95.2182	57.5333			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4287	95.2182	57.5333	37.2500		236.4302
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	48.3625		59.8924			
10b	Base for line 10a	46.6540		57.7766			
11	Lesser of 5,7,8,10, 10a	46.4287	95.2182	57.5333	13.6500		212.8302
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	46.4287	95.2182	57.5333	13.6500		212.8302
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 098580-00 - 2015/01

244.53

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Clearwater

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/18/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,374,781.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed	80% Capital(1):	4,856,827	15.2608
Indexed Asset Value	6,071,034	<60% of Base:	False	20% ROE(2):	1,214,207	0.6031
FRVS Base Asset:	3,503,400	Interest Rate:	11.0000%	Insurance Cost(3):	42,503	1.0258
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	81,999	1.9790
ROE Factor	0.019580	Amortization Rate:	11.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	601,579	Total FRVS PD:		18.8687

- (1) 80% Capital (\$4,856,827) amortized at 11.0000 % for 20 years Principal & Interest of \$601,579 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.2608
- (2) 20% ROE (\$1,214,207) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6031
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.4287	46.4287	0.8077	45.6210
Direct Care	95.2182	95.2182	1.6566	93.5616
Indirect Care	57.5333	57.5333	1.0009	56.5324
Property	13.6500	18.8687	0.3283	18.5404
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3693
Supplemental Rate Add-on				9.9025
Totals	212.8302	218.0489	3.7935	244.5272

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2014

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244.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	5,572,553	0.00	0.9007	0.9007		120	38.83	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	38.83	3,505,629	3,559,440	
1988/07		0.10	0.5899	0.5899		120	38.83	3,507,089	3,557,520	
1989/01		0.20	0.5899	0.5899		120	38.83	3,510,011	3,578,520	
1989/07		0.20	0.5899	0.5899		120	38.83	3,512,935	3,602,760	
1990/01		0.30	0.5899	0.5899		120	38.83	3,517,325	3,620,880	
1990/07		0.30	0.5899	0.5899		120	38.83	3,521,720	3,642,240	
1991/01		0.40	0.5899	0.5899		120	38.21	3,527,494	3,663,600	
1991/07	32,860	0.40	1.4932	1.4932		120	43.55	3,577,037	3,718,320	
1992/01		0.50	2.0117	2.0117		120	43.55	3,605,528	3,793,080	
1992/07	18,831	0.50	1.8152	1.8152		120	51.12	3,654,774	3,861,960	
1993/01		0.60	1.7710	1.7710		120	51.12	3,690,870	3,930,360	
1993/07	25,635	0.60	1.5329	1.5329		120	51.13	3,748,061	3,990,600	
1994/01		0.70	1.6983	1.6983		120	51.13	3,789,483	4,058,400	
1994/07	69,734	0.70	1.5991	1.5991		120	49.21	3,897,171	4,123,320	
1995/01		0.80	1.5812	1.5812		120	49.21	3,941,280	4,188,480	
1995/07		0.80	1.5250	1.5250		120	45.01	3,980,630	4,252,320	
1996/01		0.90	1.7228	1.7228		120	45.01	4,031,139	4,325,640	
1996/07	42,281	0.90	1.3294	1.3294		120	46.12	4,113,865	4,383,120	
1997/01		1.00	1.4109	1.4109		120	46.12	4,162,536	4,444,920	
1997/07	1,149,206	1.00	1.0917	1.0917		120	47.02	5,350,591	4,493,400	6
1998/01		1.00	1.1663	1.1663		120	47.02	5,350,591	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	47.02	5,350,591	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	53.99	5,350,591	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	61.33	5,350,591	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	61.33	5,350,591	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	61.33	5,350,591	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	61.33	5,350,591	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	61.33	5,350,591	4,944,840	3
2002/01	12,866	1.00	1.0301	1.0301		120	57.40	5,350,591	4,995,720	3



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0 098580-00 - 2015/01

244.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	57.40	5,350,591	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	57.40	5,350,591	5,104,200	3
2003/07		1.00	1.1664	1.1664		120	57.40	5,350,591	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	57.40	5,350,591	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	57.40	5,350,591	5,264,880	3
2005/01	22,533	1.00	0.8595	0.8595		120	60.51	5,350,591	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	56.85	5,350,591	5,349,240	3
2006/01		1.00	0.9068	0.9068		120	56.85	5,397,720	5,397,720	8
2006/07	29,157	1.00	0.8133	0.8133		120	50.80	5,441,640	5,441,640	8
2007/01		1.00	1.0133	1.0133		120	50.80	5,492,569	5,496,720	
2007/07		1.00	1.1050	1.1050		120	50.26	5,548,031	5,557,440	
2008/01		0.95	0.8556	0.8556		120	50.26	5,589,239	5,604,960	
2008/07		0.95	0.6104	0.6104		120	50.87	5,619,217	5,639,160	
2009/01		0.90	1.3268	1.3268		120	48.17	5,677,984	5,714,040	
2009/07		0.90	0.6841	0.6841		120	48.17	5,708,602	5,753,160	
2010/01		0.85	0.8643	0.8643		120	48.17	5,745,335	5,802,840	
2010/07		0.85	0.7107	0.7107		120	50.06	5,776,925	5,844,120	
2011/01		0.80	0.9198	0.9198		120	50.06	5,815,614	5,897,880	
2011/07		0.80	0.9028	0.9028		120	60.85	5,857,614	5,951,160	
2012/01		0.75	0.3865	0.3865		120	57.99	5,874,595	5,974,200	
2012/07		0.75	0.9417	0.9417		120	57.99	5,916,087	6,030,480	
2013/01		0.70	0.4901	0.4901		120	57.99	5,936,385	6,060,000	
2013/07		0.70	0.6196	0.6196		120	56.14	5,962,131	6,097,560	
2014/01		0.65	0.8564	0.8564		120	56.14	5,995,322	6,149,760	
2014/07		0.65	1.2383	1.2383		120	56.14	6,043,578	6,225,960	
2015/01		0.60	0.7571	0.7571		120	56.14	6,071,034	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
6 Not Limited to Current Per Bed Standard
8 Limited to Current RS Per Bed Standard |
|--|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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228.74

Palm Garden of Gainesville

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
227 SW 62ND BLVD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
GAINESVILLE, FL 32607	Days in CR 365	Maximum: 43,800	Standard: 243
County: Alachua [1]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 42,885	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,208	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,362	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	47.48047%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.91096%	Cost: 1.00000000
Open Date: 07/20/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/20/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 07/21/1987	Low Occupancy Adjustment Factor:	125.02788%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257265			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	908,002	1,909,076	1,125,052	788,824		4,730,954	
1a	Audit Adjustments							
2	Cost Per Diem	44.5930	93.7568	55.2525	38.7400		232.3423	
3	Cost Per Diem Inflated	44.5930	93.7568	55.2525				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.5930	93.7568	55.2525	38.7400		232.3423	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	46.2568		57.5913				
10b	Base for line 10a	44.6227		55.5568				
11	Lesser of 5,7,8,10, 10a	44.5930	93.7568	55.2525	13.6500		207.2523	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.5930	93.7568	55.2525	13.6500		207.2523	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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228.74

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Gainesville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,750,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,792,136 9.1780
RS to Start Calcs:	1987/07	<60% of Base:	False	20% ROE(2):	1,198,034 0.5951
Indexed Asset Value	5,990,170	Interest Rate:	4.4350%	Insurance Cost(3):	43,685 1.0187
FRVS Base Asset:	3,503,400	Chase Rate:	3.2500%	Taxes Cost(3):	116,516 2.7169
Occup Adj Factor	0.9000	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	361,795	Total FRVS PD:	13.5087

- (1) 80% Capital (\$4,792,136) amortized at 4.4350 % for 20 years Principal & Interest of \$361,795 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.1780
- (2) 20% ROE (\$1,198,034) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5951
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.5930	44.5930	0.7758	43.8172
Direct Care	93.7568	93.7568	1.6311	92.1257
Indirect Care	55.2525	55.2525	0.9613	54.2912
Property	13.6500	13.5087	0.2350	13.2737
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.3329
Supplemental Rate Add-on				9.9025
Totals	207.2523	207.1110	3.6032	228.7432

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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228.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,618,331	0.00	0.9007	0.9007		120	65.35	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	65.35	3,506,557	3,559,440	
1988/07	14,358	0.10	0.5899	0.5899		120	65.35	3,522,984	3,557,520	
1989/01		0.20	0.5899	0.5899		120	65.35	3,527,141	3,578,520	
1989/07		0.20	0.5899	0.5899		120	65.35	3,531,303	3,602,760	
1990/01		0.30	0.5899	0.5899		120	65.35	3,537,553	3,620,880	
1990/07		0.30	0.5899	0.5899		120	65.35	3,543,814	3,642,240	
1991/01		0.40	0.5899	0.5899		120	68.72	3,552,177	3,663,600	
1991/07		0.40	1.4932	1.4932		120	66.34	3,573,394	3,718,320	
1992/01		0.50	2.0117	2.0117		120	66.34	3,609,339	3,793,080	
1992/07	26,819	0.50	1.8152	1.8152		120	62.19	3,668,916	3,861,960	
1993/01		0.60	1.7710	1.7710		120	62.19	3,707,902	3,930,360	
1993/07	23,525	0.60	1.5329	1.5329		120	62.24	3,765,529	3,990,600	
1994/01		0.70	1.6983	1.6983		120	62.24	3,810,294	4,058,400	
1994/07	27,222	0.70	1.5991	1.5991		120	66.78	3,880,168	4,123,320	
1995/01		0.80	1.5812	1.5812		120	66.78	3,929,252	4,188,480	
1995/07	58,269	0.80	1.5250	1.5250		120	60.68	4,035,458	4,252,320	
1996/01		0.90	1.7228	1.7228		120	60.68	4,098,028	4,325,640	
1996/07	29,222	0.90	1.3294	1.3294		120	53.64	4,175,070	4,383,120	
1997/01		1.00	1.4109	1.4109		120	53.64	4,232,519	4,444,920	
1997/07	1,118,490	1.00	1.0917	1.0917		120	53.51	5,395,964	4,493,400	6
1998/01		1.00	1.1663	1.1663		120	53.51	5,395,964	4,545,840	3
1998/07	47,047	1.00	1.0794	1.0794		120	53.25	5,395,964	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	53.25	5,395,964	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	41.35	5,395,964	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	41.35	5,395,964	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	41.35	5,395,964	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	41.35	5,395,964	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	41.35	5,395,964	4,944,840	3
2002/01	37,693	1.00	1.0301	1.0301		120	48.64	5,395,964	4,995,720	3



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0 098581-00 - 2015/01

228.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	48.64	5,395,964	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	48.64	5,395,964	5,104,200	3
2003/07		1.00	1.1664	1.1664		120	48.64	5,395,964	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	48.64	5,395,964	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	48.64	5,395,964	5,264,880	3
2005/01	40,493	1.00	0.8595	0.8595		120	42.38	5,395,964	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	42.38	5,395,964	5,349,240	3
2006/01		1.00	0.9068	0.9068		120	42.38	5,397,720	5,397,720	8
2006/07		1.00	0.8133	0.8133		120	43.55	5,432,481	5,441,640	
2007/01		1.00	1.0133	1.0133		120	43.55	5,476,068	5,496,720	
2007/07		1.00	1.1050	1.1050		120	46.98	5,527,755	5,557,440	
2008/01		0.95	0.8556	0.8556		120	42.98	5,562,865	5,604,960	
2008/07		0.95	0.6104	0.6104		120	42.98	5,588,074	5,639,160	
2009/01		0.90	1.3268	1.3268		120	44.16	5,641,650	5,714,040	
2009/07		0.90	0.6841	0.6841		120	44.16	5,669,540	5,753,160	
2010/01		0.85	0.8643	0.8643		120	44.16	5,702,984	5,802,840	
2010/07		0.85	0.7107	0.7107		120	47.29	5,732,606	5,844,120	
2011/01		0.80	0.9198	0.9198		120	47.29	5,768,874	5,897,880	
2011/07		0.80	0.9028	0.9028		120	48.87	5,805,893	5,951,160	
2012/01		0.75	0.3865	0.3865		120	48.87	5,820,848	5,974,200	
2012/07		0.75	0.9417	0.9417		120	48.89	5,857,393	6,030,480	
2013/01		0.70	0.4901	0.4901		120	48.89	5,875,257	6,060,000	
2013/07		0.70	0.6196	0.6196		120	47.48	5,897,254	6,097,560	
2014/01		0.65	0.8564	0.8564		120	47.48	5,925,595	6,149,760	
2014/07		0.65	1.2383	1.2383		120	47.48	5,966,769	6,225,960	
2015/01		0.60	0.7571	0.7571		120	47.48	5,990,170	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
6 Not Limited to Current Per Bed Standard
8 Limited to Current RS Per Bed Standard |
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Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 098582-00 - 2015/01

236.96

Palm Garden of Jacksonville

Type of Cost Report: Interim Change of Ownership - Budget		Type of Cost: Estimated	Type of Rate: Interim
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW	
Provider Information	Cost Report	Patient Days	Ratings Days
5725 SPRING PARK ROAD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
JACKSONVILLE , FL 32216	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 42,149	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,574	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,748	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	63.46058%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.23059%	Cost: 1.00000000
Open Date: 03/02/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/02/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 03/14/1990	Low Occupancy Adjustment Factor:	122.88213%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257273			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,253,508	2,418,738	1,424,845	685,551		5,782,642	
1a	Audit Adjustments							
2	Cost Per Diem	46.8636	90.4269	53.2692	25.6300		216.1897	
3	Cost Per Diem Inflated	46.8636	90.4269	53.2692				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.8636	90.4269	53.2692	25.6300		216.1897	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	48.8050		55.5558				
10b	Base for line 10a	47.0809		53.5932				
11	Lesser of 5,7,8,10, 10a	46.8636	90.4269	53.2692	13.6500		204.2097	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.8636	90.4269	53.2692	13.6500		204.2097	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 098582-00 - 2015/01

236.96

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Jacksonville

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/14/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,447,445.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed	80% Capital(1):	4,957,978	14.9570
Indexed Asset Value	6,197,473	<60% of Base:	False	20% ROE(2):	1,239,495	0.6157
FRVS Base Asset:	3,182,438	Interest Rate:	10.3900%	Insurance Cost(3):	43,042	1.0212
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	67,160	1.5934
ROE Factor	0.019580	Amortization Rate:	10.3900%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	589,604	Total FRVS PD:		18.1873

- (1) 80% Capital (\$4,957,978) amortized at 10.3900 % for 20 years Principal & Interest of \$589,604 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.9570
- (2) 20% ROE (\$1,239,495) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6157
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,023
Comparison Date:	07/01/1989	Current RS PBS:	52,276
Comparison Bed	106	Effective PBS Limitation	3,182,438

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.8636	46.8636	0.8153	46.0483
Direct Care	90.4269	90.4269	1.5732	88.8537
Indirect Care	53.2692	53.2692	0.9268	52.3424
Property	13.6500	18.1873	0.3164	17.8709
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9402
Supplemental Rate Add-on				9.9025
Totals	204.2097	208.7470	3.6317	236.9580

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2014

0 098582-00 - 2015/01

236.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	4,319,725	0.00	0.5899	0.5899		106	57.21	3,182,438	3,182,438	1
1990/07		0.10	0.5899	0.5899		106	57.21	3,184,316	3,217,312	
1991/01	34,136	0.10	0.5899	0.5899		106	57.21	3,220,331	3,236,180	
1991/07		0.20	1.4932	1.4932		106	57.21	3,229,947	3,284,516	
1992/01		0.20	2.0117	2.0117		106	57.21	3,242,941	3,350,554	
1992/07		0.30	1.8152	1.8152		106	57.21	3,260,602	3,411,398	
1993/01	38,451	0.30	1.7710	1.7710		106	70.97	3,316,377	3,471,818	
1993/07		0.40	1.5329	1.5329		106	70.97	3,336,713	3,525,030	
1994/01		0.40	1.6983	1.6983		106	76.50	3,359,379	3,584,920	
1994/07		0.50	1.5991	1.5991		106	76.50	3,386,241	3,642,266	
1995/01	24,658	0.50	1.5812	1.5812		106	77.35	3,437,671	3,699,824	
1995/07		0.60	1.5250	1.5250		106	77.35	3,469,126	3,756,216	
1996/01	1,458,984	0.60	1.7228	1.7228		120	72.29	4,963,970	4,325,640	
1996/07		0.70	1.3294	1.3294		120	72.29	4,963,970	4,383,120	3
1997/01	40,313	0.70	1.4109	1.4109		120	70.88	4,963,970	4,444,920	3
1997/07		0.80	1.0917	1.0917		120	70.88	4,963,970	4,493,400	3
1998/01		0.80	1.1663	1.1663		120	71.23	4,963,970	4,545,840	3
1998/07		0.90	1.0794	1.0794		120	71.23	4,963,970	4,594,920	3
1999/01	24,962	0.90	1.4499	1.4499		120	70.81	4,963,970	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	68.71	4,963,970	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	68.71	4,963,970	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	68.71	4,963,970	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	68.71	4,963,970	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	68.71	4,963,970	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	64.39	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	64.39	4,995,720	5,037,360	5
2003/01		1.00	1.3271	1.3271		120	64.39	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	64.39	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	64.39	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	64.39	5,264,795	5,264,880	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2014

0 098582-00 - 2015/01

236.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	19,410	1.00	0.8595	0.8595		120	63.61	5,310,120	5,310,120	8
2005/07		1.00	0.7364	0.7364		120	57.38	5,349,224	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.38	5,397,720	5,397,720	8
2006/07		1.00	0.8133	0.8133		120	59.78	5,441,620	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.78	5,496,720	5,496,720	8
2007/07		1.00	1.1050	1.1050		120	59.89	5,557,440	5,557,440	8
2008/01		1.00	0.8556	0.8556		120	59.89	5,604,960	5,604,960	8
2008/07		1.00	0.6104	0.6104		120	58.77	5,639,160	5,639,160	8
2009/01		1.00	1.3268	1.3268		120	67.07	5,713,980	5,714,040	
2009/07		1.00	0.6841	0.6841		120	67.07	5,753,069	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.07	5,802,793	5,802,840	
2010/07		0.95	0.7107	0.7107		120	65.90	5,841,973	5,844,120	
2011/01		0.95	0.9198	0.9198		120	65.90	5,893,020	5,897,880	
2011/07		0.90	0.9028	0.9028		120	69.44	5,940,901	5,951,160	
2012/01		0.90	0.3865	0.3865		120	69.44	5,961,569	5,974,200	
2012/07		0.85	0.9417	0.9417		120	66.11	5,961,569	6,030,480	5
2013/01		0.85	0.4901	0.4901		120	66.11	6,034,320	6,060,000	
2013/07		0.80	0.6196	0.6196		120	63.46	6,064,232	6,097,560	
2014/01		0.80	0.8564	0.8564		120	63.46	6,105,778	6,149,760	
2014/07		0.75	1.2383	1.2383		120	63.46	6,162,482	6,225,960	
2015/01		0.75	0.7571	0.7571		120	63.46	6,197,473	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 098583-00 - 2015/01

240.50

Palm Garden of Largo

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
10500 STARKEY RD	11/1/2013-10/31/2014	Number of Beds: 140	Superior: 0
LARGO, FL 33777	Days in CR 365	Maximum: 51,100	Standard: 243
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 51,100	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 47,303	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,250	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,604	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	62.58377%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.56947%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 07/31/1987	Low Occupancy Adjustment Factor:	118.20704%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257478			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,357,953	2,659,527	1,718,468	955,913		6,691,861
1a	Audit Adjustments						
2	Cost Per Diem	45.8706	89.8367	58.0485	32.2900		226.0458
3	Cost Per Diem Inflated	45.8706	89.8367	58.0485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8706	89.8367	58.0485	32.2900		226.0458
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	47.5262		58.2734			
10b	Base for line 10a	45.8472		56.2148			
11	Lesser of 5,7,8,10, 10a	45.8706	89.8367	58.0485	13.6500		207.4058
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	45.8706	89.8367	58.0485	13.6500		207.4058
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 098583-00 - 2015/01

240.50

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Largo

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/31/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,227,441.00	Total Amount	Per Diem	
RS to Start Calcs:	1987/07	Type:	Fixed	80% Capital(1):	5,704,502	15.3637
Indexed Asset Value	7,130,628	<60% of Base:	False	20% ROE(2):	1,426,126	0.6072
FRVS Base Asset:	2,277,210	Interest Rate:	11.0000%	Insurance Cost(3):	53,205	1.1248
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	110,424	2.3344
ROE Factor	0.019580	Amortization Rate:	11.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	706,575	Total FRVS PD:	19.4301	

- (1) 80% Capital (\$5,704,502) amortized at 11.0000 % for 20 years Principal & Interest of \$706,575 divided by annual available days (51100) divided by Occup. Adj. (0.90) = \$15.3637
- (2) 20% ROE (\$1,426,126) times the ROE factor (0.019580) divided by annual available days (51100) divided by Occup. Adj. (0.90) = \$0.6072
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	78	Effective PBS Limitation	2,277,210

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.8706	45.8706	0.7980	45.0726
Direct Care	89.8367	89.8367	1.5629	88.2738
Indirect Care	58.0485	58.0485	1.0099	57.0386
Property	13.6500	19.4301	0.3380	19.0921
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1246
Supplemental Rate Add-on				9.9025
Totals	207.4058	213.1859	3.7088	240.5042

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	4,699,567	0.00	0.9007	0.9007		78	23.13	2,277,210	2,277,210	1
1988/01		0.10	0.9007	0.9007		78	23.13	2,277,210	2,313,636	
1988/07		0.10	0.5899	0.5899		78	23.13	2,277,210	2,312,388	
1989/01		0.20	0.5899	0.5899		78	23.13	2,277,210	2,326,038	5
1989/07		0.20	0.5899	0.5899		78	23.13	2,277,210	2,341,794	
1990/01		0.30	0.5899	0.5899		78	23.13	2,277,210	2,353,572	
1990/07		0.30	0.5899	0.5899		78	23.13	2,277,210	2,367,456	
1991/01	9,536	0.40	0.5899	0.5899		78	26.72	2,289,357	2,381,340	
1991/07		0.40	1.4932	1.4932		78	26.72	2,296,000	2,416,908	
1992/01	16,162	0.50	2.0117	2.0117		78	29.33	2,324,478	2,465,502	
1992/07		0.50	1.8152	1.8152		78	29.33	2,335,728	2,510,274	
1993/01		0.60	1.7710	1.7710		78	39.61	2,353,603	2,554,734	
1993/07		0.60	1.5329	1.5329		78	39.61	2,369,192	2,593,890	
1994/01	1,960,143	0.70	1.6983	1.6983		120	30.76	4,345,087	4,058,400	
1994/07		0.70	1.5991	1.5991		120	30.76	4,372,289	4,123,320	
1995/01		0.80	1.5812	1.5812		120	30.76	4,403,222	4,188,480	
1995/07	48,378	0.80	1.5250	1.5250		120	33.46	4,484,281	4,252,320	
1996/01	676,400	0.90	1.7228	1.7228		140	30.84	5,199,668	5,046,580	
1996/07		0.90	1.3294	1.3294		140	30.84	5,199,668	5,113,640	3
1997/01	28,338	1.00	1.4109	1.4109		140	33.60	5,199,668	5,185,740	3
1997/07		1.00	1.0917	1.0917		140	33.60	5,234,346	5,242,300	
1998/01		1.00	1.1663	1.1663		140	33.60	5,271,641	5,303,480	
1998/07	68,618	1.00	1.0794	1.0794		140	41.47	5,360,740	5,360,740	8
1999/01	67,528	1.00	1.4499	1.4499		140	39.48	5,438,440	5,438,440	8
1999/07		1.00	1.2299	1.2299		140	49.03	5,498,067	5,505,360	
2000/01		1.00	1.3356	1.3356		140	49.03	5,563,528	5,578,860	
2000/07		1.00	1.1129	1.1129		140	49.03	5,618,724	5,640,880	
2001/01		1.00	1.2976	1.2976		140	49.03	5,683,719	5,714,100	
2001/07		1.00	0.9615	0.9615		140	49.03	5,732,436	5,768,980	
2002/01	47,952	1.00	1.0301	1.0301		140	51.55	5,828,340	5,828,340	8



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240.50

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		140	51.55	5,873,883	5,876,920	
2003/01		1.00	1.3271	1.3271		140	51.55	5,946,946	5,954,900	
2003/07		1.00	1.1664	1.1664		140	51.55	6,011,960	6,024,340	
2004/01		1.00	1.1103	1.1103		140	51.55	6,074,524	6,091,260	
2004/07		1.00	0.8378	0.8378		140	51.55	6,122,224	6,142,360	
2005/01	45,648	1.00	0.8595	0.8595		140	53.50	6,195,140	6,195,140	8
2005/07		1.00	0.7364	0.7364		140	53.50	6,239,517	6,240,780	
2006/01		1.00	0.9068	0.9068		140	53.50	6,294,554	6,297,340	
2006/07		1.00	0.8133	0.8133		140	57.84	6,345,748	6,348,580	
2007/01		1.00	1.0133	1.0133		140	57.84	6,410,049	6,412,840	
2007/07		1.00	1.1050	1.1050		140	58.39	6,480,880	6,483,680	
2008/01		0.95	0.8556	0.8556		140	55.21	6,533,557	6,539,120	
2008/07		0.95	0.6104	0.6104		140	55.21	6,571,445	6,579,020	
2009/01		0.90	1.3268	1.3268		140	58.03	6,649,915	6,666,380	
2009/07		0.90	0.6841	0.6841		140	58.03	6,690,859	6,712,020	
2010/01		0.85	0.8643	0.8643		140	58.03	6,740,017	6,769,980	
2010/07		0.85	0.7107	0.7107		140	58.72	6,780,733	6,818,140	
2011/01		0.80	0.9198	0.9198		140	58.72	6,830,626	6,880,860	
2011/07		0.80	0.9028	0.9028		140	57.89	6,879,957	6,943,020	
2012/01		0.75	0.3865	0.3865		140	57.89	6,899,902	6,969,900	
2012/07		0.75	0.9417	0.9417		140	59.51	6,948,636	7,035,560	
2013/01		0.70	0.4901	0.4901		140	59.51	6,972,477	7,070,000	
2013/07		0.70	0.6196	0.6196		140	62.58	7,002,717	7,113,820	
2014/01		0.65	0.8564	0.8564		140	62.58	7,041,701	7,174,720	
2014/07		0.65	1.2383	1.2383		140	62.58	7,098,380	7,263,620	
2015/01		0.60	0.7571	0.7571		140	62.58	7,130,628	7,318,640	

Message Code:

- | | |
|---|--|
| 1 | Per Bed Standard Limitation |
| 3 | Index Cost Limitation - January 1996 |
| 5 | Uncorrected Licensure Deficiency |
| 8 | Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 098584-00 - 2015/01

226.83

Palm Garden of Ocala

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
2700 SW 34TH ST	11/1/2013-10/31/2014	Number of Beds: 180	Superior: 0
OCALA, FL 34474	Days in CR 365	Maximum: 65,700	Standard: 243
County: Marion [42]	First Used : 2013/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 61,180	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 17,262	Inflation
Current Class North Large	Initial CR? False	Medicaid: 39,209	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	64.08794%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.12024%	Cost: 1.00000000
Open Date: 06/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 06/01/1987	Low Occupancy Adjustment Factor:	118.91035%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257290			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,808,251	3,386,179	2,148,214	1,548,756		8,891,400
1a	Audit Adjustments						
2	Cost Per Diem	46.1183	86.3623	54.7888	39.5000		226.7694
3	Cost Per Diem Inflated	46.1183	86.3623	54.7888			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1183	86.3623	54.7888	39.5000		226.7694
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	52.1499		61.6580			
10a	New Provider Target Limitation	47.6489		57.1226			
10b	Base for line 10a	45.9656		55.1046			
11	Lesser of 5,7,8,10, 10a	46.1183	86.3623	54.7888	13.6500		200.9194
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	46.1183	86.3623	54.7888	13.6500		200.9194
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 098584-00 - 2015/01

226.83

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Ocala

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,386,700.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	7,319,379 9.3454
RS to Start Calcs:	1987/01	<60% of Base:	False	20% ROE(2):	1,829,845 0.6059
Indexed Asset Value	9,149,224	Interest Rate:	4.4350%	Insurance Cost(3):	64,148 1.0485
FRVS Base Asset:	1,720,920	Chase Rate:	3.2500%	Taxes Cost(3):	125,324 2.0484
Occup Adj Factor	0.9000	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	552,595	Total FRVS PD:	13.0482

- (1) 80% Capital (\$7,319,379) amortized at 4.4350 % for 20 years Principal & Interest of \$552,595 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.3454
- (2) 20% ROE (\$1,829,845) times the ROE factor (0.019580) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6059
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	07/01/1986	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.1183	46.1183	0.8023	45.3160
Direct Care	86.3623	86.3623	1.5025	84.8598
Indirect Care	54.7888	54.7888	0.9532	53.8356
Property	13.6500	13.0482	0.2270	12.8212
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0976
Supplemental Rate Add-on				9.9025
Totals	200.9194	200.3176	3.4850	226.8327

Medicaid Trend Adjustment



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226.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01	2,994,495	0.00	1.0091	1.0091		60	70.17	1,720,920	1,720,920	1
1987/07		0.10	0.9007	0.9007		60	70.17	1,722,471	1,765,380	
1988/01		0.10	0.9007	0.9007		60	70.17	1,724,023	1,779,720	
1988/07		0.20	0.5899	0.5899		60	70.17	1,726,057	1,778,760	
1989/01		0.20	0.5899	0.5899		60	70.17	1,728,094	1,789,260	
1989/07		0.30	0.5899	0.5899		60	70.17	1,731,153	1,801,380	
1990/01		0.30	0.5899	0.5899		60	70.17	1,734,217	1,810,440	
1990/07		0.40	0.5899	0.5899		60	70.17	1,738,310	1,821,120	
1991/01	7,198	0.40	0.5899	0.5899		60	68.62	1,749,610	1,831,800	
1991/07	41,756	0.50	1.4932	1.4932		120	64.21	1,804,429	3,718,320	
1992/01	1,831,800	0.50	2.0117	2.0117		120	64.21	3,654,380	3,793,080	
1992/07	14,439	0.60	1.8152	1.8152		120	65.05	3,708,619	3,861,960	
1993/01		0.60	1.7710	1.7710		120	65.05	3,748,027	3,930,360	
1993/07	36,716	0.70	1.5329	1.5329		120	63.74	3,824,959	3,990,600	
1994/01		0.70	1.6983	1.6983		120	63.74	3,870,430	4,058,400	
1994/07	36,789	0.80	1.5991	1.5991		120	65.32	3,956,733	4,123,320	
1995/01		0.80	1.5812	1.5812		120	65.32	4,006,786	4,188,480	
1995/07	188,100	0.90	1.5250	1.5250		120	54.74	4,249,619	4,252,320	
1996/01		0.90	1.7228	1.7228		120	54.74	4,315,198	4,325,640	
1996/07	22,382	1.00	1.3294	1.3294		120	46.07	4,383,120	4,383,120	8
1997/01		1.00	1.4109	1.4109		120	46.07	4,434,921	4,444,920	
1997/07	20,237	1.00	1.0917	1.0917		120	48.40	4,493,400	4,493,400	8
1998/01		1.00	1.1663	1.1663		120	48.40	4,539,518	4,545,840	
1998/07		1.00	1.0794	1.0794		120	48.40	4,582,638	4,594,920	
1999/01	2,222,460	1.00	1.4499	1.4499		180	49.17	6,864,499	6,992,280	
1999/07		1.00	1.2299	1.2299		180	64.68	6,948,925	7,078,320	
2000/01		1.00	1.3356	1.3356		180	64.68	7,041,735	7,172,820	
2000/07	37,733	1.00	1.1129	1.1129		180	64.68	7,157,835	7,252,560	
2001/01		1.00	1.2976	1.2976		180	64.68	7,250,715	7,346,700	
2001/07		1.00	0.9615	0.9615		180	64.68	7,320,431	7,417,260	



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226.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		1.00	1.0301	1.0301		180	58.86	7,320,431	7,493,580	5
2002/07		1.00	0.8337	0.8337		180	58.86	7,457,498	7,556,040	
2003/01		1.00	1.3271	1.3271		180	58.86	7,556,466	7,656,300	
2003/07		1.00	1.1664	1.1664		180	58.86	7,644,605	7,745,580	
2004/01		1.00	1.1103	1.1103		180	58.86	7,729,483	7,831,620	
2004/07		1.00	0.8378	0.8378		180	58.86	7,794,241	7,897,320	
2005/01	63,324	1.00	0.8595	0.8595		180	57.91	7,924,557	7,965,180	
2005/07		1.00	0.7364	0.7364		180	57.91	7,982,913	8,023,860	
2006/01		1.00	0.9068	0.9068		180	57.91	8,055,302	8,096,580	
2006/07		1.00	0.8133	0.8133		180	58.12	8,120,816	8,162,460	
2007/01		1.00	1.0133	1.0133		180	58.12	8,203,104	8,245,080	
2007/07		0.95	1.1050	1.1050		180	61.67	8,289,220	8,336,160	
2008/01		0.95	0.8556	0.8556		180	59.47	8,356,595	8,407,440	
2008/07		0.90	0.6104	0.6104		180	59.47	8,402,506	8,458,740	
2009/01		0.90	1.3268	1.3268		180	59.47	8,502,840	8,571,060	
2009/07		0.85	0.6841	0.6841		180	61.88	8,552,284	8,629,740	
2010/01		0.85	0.8643	0.8643		180	61.88	8,615,118	8,704,260	
2010/07		0.80	0.7107	0.7107		180	61.81	8,664,104	8,766,180	
2011/01		0.80	0.9198	0.9198		180	61.81	8,727,854	8,846,820	
2011/07		0.75	0.9028	0.9028		180	61.91	8,786,950	8,926,740	
2012/01		0.75	0.3865	0.3865		180	61.91	8,812,423	8,961,300	
2012/07		0.70	0.9417	0.9417		180	57.09	8,870,514	9,045,720	
2013/01		0.70	0.4901	0.4901		180	57.09	8,900,949	9,090,000	
2013/07	53,831	0.65	0.6196	0.6196		180	64.09	8,990,624	9,146,340	
2014/01		0.65	0.8564	0.8564		180	64.09	9,040,675	9,224,640	
2014/07		0.60	1.2383	1.2383		180	64.09	9,107,847	9,338,940	
2015/01		0.60	0.7571	0.7571		180	64.09	9,149,224	9,409,680	

Message Code:

- | | |
|---|--|
| 1 | Per Bed Standard Limitation |
| 5 | Uncorrected Licensure Deficiency |
| 8 | Limited to Current RS Per Bed Standard |



Florida Agency for Health Care Administration
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Palm Garden of Orlando

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
654 N ECONLOCKHATCHEE TRAIL	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
ORLANDO, FL 32825-6402	Days in CR 365	Maximum: 43,800	Standard: 243
County: Orange [48]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 40,887	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,781	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,167	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	63.99834%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.34932%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 09/21/1987	Low Occupancy Adjustment Factor:	119.20287%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257303			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,218,440	2,263,846	1,403,015	743,404		5,628,705	
1a	Audit Adjustments							
2	Cost Per Diem	46.5640	86.5153	53.6177	28.4100		215.1070	
3	Cost Per Diem Inflated	46.5640	86.5153	53.6177				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.5640	86.5153	53.6177	28.4100		215.1070	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	48.4937		59.2275				
10b	Base for line 10a	46.7806		57.1352				
11	Lesser of 5,7,8,10, 10a	46.5640	86.5153	53.6177	13.6500		200.3470	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.5640	86.5153	53.6177	13.6500		200.3470	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Orlando

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/21/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,032,000.00	Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable	80% Capital(1):	4,891,686 9.3686
Indexed Asset Value	6,114,607	<60% of Base:	False	20% ROE(2):	1,222,921 0.6074
FRVS Base Asset:	1,751,700	Interest Rate:	4.4350%	Insurance Cost(3):	43,998 1.0761
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	58,688 1.4354
ROE Factor	0.019580	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	369,310	Total FRVS PD:	12.4875

- (1) 80% Capital (\$4,891,686) amortized at 4.4350 % for 20 years Principal & Interest of \$369,310 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3686
- (2) 20% ROE (\$1,222,921) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6074
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.5640	46.5640	0.8101	45.7539
Direct Care	86.5153	86.5153	1.5052	85.0101
Indirect Care	53.6177	53.6177	0.9328	52.6849
Property	13.6500	12.4875	0.2173	12.2702
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7515
Supplemental Rate Add-on				9.9025
Totals	200.3470	199.1845	3.4654	227.3731

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,985,214	0.00	0.9007	0.9007		60	70.40	1,751,700	1,751,700	1
1988/01		0.10	0.9007	0.9007		60	70.40	1,753,278	1,779,720	
1988/07		0.10	0.5899	0.5899		60	70.40	1,754,312	1,778,760	
1989/01		0.20	0.5899	0.5899		60	70.40	1,756,382	1,789,260	
1989/07		0.20	0.5899	0.5899		60	70.40	1,758,455	1,801,380	
1990/01		0.30	0.5899	0.5899		60	70.40	1,761,567	1,810,440	
1990/07		0.30	0.5899	0.5899		60	70.40	1,764,685	1,821,120	
1991/01		0.40	0.5899	0.5899		60	63.31	1,768,850	1,831,800	
1991/07		0.40	1.4932	1.4932		60	63.31	1,779,415	1,859,160	
1992/01		0.50	2.0117	2.0117		60	64.12	1,797,314	1,896,540	
1992/07		0.50	1.8152	1.8152		60	64.12	1,813,626	1,930,980	
1993/01	14,147	0.60	1.7710	1.7710		60	71.55	1,847,045	1,965,180	
1993/07		0.60	1.5329	1.5329		60	71.55	1,864,032	1,995,300	
1994/01	17,117	0.70	1.6983	1.6983		60	69.42	1,903,309	2,029,200	
1994/07		0.70	1.5991	1.5991		60	69.42	1,924,615	2,061,660	
1995/01	39,031	0.80	1.5812	1.5812		60	67.84	1,987,992	2,094,240	
1995/07		0.80	1.5250	1.5250		60	67.84	2,012,246	2,126,160	
1996/01	3,181,622	0.90	1.7228	1.7228		120	49.61	5,222,010	4,325,640	
1996/07		0.90	1.3294	1.3294		120	49.61	5,222,010	4,383,120	3
1997/01	27,825	1.00	1.4109	1.4109		120	51.15	5,222,010	4,444,920	3
1997/07		1.00	1.0917	1.0917		120	51.15	5,222,010	4,493,400	3
1998/01		1.00	1.1663	1.1663		120	56.22	5,222,010	4,545,840	3
1998/07		1.00	1.0794	1.0794		120	56.22	5,222,010	4,594,920	3
1999/01		1.00	1.4499	1.4499		120	57.01	5,222,010	4,661,520	3
1999/07		1.00	1.2299	1.2299		120	67.01	5,222,010	4,718,880	3
2000/01		1.00	1.3356	1.3356		120	67.01	5,222,010	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	67.01	5,222,010	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	67.01	5,222,010	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	67.01	5,222,010	4,944,840	3
2002/01	63,538	1.00	1.0301	1.0301		120	62.29	5,222,010	4,995,720	3



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	62.29	5,222,010	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	62.29	5,222,010	5,104,200	3
2003/07		1.00	1.1664	1.1664		120	62.29	5,222,010	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	62.29	5,222,010	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	62.29	5,264,880	5,264,880	8
2005/01	21,889	1.00	0.8595	0.8595		120	63.84	5,310,120	5,310,120	8
2005/07		1.00	0.7364	0.7364		120	63.84	5,349,224	5,349,240	
2006/01		1.00	0.9068	0.9068		120	63.84	5,397,720	5,397,720	8
2006/07		1.00	0.8133	0.8133		120	57.72	5,441,620	5,441,640	
2007/01		1.00	1.0133	1.0133		120	57.72	5,496,720	5,496,720	8
2007/07	23,399	1.00	1.1050	1.1050		120	65.14	5,557,440	5,557,440	8
2008/01		0.95	0.8556	0.8556		120	65.14	5,602,611	5,604,960	
2008/07		0.95	0.6104	0.6104		120	61.93	5,635,101	5,639,160	
2009/01		0.90	1.3268	1.3268		120	63.91	5,702,390	5,714,040	
2009/07		0.90	0.6841	0.6841		120	63.91	5,737,500	5,753,160	
2010/01		0.85	0.8643	0.8643		120	63.91	5,779,653	5,802,840	
2010/07		0.85	0.7107	0.7107		120	63.52	5,814,568	5,844,120	
2011/01		0.80	0.9198	0.9198		120	63.52	5,857,352	5,897,880	
2011/07		0.80	0.9028	0.9028		120	68.36	5,899,654	5,951,160	
2012/01		0.75	0.3865	0.3865		120	68.36	5,916,757	5,974,200	
2012/07		0.75	0.9417	0.9417		120	62.77	5,958,547	6,030,480	
2013/01		0.70	0.4901	0.4901		120	62.77	5,978,991	6,060,000	
2013/07		0.70	0.6196	0.6196		120	64.00	6,004,922	6,097,560	
2014/01		0.65	0.8564	0.8564		120	64.00	6,038,351	6,149,760	
2014/07		0.65	1.2383	1.2383		120	64.00	6,086,954	6,225,960	
2015/01		0.60	0.7571	0.7571		120	64.00	6,114,607	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
8 Limited to Current RS Per Bed Standard |
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Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 098587-00 - 2015/01

236.46

Palm Garden of Pinellas

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
200 16TH AVE SE	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
LARGO, FL 33771	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 40,865	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,328	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,724	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	62.94873%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.29909%	Cost: 1.00000000
Open Date: 06/14/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/14/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 06/25/1991	Low Occupancy Adjustment Factor:	119.13873%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257508			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,110,013	2,305,678	1,432,579	851,207		5,699,477
1a	Audit Adjustments						
2	Cost Per Diem	43.1509	89.6314	55.6904	33.0900		221.5627
3	Cost Per Diem Inflated	43.1509	89.6314	55.6904			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1509	89.6314	55.6904	33.0900		221.5627
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	46.9741		59.2683			
10b	Base for line 10a	45.3146		57.1745			
11	Lesser of 5,7,8,10, 10a	43.1509	89.6314	55.6904	13.6500		202.1227
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	43.1509	89.6314	55.6904	13.6500		202.1227
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

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236.46

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Pinellas

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,977,270	15.0152
RS to Start Calcs:	1991/01	<60% of Base:	False	20% ROE(2):	1,244,317	0.6181
Indexed Asset Value	6,221,587	Interest Rate:	10.3900%	Insurance Cost(3):	45,410	1.1112
FRVS Base Asset:	3,642,240	Chase Rate:	7.7500%	Taxes Cost(3):	82,891	2.0284
Occup Adj Factor	0.9000	Amortization Rate:	10.3900%	Home Office(3):	0	0.0000
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	591,898	Total FRVS PD:		18.7729

- (1) 80% Capital (\$4,977,270) amortized at 10.3900 % for 20 years Principal & Interest of \$591,898 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.0152
- (2) 20% ROE (\$1,244,317) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6181
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.1509	43.1509	0.7507	42.4002
Direct Care	89.6314	89.6314	1.5594	88.0720
Indirect Care	55.6904	55.6904	0.9689	54.7215
Property	13.6500	18.7729	0.3266	18.4463
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9177
Supplemental Rate Add-on				9.9025
Totals	202.1227	207.2456	3.6056	236.4602

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	5,285,470	0.00	0.5899	0.5899		120	30.70	3,642,240	3,642,240	1
1991/07		0.10	1.4932	1.4932		120	30.70	3,645,275	3,718,320	
1992/01		0.10	2.0117	2.0117		120	30.70	3,649,369	3,793,080	
1992/07		0.20	1.8152	1.8152		120	30.70	3,656,763	3,861,960	
1993/01		0.20	1.7710	1.7710		120	30.70	3,663,993	3,930,360	
1993/07		0.30	1.5329	1.5329		120	30.70	3,673,399	3,990,600	
1994/01		0.30	1.6983	1.6983		120	30.70	3,683,846	4,058,400	
1994/07	19,584	0.40	1.5991	1.5991		120	38.86	3,720,078	4,123,320	
1995/01		0.40	1.5812	1.5812		120	38.86	3,736,703	4,188,480	
1995/07	29,680	0.50	1.5250	1.5250		120	35.98	3,785,022	4,252,320	
1996/01	1,148,530	0.50	1.7228	1.7228		120	33.93	4,953,666	4,325,640	
1996/07		0.60	1.3294	1.3294		120	33.93	4,953,666	4,383,120	3
1997/01		0.60	1.4109	1.4109		120	33.93	4,953,666	4,444,920	3
1997/07	81,799	0.70	1.0917	1.0917		120	31.24	4,953,666	4,493,400	3
1998/01		0.70	1.1663	1.1663		120	31.24	4,953,666	4,545,840	3
1998/07		0.80	1.0794	1.0794		120	36.63	4,953,666	4,594,920	3
1999/01		0.80	1.4499	1.4499		120	36.63	4,953,666	4,661,520	3
1999/07		0.90	1.2299	1.2299		120	48.18	4,953,666	4,718,880	3
2000/01		0.90	1.3356	1.3356		120	48.18	4,953,666	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	48.18	4,953,666	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	48.18	4,953,666	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	48.18	4,953,666	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	59.41	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	59.41	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	59.41	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	59.41	5,163,720	5,163,720	8
2004/01		1.00	1.1103	1.1103		120	59.41	5,221,053	5,221,080	
2004/07		1.00	0.8378	0.8378		120	59.41	5,264,795	5,264,880	
2005/01		1.00	0.8595	0.8595		120	63.61	5,310,046	5,310,120	
2005/07		1.00	0.7364	0.7364		120	63.61	5,349,149	5,349,240	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	63.61	5,397,655	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.93	5,441,554	5,441,640	
2007/01		1.00	1.0133	1.0133		120	61.93	5,496,693	5,496,720	
2007/07	19,998	1.00	1.1050	1.1050		120	61.37	5,557,440	5,557,440	8
2008/01		1.00	0.8556	0.8556		120	59.01	5,604,960	5,604,960	8
2008/07		1.00	0.6104	0.6104		120	59.01	5,639,160	5,639,160	8
2009/01		1.00	1.3268	1.3268		120	59.27	5,713,980	5,714,040	
2009/07		1.00	0.6841	0.6841		120	59.27	5,753,069	5,753,160	
2010/01		1.00	0.8643	0.8643		120	59.27	5,802,793	5,802,840	
2010/07		1.00	0.7107	0.7107		120	57.66	5,844,033	5,844,120	
2011/01		1.00	0.9198	0.9198		120	57.66	5,897,786	5,897,880	
2011/07		0.95	0.9028	0.9028		120	61.24	5,948,371	5,951,160	
2012/01		0.95	0.3865	0.3865		120	61.78	5,970,213	5,974,200	
2012/07		0.90	0.9417	0.9417		120	61.78	6,020,811	6,030,480	
2013/01		0.90	0.4901	0.4901		120	61.78	6,047,369	6,060,000	
2013/07		0.85	0.6196	0.6196		120	62.95	6,079,220	6,097,560	
2014/01		0.85	0.8564	0.8564		120	62.95	6,123,471	6,149,760	
2014/07		0.80	1.2383	1.2383		120	62.95	6,184,130	6,225,960	
2015/01		0.80	0.7571	0.7571		120	62.95	6,221,587	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
8 Limited to Current RS Per Bed Standard |
|---|

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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231.29

Palm Garden of Port Saint Lucie

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1751 SE HILLMOOR DRIVE	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
PORT SAINT LUCIE, FL 34952	Days in CR 365	Maximum: 43,800	Standard: 243
County: St Lucie [56]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 41,776	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,624	Inflation
Current Class South Large	Initial CR? False	Medicaid: 28,128	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	67.33052%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.37900%	Cost: 1.00000000
Open Date: 02/25/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/25/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 02/25/1988	Low Occupancy Adjustment Factor:	121.79468%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257249			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,310,460	2,446,375	1,595,716	956,633		6,309,184	
1a	Audit Adjustments							
2	Cost Per Diem	46.5892	86.9729	56.7305	34.0100		224.3026	
3	Cost Per Diem Inflated	46.5892	86.9729	56.7305				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.5892	86.9729	56.7305	34.0100		224.3026	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	49.1438		59.0703				
10b	Base for line 10a	47.4077		56.9835				
11	Lesser of 5,7,8,10, 10a	46.5892	86.9729	56.7305	13.6500		203.9426	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.5892	86.9729	56.7305	13.6500		203.9426	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Port Saint Lucie

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/25/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed	80% Capital(1):	4,611,055	10.0563
Indexed Asset Value	5,763,819	<60% of Base:	False	20% ROE(2):	1,152,764	0.5726
FRVS Base Asset:	3,530,760	Interest Rate:	6.0000%	Insurance Cost(3):	40,968	0.9807
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	101,013	2.4180
ROE Factor	0.019580	Amortization Rate:	6.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	396,420	Total FRVS PD:		14.0276

- (1) 80% Capital (\$4,611,055) amortized at 6.0000 % for 20 years Principal & Interest of \$396,420 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0563
- (2) 20% ROE (\$1,152,764) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5726
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.5892	46.5892	0.8105	45.7787
Direct Care	86.9729	86.9729	1.5131	85.4598
Indirect Care	56.7305	56.7305	0.9870	55.7435
Property	13.6500	14.0276	0.2440	13.7836
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.6246
Supplemental Rate Add-on				9.9025
Totals	203.9426	204.3202	3.5546	231.2927

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	5,806,005	0.00	0.9007	0.9007		120	36.36	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	36.36	3,532,137	3,557,520	
1989/01		0.10	0.5899	0.5899		120	36.36	3,533,515	3,578,520	
1989/07		0.20	0.5899	0.5899		120	36.36	3,536,271	3,602,760	
1990/01		0.20	0.5899	0.5899		120	36.36	3,539,030	3,620,880	
1990/07		0.30	0.5899	0.5899		120	36.36	3,543,171	3,642,240	
1991/01		0.30	0.5899	0.5899		120	36.36	3,547,317	3,663,600	
1991/07		0.40	1.4932	1.4932		120	44.84	3,564,591	3,718,320	
1992/01		0.40	2.0117	2.0117		120	44.84	3,587,976	3,793,080	
1992/07	28,643	0.50	1.8152	1.8152		120	47.41	3,644,690	3,861,960	
1993/01		0.50	1.7710	1.7710		120	47.41	3,672,510	3,930,360	
1993/07	33,839	0.60	1.5329	1.5329		120	47.43	3,735,476	3,990,600	
1994/01		0.60	1.6983	1.6983		120	47.43	3,768,301	4,058,400	
1994/07	50,591	0.70	1.5991	1.5991		120	47.75	3,855,514	4,123,320	
1995/01		0.70	1.5812	1.5812		120	47.75	3,892,562	4,188,480	
1995/07	35,907	0.80	1.5250	1.5250		120	54.89	3,975,863	4,252,320	
1996/01		0.80	1.7228	1.7228		120	54.89	4,030,549	4,325,640	
1996/07	24,186	0.90	1.3294	1.3294		120	54.52	4,102,540	4,383,120	
1997/01		0.90	1.4109	1.4109		120	54.52	4,154,179	4,444,920	
1997/07		1.00	1.0917	1.0917		120	54.76	4,199,332	4,493,400	
1998/01		1.00	1.1663	1.1663		120	54.76	4,248,095	4,545,840	
1998/07		1.00	1.0794	1.0794		120	54.76	4,248,095	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	58.71	4,356,004	4,661,520	
1999/07		1.00	1.2299	1.2299		120	63.92	4,409,578	4,718,880	
2000/01		1.00	1.3356	1.3356		120	63.92	4,468,472	4,781,880	
2000/07		1.00	1.1129	1.1129		120	63.92	4,468,472	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	63.92	4,576,830	4,897,800	
2001/07		1.00	0.9615	0.9615		120	63.92	4,620,836	4,944,840	
2002/01		1.00	1.0301	1.0301		120	73.93	4,668,435	4,995,720	
2002/07		1.00	0.8337	0.8337		120	73.93	4,707,356	5,037,360	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	73.93	4,769,827	5,104,200	
2003/07		1.00	1.1664	1.1664		120	73.93	4,825,462	5,163,720	
2004/01		1.00	1.1103	1.1103		120	73.93	4,879,039	5,221,080	
2004/07		1.00	0.8378	0.8378		120	73.93	4,919,916	5,264,880	
2005/01	27,209	1.00	0.8595	0.8595		120	71.62	4,989,412	5,310,120	
2005/07		1.00	0.7364	0.7364		120	71.62	5,026,154	5,349,240	
2006/01		1.00	0.9068	0.9068		120	71.62	5,071,731	5,397,720	
2006/07		1.00	0.8133	0.8133		120	74.39	5,112,979	5,441,640	
2007/01		1.00	1.0133	1.0133		120	74.39	5,164,789	5,496,720	
2007/07		1.00	1.1050	1.1050		120	69.73	5,221,860	5,557,440	
2008/01		1.00	0.8556	0.8556		120	69.73	5,266,538	5,604,960	
2008/07		0.95	0.6104	0.6104		120	65.23	5,297,079	5,639,160	
2009/01		0.95	1.3268	1.3268		120	63.69	5,363,849	5,714,040	
2009/07		0.90	0.6841	0.6841		120	63.69	5,396,874	5,753,160	
2010/01		0.90	0.8643	0.8643		120	63.69	5,438,856	5,802,840	
2010/07		0.85	0.7107	0.7107		120	63.42	5,471,712	5,844,120	
2011/01		0.85	0.9198	0.9198		120	63.42	5,514,490	5,897,880	
2011/07		0.80	0.9028	0.9028		120	63.16	5,554,316	5,951,160	
2012/01		0.80	0.3865	0.3865		120	63.16	5,571,490	5,974,200	
2012/07		0.75	0.9417	0.9417		120	65.16	5,610,841	6,030,480	
2013/01		0.75	0.4901	0.4901		120	65.16	5,631,466	6,060,000	
2013/07		0.70	0.6196	0.6196		120	67.33	5,655,890	6,097,560	
2014/01		0.70	0.8564	0.8564		120	67.33	5,689,797	6,149,760	
2014/07		0.65	1.2383	1.2383		120	67.33	5,735,594	6,225,960	
2015/01		0.65	0.7571	0.7571		120	67.33	5,763,819	6,273,120	

Message Code:

- | |
|------------------------------------|
| 1 Per Bed Standard Limitation |
| 5 Uncorrected Licensure Deficiency |



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 098589-00 - 2015/01
241.86

Palm Garden of Sun City

Type of Cost Report: Interim Change of Ownership - Budget		Type of Cost: Estimated	Type of Rate: Interim
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW	
Provider Information	Cost Report	Patient Days	Ratings Days
3850 UPPER CREEK DR	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
SUN CITY CENTER, FL 33573	Days in CR 365	Maximum: 43,800	Standard: 243
County: Hillsborough [29]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 41,522	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,782	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,578	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	54.37599%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.79909%	Cost: 1.00000000
Open Date: 06/01/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 06/01/1991	Low Occupancy Adjustment Factor:	121.05416%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257516			PS Target: 1.03662091

Rate Calculations							
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Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,092,487	2,118,008	1,253,252	869,027		5,332,774	
1a	Audit Adjustments							
2	Cost Per Diem	48.3872	93.8085	55.5077	38.4900		236.1934	
3	Cost Per Diem Inflated	48.3872	93.8085	55.5077				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.3872	93.8085	55.5077	38.4900		236.1934	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.3498		57.8782				
10b	Base for line 10a	48.5711		55.8335				
11	Lesser of 5,7,8,10, 10a	48.3872	93.8085	55.5077	13.6500		211.3534	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.3872	93.8085	55.5077	13.6500		211.3534	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Sun City

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/28/1991	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,250,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,949,509 14.9314
RS to Start Calcs:	1991/01	<60% of Base:	False	20% ROE(2):	1,237,377 0.6146
Indexed Asset Value	6,186,886	Interest Rate:	10.3900%	Insurance Cost(3):	39,263 0.9456
FRVS Base Asset:	3,642,240	Chase Rate:	7.7500%	Taxes Cost(3):	95,762 2.3063
Occup Adj Factor	0.9000	Amortization Rate:	10.3900%	Home Office(3):	0 0.0000
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	588,597	Total FRVS PD:	18.7979

- (1) 80% Capital (\$4,949,509) amortized at 10.3900 % for 20 years Principal & Interest of \$588,597 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.9314
- (2) 20% ROE (\$1,237,377) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6146
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	07/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.3872	48.3872	0.8418	47.5454
Direct Care	93.8085	93.8085	1.6320	92.1765
Indirect Care	55.5077	55.5077	0.9657	54.5420
Property	13.6500	18.7979	0.3270	18.4709
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2225
Supplemental Rate Add-on				9.9025
Totals	211.3534	216.5013	3.7665	241.8598

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	5,505,000	0.00	0.5899	0.5899		120	55.00	3,642,240	3,642,240	1
1991/07	4,788	0.10	1.4932	1.4932		120	47.53	3,651,727	3,718,320	
1992/01	59,334	0.10	2.0117	2.0117		120	47.53	3,717,410	3,793,080	
1992/07	19,767	0.20	1.8152	1.8152		120	47.53	3,748,838	3,861,960	
1993/01	6,081	0.20	1.7710	1.7710		120	47.53	3,766,394	3,930,360	
1993/07		0.30	1.5329	1.5329		120	47.53	3,781,363	3,990,600	
1994/01		0.30	1.6983	1.6983		120	47.53	3,798,012	4,058,400	
1994/07		0.40	1.5991	1.5991		120	47.53	3,819,005	4,123,320	
1995/01	214,887	0.40	1.5812	1.5812		120	44.57	4,053,467	4,188,480	
1995/07		0.50	1.5250	1.5250		120	44.57	4,078,513	4,252,320	
1996/01	24,011	0.50	1.7228	1.7228		120	48.11	4,133,255	4,325,640	
1996/07		0.60	1.3294	1.3294		120	48.11	4,162,092	4,383,120	
1997/01	1,288,987	0.60	1.4109	1.4109		120	50.65	5,483,525	4,444,920	6
1997/07		0.70	1.0917	1.0917		120	50.65	5,483,525	4,493,400	3
1998/01		0.70	1.1663	1.1663		120	54.13	5,483,525	4,545,840	3
1998/07		0.80	1.0794	1.0794		120	54.13	5,483,525	4,594,920	3
1999/01		0.80	1.4499	1.4499		120	54.44	5,483,525	4,661,520	3
1999/07		0.90	1.2299	1.2299		120	54.86	5,483,525	4,718,880	3
2000/01		0.90	1.3356	1.3356		120	54.86	5,483,525	4,781,880	3
2000/07		1.00	1.1129	1.1129		120	54.86	5,483,525	4,835,040	3
2001/01		1.00	1.2976	1.2976		120	54.86	5,483,525	4,897,800	3
2001/07		1.00	0.9615	0.9615		120	54.86	5,483,525	4,944,840	3
2002/01		1.00	1.0301	1.0301		120	55.62	5,483,525	4,995,720	3
2002/07		1.00	0.8337	0.8337		120	55.62	5,483,525	5,037,360	3
2003/01		1.00	1.3271	1.3271		120	55.62	5,483,525	5,104,200	3
2003/07		1.00	1.1664	1.1664		120	55.62	5,483,525	5,163,720	3
2004/01		1.00	1.1103	1.1103		120	55.62	5,483,525	5,221,080	3
2004/07		1.00	0.8378	0.8378		120	55.62	5,483,525	5,264,880	3
2005/01	28,798	1.00	0.8595	0.8595		120	50.21	5,483,525	5,310,120	3
2005/07		1.00	0.7364	0.7364		120	50.21	5,483,525	5,349,240	3



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		120	50.21	5,483,525	5,397,720	3
2006/07		1.00	0.8133	0.8133		120	43.97	5,483,525	5,441,640	3
2007/01		1.00	1.0133	1.0133		120	43.97	5,496,720	5,496,720	8
2007/07		1.00	1.1050	1.1050		120	49.60	5,551,495	5,557,440	
2008/01		1.00	0.8556	0.8556		120	50.27	5,594,909	5,604,960	
2008/07		1.00	0.6104	0.6104		120	50.27	5,626,123	5,639,160	
2009/01		1.00	1.3268	1.3268		120	50.27	5,694,351	5,714,040	
2009/07		1.00	0.6841	0.6841		120	52.76	5,731,720	5,753,160	
2010/01		1.00	0.8643	0.8643		120	52.76	5,779,242	5,802,840	
2010/07		1.00	0.7107	0.7107		120	51.35	5,817,589	5,844,120	
2011/01		1.00	0.9198	0.9198		120	55.03	5,871,099	5,897,880	
2011/07		0.95	0.9028	0.9028		120	55.03	5,921,455	5,951,160	
2012/01		0.95	0.3865	0.3865		120	52.53	5,942,222	5,974,200	
2012/07		0.90	0.9417	0.9417		120	52.53	5,990,321	6,030,480	
2013/01		0.90	0.4901	0.4901		120	52.53	6,015,558	6,060,000	
2013/07		0.85	0.6196	0.6196		120	54.38	6,046,885	6,097,560	
2014/01		0.85	0.8564	0.8564		120	54.38	6,090,404	6,149,760	
2014/07		0.80	1.2383	1.2383		120	54.38	6,150,055	6,225,960	
2015/01		0.80	0.7571	0.7571		120	54.38	6,186,886	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
6 Not Limited to Current Per Bed Standard
8 Limited to Current RS Per Bed Standard |
|--|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

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Palm Garden of Tampa

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
3612 E 138TH AVE	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
TAMPA, FL 33613	Days in CR 365	Maximum: 43,800	Standard: 243
County: Hillsborough [29]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 42,657	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,563	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,056	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	68.11543%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.39041%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 11/01/1987	Low Occupancy Adjustment Factor:	124.36316%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257524			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,360,643	2,722,538	1,618,296	748,483		6,449,960	
1a	Audit Adjustments							
2	Cost Per Diem	46.8283	93.6997	55.6958	25.7600		221.9838	
3	Cost Per Diem Inflated	46.8283	93.6997	55.6958				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.8283	93.6997	55.6958	25.7600		221.9838	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	48.7067		57.9580				
10b	Base for line 10a	46.9860		55.9105				
11	Lesser of 5,7,8,10, 10a	46.8283	93.6997	55.6958	13.6500		209.8738	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.8283	93.6997	55.6958	13.6500		209.8738	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Tampa

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,006,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed	80% Capital(1):	4,588,377	14.4173
Indexed Asset Value	5,735,471	<60% of Base:	False	20% ROE(2):	1,147,094	0.5698
FRVS Base Asset:	3,007,085	Interest Rate:	11.0000%	Insurance Cost(3):	45,494	1.0665
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	77,546	1.8179
ROE Factor	0.019580	Amortization Rate:	11.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	568,328	Total FRVS PD:		17.8715

- (1) 80% Capital (\$4,588,377) amortized at 11.0000 % for 20 years Principal & Interest of \$568,328 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.4173
- (2) 20% ROE (\$1,147,094) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5698
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	103	Effective PBS Limitation	3,007,085

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.8283	46.8283	0.8147	46.0136
Direct Care	93.6997	93.6997	1.6301	92.0696
Indirect Care	55.6958	55.6958	0.9690	54.7268
Property	13.6500	17.8715	0.3109	17.5606
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8949
Supplemental Rate Add-on				9.9025
Totals	209.8738	214.0953	3.7247	242.1680

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	5,043,339	0.00	0.9007	0.9007		103	47.27	3,007,085	3,007,085	1
1988/01		0.10	0.9007	0.9007		103	47.27	3,009,414	3,055,186	
1988/07		0.10	0.5899	0.5899		103	47.27	3,010,940	3,053,538	
1989/01		0.20	0.5899	0.5899		103	47.27	3,013,994	3,071,563	
1989/07		0.20	0.5899	0.5899		103	47.27	3,017,051	3,092,369	
1990/01		0.30	0.5899	0.5899		103	47.27	3,021,641	3,107,922	
1990/07		0.30	0.5899	0.5899		103	47.27	3,026,238	3,126,256	
1991/01		0.40	0.5899	0.5899		103	45.06	3,032,089	3,144,590	
1991/07		0.40	1.4932	1.4932		103	47.79	3,047,826	3,191,558	
1992/01		0.50	2.0117	2.0117		103	47.79	3,074,465	3,255,727	
1992/07	24,048	0.50	1.8152	1.8152		103	52.50	3,125,148	3,314,849	
1993/01		0.60	1.7710	1.7710		103	52.50	3,156,846	3,373,559	
1993/07	420,990	0.60	1.5329	1.5329		120	59.90	3,606,870	3,990,600	
1994/01		0.70	1.6983	1.6983		120	59.90	3,649,748	4,058,400	
1994/07	71,161	0.70	1.5991	1.5991		120	61.73	3,761,764	4,123,320	
1995/01		0.80	1.5812	1.5812		120	61.73	3,809,350	4,188,480	
1995/07		0.80	1.5250	1.5250		120	61.73	3,855,824	4,252,320	
1996/01		0.90	1.7228	1.7228		120	62.76	3,915,609	4,325,640	
1996/07	30,409	0.90	1.3294	1.3294		120	62.87	3,992,868	4,383,120	
1997/01		1.00	1.4109	1.4109		120	62.87	4,049,203	4,444,920	
1997/07		1.00	1.0917	1.0917		120	65.61	4,093,408	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.61	4,141,149	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.61	4,185,849	4,594,920	
1999/01		1.00	1.4499	1.4499		120	68.28	4,246,540	4,661,520	
1999/07	19,403	1.00	1.2299	1.2299		120	66.11	4,318,171	4,718,880	
2000/01		1.00	1.3356	1.3356		120	66.11	4,375,844	4,781,880	
2000/07	31,736	1.00	1.1129	1.1129		120	66.11	4,456,279	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.11	4,456,279	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	66.11	4,557,507	4,944,840	
2002/01		1.00	1.0301	1.0301		120	66.52	4,604,454	4,995,720	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	66.52	4,642,841	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.52	4,704,456	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.52	4,759,329	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.52	4,812,172	5,221,080	
2004/07		1.00	0.8378	0.8378		120	66.52	4,852,488	5,264,880	
2005/01	45,532	1.00	0.8595	0.8595		120	66.28	4,939,727	5,310,120	
2005/07		1.00	0.7364	0.7364		120	66.28	4,976,103	5,349,240	
2006/01		1.00	0.9068	0.9068		120	66.28	5,021,226	5,397,720	
2006/07	20,641	1.00	0.8133	0.8133		120	70.39	5,082,705	5,441,640	
2007/01		1.00	1.0133	1.0133		120	70.39	5,134,208	5,496,720	
2007/07		1.00	1.1050	1.1050		120	68.04	5,190,941	5,557,440	
2008/01		0.95	0.8556	0.8556		120	64.26	5,233,133	5,604,960	
2008/07		0.95	0.6104	0.6104		120	64.26	5,263,480	5,639,160	
2009/01		0.90	1.3268	1.3268		120	64.26	5,326,331	5,714,040	
2009/07	22,621	0.90	0.6841	0.6841		120	65.86	5,381,746	5,753,160	
2010/01		0.85	0.8643	0.8643		120	65.86	5,421,286	5,802,840	
2010/07		0.85	0.7107	0.7107		120	68.67	5,454,036	5,844,120	
2011/01		0.80	0.9198	0.9198		120	72.48	5,494,167	5,897,880	
2011/07		0.80	0.9028	0.9028		120	72.48	5,533,846	5,951,160	
2012/01		0.75	0.3865	0.3865		120	72.48	5,549,889	5,974,200	
2012/07		0.75	0.9417	0.9417		120	67.73	5,589,088	6,030,480	
2013/01		0.70	0.4901	0.4901		120	67.73	5,608,264	6,060,000	
2013/07		0.70	0.6196	0.6196		120	68.12	5,632,587	6,097,560	
2014/01		0.65	0.8564	0.8564		120	68.12	5,663,944	6,149,760	
2014/07		0.65	1.2383	1.2383		120	68.12	5,709,533	6,225,960	
2015/01		0.60	0.7571	0.7571		120	68.12	5,735,471	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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Palm Garden of Vero Beach

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1755 37TH STREET	11/1/2013-10/31/2014	Number of Beds: 180	Superior: 0
VERO BEACH , FL 32960	Days in CR 365	Maximum: 65,700	Standard: 243
County: Indian River [31]	First Used : 2013/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 62,310	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,919	Inflation
Current Class South Large	Initial CR? False	Medicaid: 47,083	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	75.56251%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.84018%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 11/25/1987	Low Occupancy Adjustment Factor:	121.10663%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257311			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,151,321	4,093,978	2,267,873	1,446,861		9,960,033	
1a	Audit Adjustments							
2	Cost Per Diem	45.6921	86.9524	48.1676	30.7300		211.5421	
3	Cost Per Diem Inflated	45.6921	86.9524	48.1676				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.6921	86.9524	48.1676	30.7300		211.5421	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	48.1233		57.3918				
10b	Base for line 10a	46.4232		55.3643				
11	Lesser of 5,7,8,10, 10a	45.6921	86.9524	48.1676	13.6500		194.4621	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.6921	86.9524	48.1676	13.6500		194.4621	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Palm Garden of Vero Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/25/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,717,166.00	Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable	80% Capital(1):	7,161,762 9.1442
Indexed Asset Value	8,952,203	<60% of Base:	False	20% ROE(2):	1,790,441 0.5929
FRVS Base Asset:	2,656,745	Interest Rate:	4.4350%	Insurance Cost(3):	57,896 0.9292
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	134,134 2.1527
ROE Factor	0.019580	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	540,695	Total FRVS PD:	12.8190

- (1) 80% Capital (\$7,161,762) amortized at 4.4350 % for 20 years Principal & Interest of \$540,695 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.1442
- (2) 20% ROE (\$1,790,441) times the ROE factor (0.019580) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5929
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	91	Effective PBS Limitation	2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.6921	45.6921	0.7949	44.8972
Direct Care	86.9524	86.9524	1.5128	85.4396
Indirect Care	48.1676	48.1676	0.8380	47.3296
Property	13.6500	12.8190	0.2230	12.5960
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1098
Supplemental Rate Add-on				9.9025
Totals	194.4621	193.6311	3.3687	222.2747

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	5,163,940	0.00	0.9007	0.9007		91	61.71	2,656,745	2,656,745	1
1988/01		0.10	0.9007	0.9007		91	61.71	2,659,139	2,699,242	
1988/07		0.10	0.5899	0.5899		91	61.71	2,660,708	2,697,786	
1989/01		0.20	0.5899	0.5899		91	61.71	2,663,848	2,713,711	
1989/07		0.20	0.5899	0.5899		91	61.71	2,666,991	2,732,093	
1990/01		0.30	0.5899	0.5899		91	61.71	2,671,712	2,745,834	
1990/07		0.30	0.5899	0.5899		91	61.71	2,676,441	2,762,032	
1991/01		0.40	0.5899	0.5899		91	49.80	2,682,160	2,778,230	
1991/07	18,209	0.40	1.4932	1.4932		91	42.87	2,712,856	2,819,726	
1992/01		0.50	2.0117	2.0117		91	42.87	2,734,126	2,876,419	
1992/07	19,703	0.50	1.8152	1.8152		91	35.31	2,769,760	2,928,653	
1993/01		0.60	1.7710	1.7710		91	35.31	2,788,655	2,980,523	
1993/07	641,992	0.60	1.5329	1.5329		96	40.51	3,449,537	3,192,480	
1994/01		0.70	1.6983	1.6983		96	40.51	3,479,741	3,246,720	
1994/07	2,478,091	0.70	1.5991	1.5991		173	44.13	5,989,086	5,944,453	
1995/01		0.80	1.5812	1.5812		173	44.13	6,049,875	6,038,392	
1995/07	269,345	0.80	1.5250	1.5250		173	43.00	6,376,925	6,130,428	
1996/01		0.90	1.7228	1.7228		173	43.00	6,454,227	6,236,131	
1996/07		0.90	1.3294	1.3294		173	42.08	6,454,227	6,318,998	3
1997/01		1.00	1.4109	1.4109		173	42.08	6,454,227	6,408,093	3
1997/07		1.00	1.0917	1.0917		173	45.19	6,477,985	6,477,985	8
1998/01		1.00	1.1663	1.1663		173	45.19	6,540,062	6,553,586	
1998/07		1.00	1.0794	1.0794		173	45.19	6,598,064	6,624,343	
1999/01		1.00	1.4499	1.4499		173	49.64	6,684,406	6,720,358	
1999/07		1.00	1.2299	1.2299		173	55.34	6,766,618	6,803,052	
2000/01		1.00	1.3356	1.3356		173	55.34	6,856,993	6,893,877	
2000/07		1.00	1.1129	1.1129		173	55.34	6,933,304	6,970,516	
2001/01		1.00	1.2976	1.2976		173	55.34	7,023,271	7,060,995	
2001/07		1.00	0.9615	0.9615		173	55.34	7,090,800	7,128,811	
2002/01	78,867	1.00	1.0301	1.0301		180	60.90	7,169,667	7,493,580	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		180	60.90	7,303,091	7,556,040	
2003/01		1.00	1.3271	1.3271		180	60.90	7,400,010	7,656,300	
2003/07		1.00	1.1664	1.1664		180	60.90	7,486,324	7,745,580	
2004/01		1.00	1.1103	1.1103		180	60.90	7,569,445	7,831,620	
2004/07		1.00	0.8378	0.8378		180	60.90	7,632,862	7,897,320	
2005/01	75,819	1.00	0.8595	0.8595		180	62.42	7,774,285	7,965,180	
2005/07		1.00	0.7364	0.7364		180	62.42	7,831,535	8,023,860	
2006/01		1.00	0.9068	0.9068		180	62.42	7,902,551	8,096,580	
2006/07		1.00	0.8133	0.8133		180	64.93	7,966,822	8,162,460	
2007/01		1.00	1.0133	1.0133		180	64.93	8,047,550	8,245,080	
2007/07		1.00	1.1050	1.1050		180	63.61	8,136,475	8,336,160	
2008/01		0.95	0.8556	0.8556		180	64.73	8,202,608	8,407,440	
2008/07		0.95	0.6104	0.6104		180	64.73	8,250,175	8,458,740	
2009/01		0.90	1.3268	1.3268		180	64.73	8,348,690	8,571,060	
2009/07		0.90	0.6841	0.6841		180	64.05	8,400,093	8,629,740	
2010/01		0.85	0.8643	0.8643		180	64.05	8,461,808	8,704,260	
2010/07		0.85	0.7107	0.7107		180	66.40	8,512,926	8,766,180	
2011/01		0.80	0.9198	0.9198		180	66.40	8,575,564	8,846,820	
2011/07		0.80	0.9028	0.9028		180	69.53	8,637,497	8,926,740	
2012/01		0.75	0.3865	0.3865		180	69.53	8,662,537	8,961,300	
2012/07		0.75	0.9417	0.9417		180	72.13	8,723,720	9,045,720	
2013/01		0.70	0.4901	0.4901		180	72.13	8,753,651	9,090,000	
2013/07		0.70	0.6196	0.6196		180	75.56	8,791,616	9,146,340	
2014/01		0.65	0.8564	0.8564		180	75.56	8,840,559	9,224,640	
2014/07		0.65	1.2383	1.2383		180	75.56	8,911,717	9,338,940	
2015/01		0.60	0.7571	0.7571		180	75.56	8,952,203	9,409,680	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



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Palm Garden of West Palm Beach

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
300 EXECUTIVE CENTER DRIVE	11/1/2013-10/31/2014	Number of Beds: 176	Superior: 0
WEST PALM BEACH , FL 33401	Days in CR 365	Maximum: 64,240	Standard: 243
County: Palm Beach [50]	First Used : 2013/07	Max Annualized: 64,240	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 61,105	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,573	Inflation
Current Class South Large	Initial CR? False	Medicaid: 35,393	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy: 95.11986%	57.92161%	Cost: 1.00000000
Open Date: 04/20/1988	Statewide Low Occupancy Threshold: 78.31130%	95.11986%	Target: 1.02563464
Acquired Date: 04/20/1988	Medicaid Low Occupancy Threshold: 41.41010%	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 04/20/1988	Low Occupancy Adjustment Factor: 121.46377%	121.46377%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor: 100.00000%	100.00000%	DC Inflation: 1.00000000
Previous Med # 257257			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,547,664	3,187,464	1,691,645	1,049,756		7,476,529	
1a	Audit Adjustments							
2	Cost Per Diem	43.7280	90.0592	47.7960	29.6600		211.2432	
3	Cost Per Diem Inflated	43.7280	90.0592	47.7960				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.7280	90.0592	47.7960	29.6600		211.2432	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	56.7419	99.8648	70.5379	13.6500			
9	Prior Semester: Class Ceiling Target Base	56.5683		63.9416				
10	Target Rate Class Ceiling	58.0184		65.5807				
10a	New Provider Target Limitation	47.4101		55.4581				
10b	Base for line 10a	45.7352		53.4989				
11	Lesser of 5,7,8,10, 10a	43.7280	90.0592	47.7960	13.6500		195.2332	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.7280	90.0592	47.7960	13.6500		195.2332	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of West Palm Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/20/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,515,852.00	Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable	80% Capital(1):	7,009,169 9.1527
Indexed Asset Value	8,761,461	<60% of Base:	False	20% ROE(2):	1,752,292 0.5934
FRVS Base Asset:	3,530,760	Interest Rate:	4.4350%	Insurance Cost(3):	76,719 1.2555
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	161,706 2.6464
ROE Factor	0.019580	Amortization Rate:	4.4350%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	529,175	Total FRVS PD:	13.6480

- (1) 80% Capital (\$7,009,169) amortized at 4.4350 % for 20 years Principal & Interest of \$529,175 divided by annual available days (64240) divided by Occup. Adj. (0.90) = \$9.1527
- (2) 20% ROE (\$1,752,292) times the ROE factor (0.019580) divided by annual available days (64240) divided by Occup. Adj. (0.90) = \$0.5934
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	07/01/1987	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.7280	43.7280	0.7608	42.9672
Direct Care	90.0592	90.0592	1.5668	88.4924
Indirect Care	47.7960	47.7960	0.8315	46.9645
Property	13.6500	13.6480	0.2374	13.4106
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0878
Supplemental Rate Add-on				9.9025
Totals	195.2332	195.2312	3.3965	223.8250

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	5,747,137	0.00	0.9007	0.9007		120	52.84	3,530,760	3,530,760	1
1988/07		0.10	0.5899	0.5899		120	52.84	3,532,761	3,557,520	
1989/01	23,724	0.10	0.5899	0.5899		120	52.84	3,558,487	3,578,520	
1989/07	26,516	0.20	0.5899	0.5899		120	52.84	3,589,037	3,602,760	
1990/01	38,773	0.20	0.5899	0.5899		120	52.84	3,631,879	3,620,880	
1990/07		0.30	0.5899	0.5899		120	52.84	3,638,055	3,642,240	
1991/01		0.30	0.5899	0.5899		120	52.84	3,644,241	3,663,600	
1991/07		0.40	1.4932	1.4932		120	59.06	3,644,241	3,718,320	5
1992/01		0.40	2.0117	2.0117		120	59.06	3,695,508	3,793,080	
1992/07	35,339	0.50	1.8152	1.8152		120	59.28	3,764,387	3,861,960	
1993/01		0.50	1.7710	1.7710		120	59.28	3,797,721	3,930,360	
1993/07	28,561	0.60	1.5329	1.5329		120	66.36	3,861,210	3,990,600	
1994/01		0.60	1.6983	1.6983		120	66.36	3,900,556	4,058,400	
1994/07	101,045	0.70	1.5991	1.5991		120	58.95	4,045,264	4,123,320	
1995/01		0.70	1.5812	1.5812		120	58.95	4,090,037	4,188,480	
1995/07		0.80	1.5250	1.5250		120	58.95	4,139,935	4,252,320	
1996/01	66,762	0.80	1.7228	1.7228		120	46.43	4,254,863	4,325,640	
1996/07	1,749,373	0.90	1.3294	1.3294		159	42.77	6,043,825	5,807,634	6
1997/01		0.90	1.4109	1.4109		159	42.77	6,043,825	5,889,519	3
1997/07		1.00	1.0917	1.0917		159	33.76	6,043,825	5,953,755	3
1998/01		1.00	1.1663	1.1663		159	33.76	6,043,825	6,023,238	3
1998/07		1.00	1.0794	1.0794		159	33.76	6,083,869	6,088,269	
1999/01		1.00	1.4499	1.4499		162	42.97	6,152,785	6,293,052	
1999/07		1.00	1.2299	1.2299		176	47.60	6,218,277	6,921,024	
2000/01		1.00	1.3356	1.3356		176	47.60	6,218,277	7,013,424	5
2000/07		1.00	1.1129	1.1129		176	47.60	6,350,739	7,091,392	
2001/01		1.00	1.2976	1.2976		176	47.60	6,422,059	7,183,440	
2001/07		1.00	0.9615	0.9615		176	47.60	6,422,059	7,252,432	5
2002/01		1.00	1.0301	1.0301		176	59.32	6,542,203	7,327,056	
2002/07		1.00	0.8337	0.8337		176	59.32	6,596,745	7,388,128	



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223.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		176	59.32	6,684,290	7,486,160	
2003/07		1.00	1.1664	1.1664		176	59.32	6,762,256	7,573,456	
2004/01		1.00	1.1103	1.1103		176	59.32	6,837,337	7,657,584	
2004/07		1.00	0.8378	0.8378		176	59.32	6,894,620	7,721,824	
2005/01	81,937	1.00	0.8595	0.8595		176	56.97	7,035,816	7,788,176	
2005/07		1.00	0.7364	0.7364		176	56.35	7,087,628	7,845,552	
2006/01		1.00	0.9068	0.9068		176	56.35	7,151,899	7,916,656	
2006/07	563,904	1.00	0.8133	0.8133		176	57.76	7,773,969	7,981,072	
2007/01		1.00	1.0133	1.0133		176	57.76	7,852,743	8,061,856	
2007/07		1.00	1.1050	1.1050		176	58.90	7,939,516	8,150,912	
2008/01		1.00	0.8556	0.8556		176	56.72	8,007,446	8,220,608	
2008/07		0.95	0.6104	0.6104		176	56.72	8,053,881	8,270,768	
2009/01		0.95	1.3268	1.3268		176	56.29	8,155,400	8,380,592	
2009/07		0.90	0.6841	0.6841		176	56.29	8,205,613	8,437,968	
2010/01		0.90	0.8643	0.8643		176	56.29	8,269,444	8,510,832	
2010/07		0.85	0.7107	0.7107		176	54.08	8,318,564	8,571,376	
2011/01		0.85	0.9198	0.9198		176	54.08	8,382,511	8,650,224	
2011/07		0.80	0.9028	0.9028		176	55.58	8,443,049	8,728,368	
2012/01		0.80	0.3865	0.3865		176	55.58	8,469,155	8,762,160	
2012/07		0.75	0.9417	0.9417		176	54.97	8,528,940	8,844,704	
2013/01		0.75	0.4901	0.4901		176	54.97	8,560,275	8,888,000	
2013/07		0.70	0.6196	0.6196		176	57.92	8,597,401	8,943,088	
2014/01		0.70	0.8564	0.8564		176	57.92	8,648,942	9,019,648	
2014/07		0.65	1.2383	1.2383		176	57.92	8,718,557	9,131,408	
2015/01		0.65	0.7571	0.7571		176	57.92	8,761,461	9,200,576	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
6 Not Limited to Current Per Bed Standard |
|--|



Florida Agency for Health Care Administration
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215.30

Palm Garden of Winter Haven

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1120 CYPRESS GARDENS BLVD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
WINTER HAVEN, FL 33884	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 42,302	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,558	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,224	FY Index: 1.33590225
Class at 1/94: South Large	Medical Utilization	71.44816%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.57991%	Cost: 1.00000000
Open Date: 07/01/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 07/09/1987	Low Occupancy Adjustment Factor:	123.32819%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 257320			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,273,433	2,424,595	1,573,499	931,806		6,203,333	
1a	Audit Adjustments							
2	Cost Per Diem	42.1332	80.2209	52.0612	30.8300		205.2453	
3	Cost Per Diem Inflated	42.1332	80.2209	52.0612				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.1332	80.2209	52.0612	30.8300		205.2453	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	46.4117		58.3256				
10b	Base for line 10a	44.7721		56.2651				
11	Lesser of 5,7,8,10, 10a	42.1332	80.2209	52.0612	13.6500		188.0653	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	42.1332	80.2209	52.0612	13.6500		188.0653	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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215.30

Rate Semester 01/01/2015 through 08/31/2015

Palm Garden of Winter Haven

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/09/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,490,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1987/07	Type:	Variable	80% Capital(1):	4,908,024	9.3999
Indexed Asset Value	6,135,030	<60% of Base:	False	20% ROE(2):	1,227,006	0.6095
FRVS Base Asset:	1,751,700	Interest Rate:	4.4350%	Insurance Cost(3):	48,260	1.1408
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	80,924	1.9130
ROE Factor	0.019580	Amortization Rate:	4.4350%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	370,544	Total FRVS PD:	13.0632	

- (1) 80% Capital (\$4,908,024) amortized at 4.4350 % for 20 years Principal & Interest of \$370,544 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3999
- (2) 20% ROE (\$1,227,006) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6095
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	01/01/1987	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.1332	42.1332	0.7330	41.4002
Direct Care	80.2209	80.2209	1.3957	78.8252
Indirect Care	52.0612	52.0612	0.9057	51.1555
Property	13.6500	13.0632	0.2273	12.8359
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1823
Supplemental Rate Add-on				9.9025
Totals	188.0653	187.4785	3.2617	215.3016

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07	3,392,603	0.00	0.9007	0.9007		60	72.63	1,751,700	1,751,700	1
1988/01		0.10	0.9007	0.9007		60	72.63	1,753,278	1,779,720	
1988/07		0.10	0.5899	0.5899		60	72.63	1,754,312	1,778,760	
1989/01		0.20	0.5899	0.5899		60	72.63	1,756,382	1,789,260	
1989/07		0.20	0.5899	0.5899		60	72.63	1,758,455	1,801,380	
1990/01		0.30	0.5899	0.5899		60	72.63	1,761,567	1,810,440	
1990/07		0.30	0.5899	0.5899		60	72.63	1,764,685	1,821,120	
1991/01		0.40	0.5899	0.5899		60	61.85	1,768,850	1,831,800	
1991/07		0.40	1.4932	1.4932		60	61.85	1,779,415	1,859,160	
1992/01		0.50	2.0117	2.0117		60	64.14	1,797,314	1,896,540	
1992/07		0.50	1.8152	1.8152		60	64.14	1,813,626	1,930,980	
1993/01	13,138	0.60	1.7710	1.7710		60	62.61	1,846,036	1,965,180	
1993/07		0.60	1.5329	1.5329		60	59.62	1,863,014	1,995,300	
1994/01		0.70	1.6983	1.6983		60	59.62	1,885,162	2,029,200	
1994/07		0.70	1.5991	1.5991		60	59.62	1,906,265	2,061,660	
1995/01	59,924	0.80	1.5812	1.5812		60	50.15	1,988,177	2,094,240	
1995/07		0.80	1.5250	1.5250		60	50.15	2,010,294	2,126,160	
1996/01	1,925,460	0.90	1.7228	1.7228		85	46.97	3,962,373	3,063,995	
1996/07		0.90	1.3294	1.3294		85	46.97	3,962,373	3,104,710	3
1997/01	1,274,090	1.00	1.4109	1.4109		120	45.12	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	45.12	4,484,728	4,493,400	
1998/01		1.00	1.1663	1.1663		120	52.43	4,534,589	4,545,840	
1998/07		1.00	1.0794	1.0794		120	52.43	4,581,248	4,594,920	
1999/01		1.00	1.4499	1.4499		120	53.80	4,646,222	4,661,520	
1999/07		1.00	1.2299	1.2299		120	63.90	4,703,366	4,718,880	
2000/01		1.00	1.3356	1.3356		120	63.90	4,766,184	4,781,880	
2000/07		1.00	1.1129	1.1129		120	63.90	4,819,227	4,835,040	
2001/01		1.00	1.2976	1.2976		120	63.90	4,881,761	4,897,800	
2001/07		1.00	0.9615	0.9615		120	63.90	4,928,699	4,944,840	
2002/01	12,532	1.00	1.0301	1.0301		120	64.39	4,992,002	4,995,720	



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215.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		1.00	0.8337	0.8337		120	64.39	5,033,620	5,037,360	
2003/01		1.00	1.3271	1.3271		120	64.39	5,100,421	5,104,200	
2003/07		1.00	1.1664	1.1664		120	64.39	5,159,912	5,163,720	
2004/01		1.00	1.1103	1.1103		120	64.39	5,217,203	5,221,080	
2004/07		1.00	0.8378	0.8378		120	64.39	5,217,203	5,264,880	5
2005/01	30,846	1.00	0.8595	0.8595		120	65.72	5,310,120	5,310,120	8
2005/07		1.00	0.7364	0.7364		120	61.25	5,349,224	5,349,240	
2006/01		1.00	0.9068	0.9068		120	61.25	5,397,720	5,397,720	8
2006/07	248,184	1.00	0.8133	0.8133		120	63.21	5,441,640	5,441,640	8
2007/01		1.00	1.0133	1.0133		120	63.21	5,496,720	5,496,720	8
2007/07		1.00	1.1050	1.1050		120	60.94	5,557,440	5,557,440	8
2008/01		0.95	0.8556	0.8556		120	60.94	5,602,611	5,604,960	
2008/07		0.95	0.6104	0.6104		120	64.11	5,635,101	5,639,160	
2009/01		0.90	1.3268	1.3268		120	64.11	5,702,390	5,714,040	
2009/07		0.90	0.6841	0.6841		120	64.60	5,737,500	5,753,160	
2010/01		0.85	0.8643	0.8643		120	64.60	5,779,653	5,802,840	
2010/07		0.85	0.7107	0.7107		120	70.76	5,814,568	5,844,120	
2011/01		0.80	0.9198	0.9198		120	70.76	5,857,352	5,897,880	
2011/07		0.80	0.9028	0.9028		120	65.97	5,899,654	5,951,160	
2012/01		0.75	0.3865	0.3865		120	67.02	5,916,757	5,974,200	
2012/07		0.75	0.9417	0.9417		120	67.02	5,958,547	6,030,480	
2013/01		0.70	0.4901	0.4901		120	67.02	5,978,991	6,060,000	
2013/07	20,057	0.70	0.6196	0.6196		120	71.45	6,024,979	6,097,560	
2014/01		0.65	0.8564	0.8564		120	71.45	6,058,520	6,149,760	
2014/07		0.65	1.2383	1.2383		120	71.45	6,107,285	6,225,960	
2015/01		0.60	0.7571	0.7571		120	71.45	6,135,030	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996
5 Uncorrected Licensure Deficiency
8 Limited to Current RS Per Bed Standard |
|---|



Florida Agency for Health Care Administration
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233.63

Community Health and Rehabilitation Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
3611 TRANSMITTER ROAD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
PANAMA CITY, FL 32404-9799	Days in CR 365	Maximum: 43,800	Standard: 243
County: Bay [3]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 42,574	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,856	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,416	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	55.00070%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.20091%	Cost: 1.00000000
Open Date: 11/04/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/04/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 11/04/1997	Low Occupancy Adjustment Factor:	124.12118%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 318779			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,115,070	2,017,092	1,368,869	481,667		4,982,698	
1a	Audit Adjustments							
2	Cost Per Diem	47.6200	86.1416	58.4587	20.5700		212.7903	
3	Cost Per Diem Inflated	47.6200	86.1416	58.4587				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.6200	86.1416	58.4587	20.5700		212.7903	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500			
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169				
10	Target Rate Class Ceiling	52.1499		61.6580				
10a	New Provider Target Limitation	49.7737		61.5225				
10b	Base for line 10a	48.0153		59.3491				
11	Lesser of 5,7,8,10, 10a	47.6200	86.1416	58.4587	13.6500		205.8703	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	47.6200	86.1416	58.4587	13.6500		205.8703	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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233.63

Rate Semester 01/01/2015 through 08/31/2015

Community Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/04/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	6,320,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,528,214	11.0710
RS to Start Calcs:	1997/07	<60% of Base:	False	20% ROE(2):	1,132,053	0.5953
Indexed Asset Value	5,660,267	Interest Rate:	7.4600%	Insurance Cost(3):	53,018	1.2453
FRVS Base Asset:	4,444,920	Chase Rate:	7.7500%	Taxes Cost(3):	42,797	1.0052
Occup Adj Factor	0.9000	Amortization Rate:	7.4600%	Home Office(3):	0	0.0000
ROE Factor	0.020729	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	436,420	Total FRVS PD:		13.9168

- (1) 80% Capital (\$4,528,214) amortized at 7.4600 % for 20 years Principal & Interest of \$436,420 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.0710
- (2) 20% ROE (\$1,132,053) times the ROE factor (0.020729) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5953
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	37,041
Comparison Date:	01/01/1997	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.6200	47.6200	0.8285	46.7915
Direct Care	86.1416	86.1416	1.4987	84.6429
Indirect Care	58.4587	58.4587	1.0170	57.4417
Property	13.6500	13.9168	0.2421	13.6747
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1725
Supplemental Rate Add-on				9.9025
Totals	205.8703	206.1371	3.5863	233.6258

Medicaid Trend Adjustment



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233.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	4,800,000	0.00	1.0917	1.0917		120	76.77	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	76.77	4,450,103	4,545,840	
1998/07		0.10	1.0794	1.0794		120	76.77	4,454,905	4,594,920	
1999/01	29,725	0.20	1.4499	1.4499		120	79.60	4,497,549	4,661,520	
1999/07	5,418	0.20	1.2299	1.2299		120	79.60	4,514,031	4,718,880	
2000/01		0.30	1.3356	1.3356		120	79.60	4,532,119	4,781,880	
2000/07		0.30	1.1129	1.1129		120	79.60	4,547,252	4,835,040	
2001/01		0.40	1.2976	1.2976		120	79.60	4,570,852	4,897,800	
2001/07	74,937	0.40	0.9615	0.9615		120	81.72	4,663,368	4,944,840	
2002/01		0.50	1.0301	1.0301		120	81.72	4,687,389	4,995,720	
2002/07		0.50	0.8337	0.8337		120	81.02	4,706,931	5,037,360	
2003/01		0.60	1.3271	1.3271		120	81.02	4,744,412	5,104,200	
2003/07		0.60	1.1664	1.1664		120	72.18	4,777,613	5,163,720	
2004/01		0.70	1.1103	1.1103		120	75.32	4,814,745	5,221,080	
2004/07		0.70	0.8378	0.8378		120	75.32	4,842,983	5,264,880	
2005/01		0.80	0.8595	0.8595		120	75.32	4,876,283	5,310,120	
2005/07		0.80	0.7364	0.7364		120	75.32	4,905,009	5,349,240	
2006/01		0.90	0.9068	0.9068		120	75.32	4,945,039	5,397,720	
2006/07		0.90	0.8133	0.8133		120	75.32	4,981,237	5,441,640	
2007/01		1.00	1.0133	1.0133		120	47.70	5,025,012	5,496,720	
2007/07		1.00	1.1050	1.1050		120	47.70	5,073,169	5,557,440	
2008/01		1.00	0.8556	0.8556		120	47.70	5,110,814	5,604,960	
2008/07		1.00	0.6104	0.6104		120	47.70	5,137,870	5,639,160	
2009/01		1.00	1.3268	1.3268		120	47.70	5,196,991	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.31	5,228,866	5,753,160	
2010/01		1.00	0.8643	0.8643		120	49.31	5,269,384	5,802,840	
2010/07		1.00	0.7107	0.7107		120	44.97	5,300,004	5,844,120	
2011/01		1.00	0.9198	0.9198		120	44.97	5,339,863	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.37	5,380,507	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.37	5,398,040	5,974,200	



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 10/31/2014

0 098972-00 - 2015/01

233.63

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	50.54	5,444,751	6,030,480	
2013/01		1.00	0.4901	0.4901		120	50.54	5,469,272	6,060,000	
2013/07		1.00	0.6196	0.6196		120	52.96	5,501,903	6,097,560	
2014/01		1.00	0.8564	0.8564		120	55.00	5,549,021	6,149,760	
2014/07		1.00	1.2383	1.2383		120	55.00	5,617,735	6,225,960	
2015/01		1.00	0.7571	0.7571		120	55.00	5,660,267	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 099366-00 - 2015/01

237.76

Gulfport Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1430 PASADENA AVE S	11/24/2013-7/31/2014	Number of Beds: 126	Superior: 0
SOUTH PASADENA, FL 33707	Days in CR 250	Maximum: 31,500	Standard: 243
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 45,990	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 4,535	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,216	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 2,129	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	46.94598%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	14.39683%	Cost: 1.02853242
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	18.38410%	DC Sem Index: 1.25449501
Med # Active Date: 11/24/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02365974
Previous Med # 281891			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	186,832	181,408	188,412	63,465		620,117	
1a	Audit Adjustments							
2	Cost Per Diem	87.7558	85.2082	88.4979	29.8098		291.2717	
3	Cost Per Diem Inflated	90.2597	87.2242	91.0230				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	90.2597	87.2242	91.0230	29.8098		298.3167	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	88.6700		89.4199				
7	Provider Target Rate	91.9172		92.6945				
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	51.8820		59.7487				
10b	Base for line 10a	50.0492		57.6379				
11	Lesser of 5,7,8,10, 10a	51.8820	87.2242	59.7487	13.6500		212.5049	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.8820	87.2242	59.7487	13.6500		212.5049	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
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0 099366-00 - 2015/01

237.76

Rate Semester 01/01/2015 through 08/31/2015

Gulfport Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,896,724.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	1,337,067	3.4256
Indexed Asset Value	1,671,334	<60% of Base:	False	20% ROE(2):	334,267	0.1851
FRVS Base Asset:	842,445	Interest Rate:	11.7683%	Insurance Cost(3):	23,328	5.1440
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	21,393	4.7173
ROE Factor	0.022920	Amortization Rate:	8.7500%	Home Office(3):	2,800	0.6174
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	141,790	Total FRVS PD:		14.0894

- (1) 80% Capital (\$1,337,067) amortized at 8.7500 % for 20 years Principal & Interest of \$141,790 divided by annual available days (45990) divided by Occup. Adj. (0.90) = \$3.4256
- (2) 20% ROE (\$334,267) times the ROE factor (0.022920) divided by annual available days (45990) divided by Occup. Adj. (0.90) = \$0.1851
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	126	Effective PBS Limitation	3,591,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.8820	51.8820	0.9026	50.9794
Direct Care	87.2242	87.2242	1.5175	85.7067
Indirect Care	59.7487	59.7487	1.0395	58.7092
Property	13.6500	14.0894	0.2451	13.8443
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.6216
Supplemental Rate Add-on				9.9025
Totals	212.5049	212.9443	3.7047	237.7637

Medicaid Trend Adjustment



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0 099366-00 - 2015/01

237.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	543,922	0.00				126	100.00	543,922	1,292,886	
1972/01		0.10	3.9787	3.0000	0.9787	126	100.00	545,554	1,344,294	
1972/07		0.10	5.9113	3.0000	2.9113	126	100.00	547,191	1,410,570	
1973/01		0.20	8.0622	3.0000	5.0622	126	100.00	550,474	1,483,272	
1973/07		0.20	10.7186	3.0000	7.7186	126	100.00	553,777	1,567,188	
1974/01		0.30	12.9457	3.0000	9.9457	126	100.00	558,761	1,649,088	
1974/07		0.30	13.0494	3.0000	10.0494	126	100.00	563,790	1,700,244	
1975/01		0.40	13.1399	3.0000	10.1399	126	100.00	570,555	1,752,786	
1975/07		0.40	14.2033	3.0000	11.2033	126	100.00	577,402	1,824,102	
1976/01		0.50	15.2478	3.0000	12.2478	126	100.00	586,063	1,897,812	
1976/07		0.50	15.7330	3.0000	12.7330	126	100.00	594,854	1,963,962	
1977/01		0.60	16.4836	3.0000	13.4836	126	100.00	605,561	2,037,672	
1977/07		0.60	18.5412	3.0000	15.5412	126	100.00	616,461	2,140,614	
1978/01		0.70	20.2809	3.0000	17.2809	126	100.00	629,407	2,242,170	
1978/07		0.70	22.8203	3.0000	19.8203	126	100.00	642,625	2,366,280	
1979/01		0.80	24.9476	3.0000	21.9476	126	100.00	658,048	2,487,618	
1979/07		0.80	26.1458	3.0000	23.1458	126	100.00	673,841	2,592,072	
1980/01		0.90	29.3115	3.0000	26.3115	126	45.23	688,803	2,751,966	
1980/07		0.90	30.1222	3.0000	27.1222	126	45.23	704,097	2,856,798	
1981/01		1.00	30.9462	3.0000	27.9462	126	38.95	719,056	2,966,040	
1981/07		1.00	30.5350	3.0000	27.5350	126	38.95	734,333	3,042,774	
1982/01		1.00	30.2110	3.0000	27.2110	126	34.14	748,008	3,124,296	
1982/07		1.00	29.5087	3.0000	26.5087	126	34.14	761,937	3,195,990	
1983/04		1.00	29.1375	3.0000	26.1375	126	32.25	775,340	3,280,032	
1983/07		1.00	30.0953	3.0000	27.0953	126	32.25	788,979	3,409,812	
1984/01		1.00	28.3905	3.0000	25.3905	126	30.43	802,075	3,454,038	
1984/07		1.00	27.3084	3.0000	24.3084	126	30.43	815,388	3,520,314	
1985/01		1.00	25.4555	3.0000	22.4555	126	30.17	828,806	3,560,634	
1985/10		1.00	23.3077	3.0000	20.3077	126	30.17	842,445	3,591,000	
1986/01		1.00	21.1376	3.0000	18.1376	126	30.09	856,272	3,620,862	



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237.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	126	30.09	870,326	3,613,932	
1987/01		1.00	16.4441	3.0000	13.4441	126	26.47	882,892	3,678,570	
1987/07		1.00	14.3448	3.0000	11.3448	126	26.47	895,639	3,707,298	
1988/01		1.00	12.2455	3.0000	9.2455	126	29.48	910,041	3,737,412	
1988/07		1.00	9.8354	3.0000	6.8354	126	29.48	924,674	3,735,396	
1989/01	18,717	1.00	7.4253	3.0000	4.4253	126	29.73	958,386	3,757,446	
1989/07		1.00	5.0152	3.0000	2.0152	126	29.73	973,928	3,782,898	
1990/01	85,884	1.00	2.6051	2.6051		126	39.31	1,077,946	3,801,924	
1990/07		1.00	0.5899	0.5899		126	39.31	1,082,491	3,824,352	
1991/01	20,250	1.00	0.5899	0.5899		126	47.77	1,108,287	3,846,780	
1991/07	24,142	1.00	1.4932	1.4932		126	47.77	1,146,803	3,904,236	
1992/01	41,392	0.95	2.0117	2.0117		126	51.11	1,208,561	3,982,734	
1992/07		0.95	1.8152	1.8152		126	51.11	1,227,927	4,055,058	
1993/01	28,218	0.90	1.7710	1.7710		126	53.55	1,275,201	4,126,878	
1993/07		0.90	1.5329	1.5329		126	53.55	1,292,330	4,190,130	
1994/01	28,467	0.85	1.6983	1.6983		126	56.41	1,339,453	4,261,320	
1994/07		0.85	1.5991	1.5991		126	56.41	1,357,659	4,329,486	
1995/01		0.80	1.5812	1.5812		126	49.69	1,373,175	4,397,904	
1995/07		0.80	1.5250	1.5250		126	49.69	1,388,310	4,464,936	
1996/01		0.75	1.7228	1.7228		126	54.87	1,388,310	4,541,922	5
1996/07		0.75	1.3294	1.3294		126	54.87	1,420,194	4,602,276	
1997/01		0.70	1.4109	1.4109		126	53.39	1,433,809	4,667,166	
1997/07		0.70	1.0917	1.0917		126	53.39	1,444,445	4,718,070	
1998/01	24,094	0.65	1.1663	1.1663		126	62.92	1,479,489	4,773,132	
1998/07		0.65	1.0794	1.0794		126	62.92	1,489,869	4,824,666	
1999/01	29,035	0.60	1.4499	1.4499		126	60.22	1,531,864	4,894,596	
1999/07		0.60	1.2299	1.2299		126	60.22	1,543,168	4,954,824	
2000/01		0.55	1.3356	1.3356		126	61.50	1,554,504	5,020,974	
2000/07		0.55	1.1129	1.1129		126	61.50	1,564,019	5,076,792	
2001/01		0.50	1.2976	1.2976		126	62.20	1,574,166	5,142,690	



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237.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		126	62.20	1,581,735	5,192,082	
2002/01		0.45	1.0301	1.0301		126	62.80	1,589,066	5,245,506	
2002/07		0.45	0.8337	0.8337		126	62.80	1,595,028	5,289,228	
2003/01		0.40	1.3271	1.3271		126	62.80	1,603,494	5,359,410	
2003/07		0.40	1.1664	1.1664		126	64.59	1,610,976	5,421,906	
2004/01		0.35	1.1103	1.1103		126	64.59	1,617,236	5,482,134	
2004/07		0.35	0.8378	0.8378		126	61.59	1,621,978	5,528,124	
2005/01		0.30	0.8595	0.8595		126	61.59	1,626,161	5,575,626	
2005/07		0.30	0.7364	0.7364		126	61.59	1,629,753	5,616,702	
2006/01		0.25	0.9068	0.9068		126	61.59	1,633,448	5,667,606	
2006/07		0.25	0.8133	0.8133		126	61.59	1,636,769	5,713,722	
2007/01		0.20	1.0133	1.0133		126	61.59	1,640,087	5,771,556	
2007/07		0.20	1.1050	1.1050		126	70.32	1,643,712	5,835,312	
2008/01		0.15	0.8556	0.8556		122	73.53	1,645,821	5,698,376	
2008/07		0.15	0.6104	0.6104		122	73.53	1,647,329	5,733,146	
2009/01		0.10	1.3268	1.3268		122	73.53	1,649,515	5,809,274	
2009/07		0.10	0.6841	0.6841		126	75.79	1,650,643	6,040,818	
2010/01		0.05	0.8643	0.8643		126	75.79	1,651,356	6,092,982	
2010/07		0.05	0.7107	0.7107		126	81.80	1,651,942	6,136,326	
2011/01		0.00	0.9198	0.9198		126	88.09	1,651,942	6,192,774	
2011/07		0.00	0.9028	0.9028		126	88.09	1,651,942	6,248,718	11
2012/01		0.00	0.9028	0.9028		126	1.00	1,651,942	6,272,910	11
2012/07		0.00	0.9028	0.9028		126	1.00	1,651,942	6,332,004	11
2013/01		0.00	0.9028	0.9028		126	1.00	1,651,942	6,363,000	11
2013/07		0.00	0.6196	0.6196		126	46.95	1,651,942	6,402,438	12
2014/01	1,072	0.00	0.8564	0.8564		126	46.95	1,653,014	6,457,248	
2014/07	18,320	0.00	1.2383	1.2383		126	46.95	1,671,334	6,537,258	
2015/01		0.00	0.7571	0.7571		126	46.95	1,671,334	6,586,776	

Message Code:

5	Uncorrected Licensure Deficiency
11	Not in Medicaid
12	Re-Entry to Medicaid



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

0 100487-00 - 2015/01

209.27

The Terrace of Kissimmee

Type of Cost Report: Interim Change of Ownership - Budget		Type of Cost: Estimated		Type of Rate: Interim	
Type of Ownership: Proprietary : Corporation		CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW			
Provider Information	Cost Report	Patient Days		Ratings Days	
221 PARK PLACE BLVD	1/1/2014-12/31/2014	Number of Beds:	120	Superior:	0
KISSIMMEE, FL 34741	Days in CR 365	Maximum:	43,800	Standard:	243
County: Osceola [49]	First Used : 2013/07	Max Annualized:	43,800	Conditional:	0
Region: Central Area: 7	Last Used: 2015/01	Total Patient:	41,752	Total:	243
Control: Proprietary : Corporation	Unaudited	Medicare:	10,289	Inflation	
Current Class Central Large	Initial CR? False	Medicaid:	27,250	FY Index:	1.34058101
Class at 1/94: North Large	Medical Utilization		65.26633%	Semester Index:	1.37161894
Operating Ex > 18 months	Occupancy:		95.32420%	Cost:	1.00000000
Open Date: 12/28/1993	Statewide Low Occupancy Threshold:		78.31130%	Target:	1.02563464
Acquired Date: 12/28/1993	Medicaid Low Occupancy Threshold:		41.41010%	DC FY Index:	1.22800000
Entered Medicaid 01/13/1994	Low Occupancy Adjustment Factor:		121.72471%	DC Sem Index:	1.25449501
Med # Active Date: 12/01/2013	Weighted Low Occ Adjustment Factor:		100.00000%	DC Inflation:	1.00000000
Previous Med # 253421				PS Target:	1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,200,749	2,187,116	1,261,028	932,223		5,581,116	
1a	Audit Adjustments							
2	Cost Per Diem	44.0642	80.2612	46.2763	34.2100		204.8117	
3	Cost Per Diem Inflated	44.0642	80.2612	46.2763				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.0642	80.2612	46.2763	34.2100		204.8117	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	50.2091		58.1586				
10b	Base for line 10a	48.4354		56.1040				
11	Lesser of 5,7,8,10, 10a	44.0642	80.2612	46.2763	13.6500		184.2517	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.0642	80.2612	46.2763	13.6500		184.2517	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002.						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 100487-00 - 2015/01

209.27

Rate Semester 01/01/2015 through 08/31/2015

The Terrace of Kissimmee

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/13/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	12,480,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,454,206 8.3963
RS to Start Calcs:	1993/07	<60% of Base:	False	20% ROE(2):	1,113,551 0.5856
Indexed Asset Value	5,567,757	Interest Rate:	4.2500%	Insurance Cost(3):	57,098 1.3676
FRVS Base Asset:	3,930,360	Chase Rate:	3.2500%	Taxes Cost(3):	71,308 1.7079
Occup Adj Factor	0.9000	Amortization Rate:	4.2500%	Home Office(3):	0 0.0000
ROE Factor	0.020729	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	330,984	Total FRVS PD:	12.0574

- (1) 80% Capital (\$4,454,206) amortized at 4.2500 % for 20 years Principal & Interest of \$330,984 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.3963
- (2) 20% ROE (\$1,113,551) times the ROE factor (0.020729) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5856
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	01/01/1993	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.0642	44.0642	0.7666	43.2976
Direct Care	80.2612	80.2612	1.3964	78.8648
Indirect Care	46.2763	46.2763	0.8051	45.4712
Property	13.6500	12.0574	0.2098	11.8476
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.8821
Supplemental Rate Add-on				9.9025
Totals	184.2517	182.6591	3.1779	209.2658

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07	7,084,564	0.00	1.5329	1.5329		120	74.50	3,930,360	3,930,360	1
1994/01	42,928	0.10	1.6983	1.6983		120	54.02	3,979,843	4,058,400	
1994/07		0.10	1.5991	1.5991		120	54.02	3,986,093	4,123,320	
1995/01		0.20	1.5812	1.5812		120	54.02	3,998,472	4,188,480	
1995/07		0.20	1.5250	1.5250		120	54.02	4,010,450	4,252,320	
1996/01		0.30	1.7228	1.7228		120	54.02	4,030,807	4,325,640	
1996/07		0.30	1.3294	1.3294		120	54.02	4,046,595	4,383,120	
1997/01		0.40	1.4109	1.4109		120	55.48	4,069,434	4,444,920	
1997/07		0.40	1.0917	1.0917		120	55.48	4,087,205	4,493,400	
1998/01		0.50	1.1663	1.1663		120	61.26	4,111,042	4,545,840	
1998/07		0.50	1.0794	1.0794		120	61.26	4,133,229	4,594,920	
1999/01		0.60	1.4499	1.4499		120	63.75	4,169,184	4,661,520	
1999/07		0.60	1.2299	1.2299		120	63.75	4,199,948	4,718,880	
2000/01	22,573	0.70	1.3356	1.3356		120	65.47	4,261,786	4,781,880	
2000/07		0.70	1.1129	1.1129		120	65.47	4,294,985	4,835,040	
2001/01		0.80	1.2976	1.2976		120	64.86	4,339,571	4,897,800	
2001/07		0.80	0.9615	0.9615		120	69.72	4,372,951	4,944,840	
2002/01		0.90	1.0301	1.0301		120	69.72	4,413,493	4,995,720	
2002/07		0.90	0.8337	0.8337		120	69.72	4,446,607	5,037,360	
2003/01		1.00	1.3271	1.3271		120	69.72	4,505,618	5,104,200	
2003/07		1.00	1.1664	1.1664		120	69.72	4,558,172	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.75	4,608,781	5,221,080	
2004/07		1.00	0.8378	0.8378		120	66.75	4,647,393	5,264,880	
2005/01		1.00	0.8595	0.8595		120	66.75	4,687,337	5,310,120	
2005/07		1.00	0.7364	0.7364		120	65.71	4,721,855	5,349,240	
2006/01		1.00	0.9068	0.9068		120	65.71	4,764,673	5,397,720	
2006/07		1.00	0.8133	0.8133		120	63.74	4,803,424	5,441,640	
2007/01		1.00	1.0133	1.0133		120	63.97	4,852,097	5,496,720	
2007/07		1.00	1.1050	1.1050		120	63.97	4,905,713	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.97	4,947,686	5,604,960	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		1.00	0.6104	0.6104		120	64.13	4,977,887	5,639,160	
2009/01		1.00	1.3268	1.3268		120	60.13	5,043,934	5,714,040	
2009/07		1.00	0.6841	0.6841		120	60.13	5,078,440	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.64	5,122,333	5,802,840	
2010/07		1.00	0.7107	0.7107		120	63.64	5,158,737	5,844,120	
2011/01		1.00	0.9198	0.9198		120	63.64	5,206,187	5,897,880	
2011/07	38,337	1.00	0.9028	0.9028		120	58.96	5,291,525	5,951,160	
2012/01		1.00	0.3865	0.3865		120	58.96	5,311,977	5,974,200	
2012/07		1.00	0.9417	0.9417		120	64.40	5,362,000	6,030,480	
2013/01		1.00	0.4901	0.4901		120	65.26	5,388,279	6,060,000	
2013/07		1.00	0.6196	0.6196		120	65.27	5,421,665	6,097,560	
2014/01		0.95	0.8564	0.8564		120	65.27	5,465,776	6,149,760	
2014/07		0.95	1.2383	1.2383		120	65.27	5,530,075	6,225,960	
2015/01		0.90	0.7571	0.7571		120	65.27	5,567,757	6,273,120	

Message Code:

1 Per Bed Standard Limitation

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



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Baptist Manor

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
10095 HILLVIEW ROAD	10/1/2013-9/30/2014	Number of Beds: 170	Superior: 0
PENSACOLA, FL 32514	Days in CR 365	Maximum: 62,050	Standard: 243
County: Escambia [17]	First Used : 2013/07	Max Annualized: 62,050	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 54,462	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,601	Inflation
Current Class North Large	Initial CR? False	Medicaid: 33,430	FY Index: 1.33356899
Class at 1/94: North Large	Medical Utilization	61.38225%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.77115%	Cost: 1.00000000
Open Date: 12/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22550000
Entered Medicaid 12/01/1985	Low Occupancy Adjustment Factor:	112.07980%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 208809			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,502,239	2,825,487	1,806,335	1,001,897		7,135,958
1a	Audit Adjustments						
2	Cost Per Diem	44.9369	84.5195	54.0334	29.9700		213.4598
3	Cost Per Diem Inflated	44.9369	84.5195	54.0334			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9369	84.5195	54.0334	29.9700		213.4598
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	51.5678	96.4319	64.7435	13.6500		
9	Prior Semester: Class Ceiling Target Base	50.8465		60.1169			
10	Target Rate Class Ceiling	52.1499		61.6580			
10a	New Provider Target Limitation	48.8609		58.7036			
10b	Base for line 10a	47.1348		56.6298			
11	Lesser of 5,7,8,10, 10a	44.9369	84.5195	54.0334	13.6500		197.1398
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	44.9369	84.5195	54.0334	13.6500		197.1398
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Baptist Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/2009	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	10,700,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,953,701	9.5178
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,738,425	0.6680
Indexed Asset Value	8,692,126	Interest Rate:	4.5800%	Insurance Cost(3):	61,500	1.1292
FRVS Base Asset:	2,972,345	Chase Rate:	3.2500%	Taxes Cost(3):	55,200	1.0136
Occup Adj Factor	0.9000	Amortization Rate:	4.5800%	Home Office(3):	59,000	1.0833
ROE Factor	0.021460	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	531,521	Total FRVS PD:		13.4119

- (1) 80% Capital (\$6,953,701) amortized at 4.5800 % for 20 years Principal & Interest of \$531,521 divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$9.5178
- (2) 20% ROE (\$1,738,425) times the ROE factor (0.021460) divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$0.6680
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	170	Effective PBS Limitation	4,845,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9369	44.9369	0.7818	44.1551
Direct Care	84.5195	84.5195	1.4704	83.0491
Indirect Care	54.0334	54.0334	0.9401	53.0933
Property	13.6500	13.4119	0.2333	13.1786
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.7179
Supplemental Rate Add-on				9.9025
Totals	197.1398	196.9017	3.4256	223.0965

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	2,972,345	0.00	0.8522	0.8522		110	86.97	2,972,345	3,135,000	
1986/01		0.10	0.8299	0.8299		90	78.09	2,974,812	2,586,330	
1986/07		0.10	0.2974	0.2974		90	78.09	2,975,696	2,581,380	
1987/01		0.20	1.0091	1.0091		90	78.09	2,981,701	2,627,550	
1987/07		0.20	0.9007	0.9007		90	78.09	2,987,071	2,648,070	
1988/01		0.30	0.9007	0.9007		90	78.09	2,995,142	2,669,580	
1988/07	209,900	0.30	0.5899	0.5899		110	84.61	3,210,343	3,261,060	
1989/01	18,523	0.40	0.5899	0.5899		110	84.61	3,236,442	3,280,310	
1989/07		0.40	0.5899	0.5899		110	84.61	3,244,080	3,302,530	
1990/01		0.50	0.5899	0.5899		110	84.61	3,253,650	3,319,140	
1990/07		0.50	0.5899	0.5899		110	84.18	3,263,248	3,338,720	
1991/01		0.60	0.5899	0.5899		110	84.18	3,274,797	3,358,300	
1991/07		0.60	1.4932	1.4932		110	81.79	3,304,136	3,408,460	
1992/01		0.70	2.0117	2.0117		110	81.79	3,350,665	3,476,990	
1992/07	1,818,758	0.70	1.8152	1.8152		170	70.22	5,211,997	5,471,110	
1993/01		0.80	1.7710	1.7710		170	70.22	5,285,841	5,568,010	
1993/07		0.80	1.5329	1.5329		170	68.56	5,350,661	5,653,350	
1994/01		0.90	1.6983	1.6983		170	68.56	5,432,446	5,749,400	
1994/07		0.90	1.5991	1.5991		170	74.20	5,510,630	5,841,370	
1995/01		1.00	1.5812	1.5812		170	74.20	5,597,764	5,933,680	
1995/07	55,317	1.00	1.5250	1.5250		170	78.07	5,738,447	6,024,120	
1996/01		1.00	1.7228	1.7228		170	78.07	5,837,309	6,127,990	
1996/07	25,101	1.00	1.3294	1.3294		170	78.18	5,940,011	6,209,420	
1997/01		1.00	1.4109	1.4109		170	78.18	6,023,819	6,296,970	
1997/07	32,636	1.00	1.0917	1.0917		170	72.89	6,122,217	6,365,650	
1998/01		1.00	1.1663	1.1663		170	72.89	6,193,620	6,439,940	
1998/07	227,796	1.00	1.0794	1.0794		170	70.89	6,488,270	6,509,470	
1999/01		1.00	1.4499	1.4499		170	70.89	6,582,343	6,603,820	
1999/07	98,459	1.00	1.2299	1.2299		170	73.15	6,685,080	6,685,080	8
2000/01		1.00	1.3356	1.3356		170	73.15	6,774,330	6,774,330	8



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	34,217	1.00	1.1129	1.1129		170	68.95	6,849,640	6,849,640	8
2001/01		1.00	1.2976	1.2976		170	68.95	6,938,521	6,938,550	
2001/07	94,083	1.00	0.9615	0.9615		170	69.40	7,005,190	7,005,190	8
2002/01		1.00	1.0301	1.0301		170	69.40	7,077,270	7,077,270	8
2002/07	92,055	1.00	0.8337	0.8337		170	63.88	7,136,260	7,136,260	8
2003/01		1.00	1.3271	1.3271		170	63.88	7,230,950	7,230,950	8
2003/07	145,573	1.00	1.1664	1.1664		170	65.89	7,315,270	7,315,270	8
2004/01		1.00	1.1103	1.1103		170	65.89	7,396,491	7,396,530	
2004/07	139,069	1.00	0.8378	0.8378		170	67.93	7,458,580	7,458,580	8
2005/01		1.00	0.8595	0.8595		170	67.93	7,522,670	7,522,670	8
2005/07	36,373	1.00	0.7364	0.7364		170	73.34	7,578,090	7,578,090	8
2006/01		0.95	0.9068	0.9068		170	73.34	7,643,375	7,646,770	
2006/07	265,944	0.95	0.8133	0.8133		170	73.01	7,708,990	7,708,990	8
2007/01		0.90	1.0133	1.0133		170	73.01	7,779,296	7,787,020	
2007/07	84,595	0.90	1.1050	1.1050		170	54.48	7,873,040	7,873,040	8
2008/01		0.85	0.8556	0.8556		170	54.48	7,929,759	7,940,360	
2008/07	63,811	0.85	0.6104	0.6104		170	60.75	7,988,810	7,988,810	8
2009/01		0.80	1.3268	1.3268		170	60.75	8,073,603	8,094,890	
2009/07	65,583	0.80	0.6841	0.6841		170	60.85	8,150,310	8,150,310	8
2010/01		0.75	0.8643	0.8643		170	60.85	8,203,140	8,220,690	
2010/07	47,280	0.75	0.7107	0.7107		170	67.23	8,279,170	8,279,170	8
2011/01		0.70	0.9198	0.9198		170	67.23	8,332,480	8,355,330	
2011/07	62,284	0.70	0.9028	0.9028		170	60.87	8,430,810	8,430,810	8
2012/01		0.65	0.3865	0.3865		170	60.87	8,451,988	8,463,450	
2012/07		0.65	0.9417	0.9417		170	57.22	8,503,723	8,543,180	
2013/01		0.60	0.4901	0.4901		170	57.22	8,528,732	8,585,000	
2013/07		0.60	0.6196	0.6196		170	61.38	8,560,442	8,638,210	
2014/01		0.55	0.8564	0.8564		170	61.38	8,600,762	8,712,160	
2014/07		0.55	1.2383	1.2383		170	61.38	8,659,342	8,820,110	
2015/01		0.50	0.7571	0.7571		170	61.38	8,692,126	8,886,920	

Message Code:



Florida Agency for Health Care Administration
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220.32

The Oaks of Clearwater

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
420 BAY AVE	1/1/2014-12/31/2014	Number of Beds: 60	Superior: 0
CLEARWATER, FL 33756	Days in CR 365	Maximum: 21,900	Standard: 243
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 19,710	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,400	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 13,210	FY Index: 1.34058101
Class at 1/94: North Small	Medical Utilization	67.02182%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.00000%	Cost: 1.00000000
Open Date: 03/30/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/30/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 07/15/1991	Low Occupancy Adjustment Factor:	114.92594%	DC Sem Index: 1.25449501
Med # Active Date: 01/17/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 203823			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	765,107	853,583	828,899	70,806		2,518,395	
1a	Audit Adjustments							
2	Cost Per Diem	57.9188	64.6164	62.7478	5.3600		190.6430	
3	Cost Per Diem Inflated	57.9188	64.6164	62.7478				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.9188	64.6164	62.7478	5.3600		190.6430	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	60.3700		67.4382				
10b	Base for line 10a	58.2373		65.0558				
11	Lesser of 5,7,8,10, 10a	57.9188	64.6164	62.7478	5.3600		190.6430	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	57.9188	64.6164	62.7478	5.3600		190.6430	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 101391-00 - 2015/01

220.32

Rate Semester 01/01/2015 through 08/31/2015

The Oaks of Clearwater

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/15/1991	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	21,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable	80% Capital(1):	1,351,973 4.4262
Indexed Asset Value	1,689,966	<60% of Base:	False	20% ROE(2):	337,993 0.3822
FRVS Base Asset:	1,258,595	Interest Rate:	2.6600%	Insurance Cost(3):	8,280 0.4201
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	7,620 0.3866
ROE Factor	0.022290	Amortization Rate:	2.6600%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	87,240	Total FRVS PD:	5.6151

- (1) 80% Capital (\$1,351,973) amortized at 2.6600 % for 20 years Principal & Interest of \$87,240 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$4.4262
- (2) 20% ROE (\$337,993) times the ROE factor (0.022290) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3822
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	07/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	57.9188	57.9188	1.0076	56.9112
Direct Care	64.6164	64.6164	1.1242	63.4922
Indirect Care	62.7478	62.7478	1.0917	61.6561
Property	5.3600	5.6151	0.0977	5.5174
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8442
Supplemental Rate Add-on				9.9025
Totals	190.6430	190.8981	3.3212	220.3236

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01	1,258,595	0.00	0.5899	0.5899		60		1,258,595	1,789,260	
1989/07		0.10	0.5899	0.5899		60		1,258,595	1,801,380	
1990/01		0.10	0.5899	0.5899		60		1,258,595	1,810,440	
1990/07		0.20	0.5899	0.5899		60		1,258,595	1,821,120	
1991/01		0.20	0.5899	0.5899		60		1,258,595	1,831,800	
1991/07		0.30	1.4932	1.4932		60	3.45	1,258,595	1,859,160	
1992/01		0.30	2.0117	2.0117		60	3.45	1,258,595	1,896,540	
1992/07		0.40	1.8152	1.8152		60	3.45	1,258,595	1,930,980	5
1993/01		0.40	1.7710	1.7710		60	3.45	1,258,595	1,965,180	
1993/07		0.50	1.5329	1.5329		60	3.45	1,258,595	1,995,300	
1994/01		0.50	1.6983	1.6983		60	3.45	1,258,595	2,029,200	
1994/07	50,039	0.60	1.5991	1.5991		60	11.86	1,308,634	2,061,660	
1995/01		0.60	1.5812	1.5812		60	11.86	1,308,634	2,094,240	
1995/07		0.70	1.5250	1.5250		60	12.97	1,308,634	2,126,160	
1996/01		0.70	1.7228	1.7228		60	12.97	1,308,634	2,162,820	
1996/07		0.80	1.3294	1.3294		60	22.58	1,308,634	2,191,560	
1997/01		0.80	1.4109	1.4109		60	22.58	1,308,634	2,222,460	
1997/07		0.90	1.0917	1.0917		60	22.51	1,308,634	2,246,700	
1998/01		0.90	1.1663	1.1663		60	22.51	1,308,634	2,272,920	
1998/07		1.00	1.0794	1.0794		60	21.84	1,308,634	2,297,460	
1999/01		1.00	1.4499	1.4499		60	21.84	1,308,634	2,330,760	
1999/07		1.00	1.2299	1.2299		60	32.73	1,318,212	2,359,440	
2000/01		1.00	1.3356	1.3356		60	32.73	1,328,689	2,390,940	
2000/07		1.00	1.1129	1.1129		60	39.04	1,339,185	2,417,520	
2001/01		1.00	1.2976	1.2976		60	39.04	1,351,520	2,448,900	
2001/07		1.00	0.9615	0.9615		60	43.83	1,361,876	2,472,420	
2002/01		1.00	1.0301	1.0301		60	48.98	1,374,369	2,497,860	
2002/07		1.00	0.8337	0.8337		60	48.98	1,384,573	2,518,680	
2003/01		1.00	1.3271	1.3271		60	48.98	1,400,936	2,552,100	
2003/07		1.00	1.1664	1.1664		60	51.03	1,416,097	2,581,860	



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220.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01		1.00	1.1103	1.1103		60	51.03	1,430,685	2,610,540	
2004/07		1.00	0.8378	0.8378		60	53.82	1,442,414	2,632,440	
2005/01		1.00	0.8595	0.8595		60	53.82	1,454,546	2,655,060	
2005/07		1.00	0.7364	0.7364		60	60.23	1,465,257	2,674,620	
2006/01		1.00	0.9068	0.9068		60	60.23	1,478,544	2,698,860	
2006/07		1.00	0.8133	0.8133		60	60.23	1,490,569	2,720,820	
2007/01		1.00	1.0133	1.0133		60	54.01	1,505,401	2,748,360	
2007/07	8,874	1.00	1.1050	1.1050		60	54.32	1,530,704	2,778,720	
2008/01		1.00	0.8556	0.8556		60	54.32	1,543,639	2,802,480	
2008/07		1.00	0.6104	0.6104		60	54.32	1,552,945	2,819,580	
2009/01		1.00	1.3268	1.3268		60	51.75	1,572,332	2,857,020	
2009/07		0.95	0.6841	0.6841		60	51.75	1,581,947	2,876,580	
2010/01		0.95	0.8643	0.8643		60	52.94	1,594,450	2,901,420	
2010/07		0.90	0.7107	0.7107		60	48.78	1,603,495	2,922,060	
2011/01		0.90	0.9198	0.9198		60	48.78	1,615,268	2,948,940	
2011/07		0.85	0.9028	0.9028		60	48.78	1,626,262	2,975,580	
2012/01		0.85	0.3865	0.3865		60	48.71	1,630,993	2,987,100	
2012/07		0.80	0.9417	0.9417		60	48.71	1,641,876	3,015,240	
2013/01		0.80	0.4901	0.4901		60	58.92	1,648,314	3,030,000	
2013/07		0.75	0.6196	0.6196		60	66.93	1,655,974	3,048,780	
2014/01		0.75	0.8564	0.8564		60	67.02	1,666,610	3,074,880	
2014/07		0.70	1.2383	1.2383		60	67.02	1,681,056	3,112,980	
2015/01		0.70	0.7571	0.7571		60	67.02	1,689,966	3,136,560	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 101959-00 - 2015/01
212.36

Carrington Place of St. Pete

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
10501 ROOSEVELT BLVD N	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 243
SAINT PETERSBURG, FL 33716	Days in CR 365	Maximum: 43,800	Standard: 0
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 41,879	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,360	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,364	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	67.72846%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.61416%	Cost: 1.04340134
Open Date: 08/01/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1988	Low Occupancy Adjustment Factor:	122.09497%	DC Sem Index: 1.25449501
Med # Active Date: 04/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 035167			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,014,067	2,104,214	1,360,123	886,942		5,365,346
1a	Audit Adjustments						
2	Cost Per Diem	35.7519	74.1861	47.9524	31.2700		189.1604
3	Cost Per Diem Inflated	37.3036	76.5976	50.0336			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3036	76.5976	50.0336	31.2700		195.2048
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3149		54.4474			
7	Provider Target Rate	49.0476		56.4413			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.3036	76.5976	50.0336	13.6500		177.5848
12/13	Medical Adjustment Rate		1.5277	0.9979			
14	Prospective Per Diem 11	37.3036	78.1253	51.0315	13.6500		180.1104
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

Carrington Place of St. Pete

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,520,263.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,582,747 9.8597
RS to Start Calcs:	1988/07	<60% of Base:	False	20% ROE(2):	1,145,687 0.5449
Indexed Asset Value	5,728,434	Interest Rate:	5.8318%	Insurance Cost(3):	150,121 3.5846
FRVS Base Asset:	3,559,440	Chase Rate:	7.7500%	Taxes Cost(3):	80,832 1.9301
Occup Adj Factor	0.9000	Amortization Rate:	5.8318%	Home Office(3):	50,256 1.2000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	26,403 0.0000
		Yearly Payment:	388,669	Total FRVS PD:	17.1193

- (1) 80% Capital (\$4,582,747) amortized at 5.8318 % for 20 years Principal & Interest of \$388,669 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.8597
- (2) 20% ROE (\$1,145,687) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5449
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 01/01/1988	Current RS PBS:	52,276
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.3036	37.3036	0.6490	36.6546
Direct Care	78.1253	78.1253	1.3592	76.7661
Indirect Care	51.0315	51.0315	0.8878	50.1437
Property	13.6500	17.1193	0.2978	16.8215
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0672
Supplemental Rate Add-on				9.9025
Totals	180.1104	183.5797	3.1938	212.3556

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	4,914,588	0.00	0.5899	0.5899		120	33.55	3,559,440	3,559,440	1
1989/01		0.10	0.5899	0.5899		120	33.55	3,560,721	3,578,520	
1989/07	17,925	0.10	0.5899	0.5899		120	33.55	3,579,928	3,602,760	
1990/01		0.20	0.5899	0.5899		120	33.55	3,582,505	3,620,880	
1990/07		0.20	0.5899	0.5899		120	33.55	3,585,084	3,642,240	
1991/01		0.30	0.5899	0.5899		120	33.55	3,588,955	3,663,600	
1991/07	49,477	0.30	1.4932	1.4932		120	53.18	3,653,978	3,718,320	
1992/01		0.40	2.0117	2.0117		120	53.18	3,682,409	3,793,080	
1992/07		0.40	1.8152	1.8152		120	59.75	3,709,147	3,861,960	
1993/01		0.50	1.7710	1.7710		120	59.75	3,709,147	3,930,360	5
1993/07		0.50	1.5329	1.5329		120	60.57	3,770,673	3,990,600	
1994/01		0.60	1.6983	1.6983		120	60.57	3,809,096	4,058,400	
1994/07		0.60	1.5991	1.5991		120	65.79	3,845,644	4,123,320	
1995/01		0.70	1.5812	1.5812		120	65.79	3,888,208	4,188,480	
1995/07		0.70	1.5250	1.5250		120	64.73	3,929,715	4,252,320	
1996/01		0.80	1.7228	1.7228		120	64.73	3,983,874	4,325,640	
1996/07	17,617	0.80	1.3294	1.3294		120	55.07	4,043,859	4,383,120	
1997/01		0.90	1.4109	1.4109		120	55.07	4,095,208	4,444,920	
1997/07	22,909	0.90	1.0917	1.0917		120	52.77	4,156,721	4,493,400	
1998/01		1.00	1.1663	1.1663		120	52.77	4,203,235	4,545,840	
1998/07		1.00	1.0794	1.0794		120	47.70	4,242,583	4,594,920	
1999/01		1.00	1.4499	1.4499		120	47.70	4,295,932	4,661,520	
1999/07		1.00	1.2299	1.2299		120	45.59	4,339,728	4,718,880	
2000/01		1.00	1.3356	1.3356		120	45.59	4,387,773	4,781,880	
2000/07		1.00	1.1129	1.1129		120	47.09	4,429,582	4,835,040	
2001/01		1.00	1.2976	1.2976		120	47.09	4,478,794	4,897,800	
2001/07		1.00	0.9615	0.9615		120	47.09	4,515,664	4,944,840	
2002/01		1.00	1.0301	1.0301		120	54.21	4,561,512	4,995,720	
2002/07		1.00	0.8337	0.8337		120	49.80	4,595,946	5,037,360	
2003/01		1.00	1.3271	1.3271		120	49.80	4,651,172	5,104,200	



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212.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	57.04	4,705,423	5,163,720	
2004/01		1.00	1.1103	1.1103		120	57.04	4,757,667	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.37	4,797,527	5,264,880	
2005/01		1.00	0.8595	0.8595		120	60.37	4,838,762	5,310,120	
2005/07	17,816	1.00	0.7364	0.7364		120	56.62	4,892,211	5,349,240	
2006/01		1.00	0.9068	0.9068		120	62.44	4,936,574	5,397,720	
2006/07		1.00	0.8133	0.8133		120	62.44	4,976,723	5,441,640	
2007/01		1.00	1.0133	1.0133		120	62.44	5,027,152	5,496,720	
2007/07		1.00	1.1050	1.1050		120	62.44	5,082,702	5,557,440	
2008/01		1.00	0.8556	0.8556		120	62.44	5,126,190	5,604,960	
2008/07		1.00	0.6104	0.6104		120	62.44	5,157,480	5,639,160	
2009/01		0.95	1.3268	1.3268		120	62.44	5,222,490	5,714,040	
2009/07		0.95	0.6841	0.6841		120	62.44	5,256,431	5,753,160	
2010/01	62,478	0.90	0.8643	0.8643		120	59.57	5,359,799	5,802,840	
2010/07	34,050	0.90	0.7107	0.7107		120	57.41	5,428,130	5,844,120	
2011/01		0.85	0.9198	0.9198		120	57.41	5,470,567	5,897,880	
2011/07		0.85	0.9028	0.9028		120	57.41	5,512,548	5,951,160	
2012/01		0.80	0.3865	0.3865		120	58.43	5,529,593	5,974,200	
2012/07		0.80	0.9417	0.9417		120	62.82	5,571,253	6,030,480	
2013/01		0.75	0.4901	0.4901		120	62.82	5,591,733	6,060,000	
2013/07		0.75	0.6196	0.6196		120	66.95	5,617,718	6,097,560	
2014/01		0.70	0.8564	0.8564		120	66.95	5,651,396	6,149,760	
2014/07		0.70	1.2383	1.2383		120	67.73	5,700,382	6,225,960	
2015/01		0.65	0.7571	0.7571		120	67.73	5,728,434	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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217.08

Trinity Regional Rehab Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
2144 WELBILT BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
TRINITY, FL 34655	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pasco [51]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 41,451	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 15,055	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,661	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	49.84439%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.63699%	Cost: 1.04340134
Open Date: 11/19/2007	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/19/2007	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 11/25/2008	Low Occupancy Adjustment Factor:	120.84717%	DC Sem Index: 1.25449501
Med # Active Date: 04/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 003521			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,408	1,426,109	1,255,699	881,605		4,453,821
1a	Audit Adjustments						
2	Cost Per Diem	43.0961	69.0242	60.7763	42.6700		215.5666
3	Cost Per Diem Inflated	44.9665	71.2679	63.4141			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9665	71.2679	63.4141	42.6700		222.3185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8789		91.2509			
7	Provider Target Rate	65.1816		94.5926			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	55.2081		62.3955			
10b	Base for line 10a	53.2578		60.1912			
11	Lesser of 5,7,8,10, 10a	44.9665	71.2679	62.3955	13.6500		192.2799
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	44.9665	71.2679	62.3955	13.6500		192.2799
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 101961-00 - 2015/01

217.08

Rate Semester 01/01/2015 through 08/31/2015

Trinity Regional Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/25/2008	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	8,729,094.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,756,349 8.7283
RS to Start Calcs:	2007/07	<60% of Base:	False	20% ROE(2):	1,189,087 0.5656
Indexed Asset Value	5,945,436	Interest Rate:	3.9400%	Insurance Cost(3):	140,820 3.3973
FRVS Base Asset:	0	Chase Rate:	4.0000%	Taxes Cost(3):	102,140 2.4641
Occup Adj Factor	0.9000	Amortization Rate:	3.9400%	Home Office(3):	60,086 1.4496
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	24,971 0.0000
		Yearly Payment:	344,069	Total FRVS PD:	16.6049

- (1) 80% Capital (\$4,756,349) amortized at 3.9400 % for 20 years Principal & Interest of \$344,069 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.7283
- (2) 20% ROE (\$1,189,087) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5656
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	46,708
Comparison Date:	01/01/2008	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,604,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.9665	44.9665	0.7823	44.1842
Direct Care	71.2679	71.2679	1.2399	70.0280
Indirect Care	62.3955	62.3955	1.0855	61.3100
Property	13.6500	16.6049	0.2889	16.3160
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.3416
Supplemental Rate Add-on				9.9025
Totals	192.2799	195.2348	3.3966	217.0823

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07	11,975,038	0.00	0.6104	0.6104		120	37.51	5,604,960	5,604,960	1
2009/01	49,969	0.10	1.3268	1.3268		120	37.51	5,660,002	5,714,040	
2009/07	8,782	0.10	0.6841	0.6841		120	37.51	5,671,424	5,753,160	
2010/01		0.20	0.8643	0.8643		120	37.51	5,678,112	5,802,840	
2010/07		0.20	0.7107	0.7107		120	37.51	5,683,615	5,844,120	
2011/01		0.30	0.9198	0.9198		120	37.51	5,694,310	5,897,880	
2011/07		0.30	0.9028	0.9028		120	37.51	5,704,827	5,951,160	
2012/01	19,060	0.40	0.3865	0.3865		120	42.62	5,730,721	5,974,200	
2012/07	41,567	0.40	0.9417	0.9417		120	51.23	5,792,396	6,030,480	
2013/01		0.50	0.4901	0.4901		120	51.23	5,805,620	6,060,000	
2013/07	25,773	0.50	0.6196	0.6196		120	52.73	5,848,636	6,097,560	
2014/01		0.60	0.8564	0.8564		120	52.73	5,877,446	6,149,760	
2014/07		0.60	1.2383	1.2383		120	49.84	5,917,018	6,225,960	
2015/01		0.70	0.7571	0.7571		120	49.84	5,945,436	6,273,120	

Message Code:

1 Per Bed Standard Limitation



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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217.75

Eagle Lake Rehab & Care Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
1100 66TH ST N	1/1/2013-12/31/2013	Number of Beds: 59	Superior: 0
SAINT PETERSBURG, FL 33710	Days in CR 365	Maximum: 21,535	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 21,535	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 18,120	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,045	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 14,637	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	80.77815%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.14209%	Cost: 1.04340134
Open Date: 08/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1987	Low Occupancy Adjustment Factor:	107.44566%	DC Sem Index: 1.25449501
Med # Active Date: 04/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 098330			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	606,860	942,523	735,085	193,062		2,477,530
1a	Audit Adjustments						
2	Cost Per Diem	41.4607	64.3932	50.2210	13.1900		169.2649
3	Cost Per Diem Inflated	43.2601	66.4864	52.4007			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2601	66.4864	52.4007	13.1900		175.3372
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5726		67.8620			
7	Provider Target Rate	61.7542		70.3472			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862			
10	Target Rate Class Ceiling	62.9364		74.3444			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2601	66.4864	52.4007	13.1900		175.3372
12/13	Medical Adjustment Rate		2.3021	1.8144			
14	Prospective Per Diem 11	43.2601	68.7885	54.2151	13.1900		179.4537
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
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Rate Semester 01/01/2015 through 08/31/2015

Eagle Lake Rehab & Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,000,000.00	Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed	80% Capital(1):	2,284,734 12.8642
Indexed Asset Value	2,855,918	<60% of Base:	False	20% ROE(2):	571,184 0.5526
FRVS Base Asset:	1,695,483	Interest Rate:	9.1500%	Insurance Cost(3):	84,881 4.6844
Occup Adj Factor	0.9000	Chase Rate:	7.2500%	Taxes Cost(3):	19,024 1.0499
ROE Factor	0.018750	Amortization Rate:	9.1500%	Home Office(3):	19,443 1.0730
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	249,327	Total FRVS PD:	20.2241

- (1) 80% Capital (\$2,284,734) amortized at 9.1500 % for 20 years Principal & Interest of \$249,327 divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$12.8642
- (2) 20% ROE (\$571,184) times the ROE factor (0.018750) divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$0.5526
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	01/01/1986	Current RS PBS:	52,276
Comparison Bed	59	Effective PBS Limitation	1,695,483

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.2601	43.2601	0.7526	42.5075
Direct Care	68.7885	68.7885	1.1968	67.5917
Indirect Care	54.2151	54.2151	0.9432	53.2719
Property	13.1900	20.2241	0.3519	19.8722
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.6035
Supplemental Rate Add-on				9.9025
Totals	179.4537	186.4878	3.2445	217.7493

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

0 101963-00 - 2015/01

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	2,496,782	0.00	0.2974	0.2974		59		1,695,483	1,695,483	1
1987/01		0.10	1.0091	1.0091		59		1,695,483	1,722,505	
1987/07		0.10	0.9007	0.9007		59	13.21	1,695,483	1,735,957	
1988/01		0.20	0.9007	0.9007		59	13.21	1,695,483	1,750,058	
1988/07		0.20	0.5899	0.5899		59	13.21	1,695,483	1,749,114	
1989/01		0.30	0.5899	0.5899		59	13.21	1,695,483	1,759,439	
1989/07		0.30	0.5899	0.5899		59	13.21	1,695,483	1,771,357	
1990/01		0.40	0.5899	0.5899		59	13.21	1,695,483	1,780,266	
1990/07		0.40	0.5899	0.5899		59	13.21	1,695,483	1,790,768	
1991/01		0.50	0.5899	0.5899		59	13.21	1,695,483	1,801,270	
1991/07		0.50	1.4932	1.4932		59	13.21	1,695,483	1,828,174	
1992/01		0.60	2.0117	2.0117		59	13.21	1,695,483	1,864,931	
1992/07		0.60	1.8152	1.8152		59	13.21	1,695,483	1,898,797	
1993/01		0.70	1.7710	1.7710		59	23.47	1,695,483	1,932,427	
1993/07		0.70	1.5329	1.5329		59	45.28	1,710,460	1,962,045	
1994/01		0.80	1.6983	1.6983		59	45.28	1,729,591	1,995,380	
1994/07	29,974	0.80	1.5991	1.5991		59	51.83	1,780,416	2,027,299	
1995/01		0.90	1.5812	1.5812		59	51.83	1,804,293	2,059,336	
1995/07		0.90	1.5250	1.5250		59	51.83	1,827,630	2,090,724	
1996/01		1.00	1.7228	1.7228		59	51.83	1,857,302	2,126,773	
1996/07		1.00	1.3294	1.3294		59	51.83	1,880,570	2,155,034	
1997/01		1.00	1.4109	1.4109		59	51.83	1,905,574	2,185,419	
1997/07	10,701	1.00	1.0917	1.0917		59	58.35	1,916,275	2,209,255	5
1998/01		1.00	1.1663	1.1663		59	58.35	1,959,670	2,235,038	
1998/07		1.00	1.0794	1.0794		59	53.29	1,980,165	2,259,169	
1999/01		1.00	1.4499	1.4499		59	53.29	2,007,983	2,291,914	
1999/07	29,433	1.00	1.2299	1.2299		59	55.88	2,037,416	2,320,116	5
2000/01		1.00	1.3356	1.3356		59	55.88	2,089,654	2,351,091	
2000/07	28,163	1.00	1.1129	1.1129		59	59.38	2,141,073	2,377,228	
2001/01		1.00	1.2976	1.2976		59	59.38	2,168,856	2,408,085	



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 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2013

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217.75

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		1.00	0.9615	0.9615		59	69.89	2,189,710	2,431,213	
2002/01	32,235	1.00	1.0301	1.0301		59	71.70	2,244,501	2,456,229	
2002/07		1.00	0.8337	0.8337		59	71.70	2,263,213	2,476,702	
2003/01		1.00	1.3271	1.3271		59	71.70	2,293,248	2,509,565	
2003/07		1.00	1.1664	1.1664		59	65.63	2,319,996	2,538,829	
2004/01		1.00	1.1103	1.1103		59	65.63	2,345,755	2,567,031	
2004/07		1.00	0.8378	0.8378		59	72.45	2,365,408	2,588,566	
2005/01		1.00	0.8595	0.8595		59	72.45	2,385,739	2,610,809	
2005/07	7,789	1.00	0.7364	0.7364		59	68.21	2,411,097	2,630,043	
2006/01	8,496	1.00	0.9068	0.9068		59	68.21	2,441,457	2,653,879	
2006/07	49,588	1.00	0.8133	0.8133		59	68.21	2,510,901	2,675,473	
2007/01		0.95	1.0133	1.0133		59	68.21	2,535,071	2,702,554	
2007/07		0.95	1.1050	1.1050		59	68.21	2,561,684	2,732,408	
2008/01		0.90	0.8556	0.8556		59	68.21	2,581,409	2,755,772	
2008/07		0.90	0.6104	0.6104		59	68.21	2,595,591	2,772,587	
2009/01	10,683	0.85	1.3268	1.3268		59	70.49	2,635,547	2,809,403	
2009/07		0.85	0.6841	0.6841		59	70.49	2,650,873	2,828,637	
2010/01		0.80	0.8643	0.8643		59	79.91	2,669,201	2,853,063	
2010/07		0.80	0.7107	0.7107		59	79.53	2,684,378	2,873,359	
2011/01		0.75	0.9198	0.9198		59	79.53	2,702,898	2,899,791	
2011/07		0.75	0.9028	0.9028		59	79.53	2,721,199	2,925,987	
2012/01		0.70	0.3865	0.3865		59	78.81	2,728,563	2,937,315	
2012/07	17,014	0.70	0.9417	0.9417		59	73.29	2,763,564	2,964,986	
2013/01		0.65	0.4901	0.4901		59	73.29	2,772,369	2,979,500	
2013/07	25,135	0.65	0.6196	0.6196		59	83.69	2,808,668	2,997,967	
2014/01		0.60	0.8564	0.8564		59	83.69	2,823,099	3,023,632	
2014/07		0.60	1.2383	1.2383		59	80.78	2,844,075	3,061,097	
2015/01		0.55	0.7571	0.7571		59	80.78	2,855,918	3,084,284	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency |
|---|



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 102419-00 - 2015/01

216.72

The Terrace of St. Cloud

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
3855 OLD CANOE CREEK ROAD	11/1/2013-10/31/2014	Number of Beds: 120	Superior: 0
SAINT CLOUD, FL 34769	Days in CR 365	Maximum: 43,800	Standard: 243
County: Osceola [49]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 37,868	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,956	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 26,600	FY Index: 1.33590225
Class at 1/94: North Large	Medical Utilization	70.24401%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.45662%	Cost: 1.00000000
Open Date: 02/01/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22633277
Entered Medicaid 02/24/1986	Low Occupancy Adjustment Factor:	110.40121%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 253146			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,193,662	2,279,302	1,159,808	314,146		4,946,918	
1a	Audit Adjustments							
2	Cost Per Diem	44.8745	85.6881	43.6018	11.8100		185.9744	
3	Cost Per Diem Inflated	44.8745	85.6881	43.6018				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.8745	85.6881	43.6018	11.8100		185.9744	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	46.8412		56.0460				
10b	Base for line 10a	45.1864		54.0661				
11	Lesser of 5,7,8,10, 10a	44.8745	85.6881	43.6018	11.8100		185.9744	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	44.8745	85.6881	43.6018	11.8100		185.9744	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 102419-00 - 2015/01

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Rate Semester 01/01/2015 through 08/31/2015

The Terrace of St. Cloud

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/2013	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,720,000.00	Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Variable	80% Capital(1):	4,478,025 8.4412
Indexed Asset Value	5,597,531	<60% of Base:	False	20% ROE(2):	1,119,506 0.5887
FRVS Base Asset:	2,133,058	Interest Rate:	4.2500%	Insurance Cost(3):	49,331 1.3027
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	63,905 1.6876
ROE Factor	0.020729	Amortization Rate:	4.2500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	332,754	Total FRVS PD:	12.0202

- (1) 80% Capital (\$4,478,025) amortized at 4.2500 % for 20 years Principal & Interest of \$332,754 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.4412
- (2) 20% ROE (\$1,119,506) times the ROE factor (0.020729) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5887
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.8745	44.8745	0.7807	44.0938
Direct Care	85.6881	85.6881	1.4908	84.1973
Indirect Care	43.6018	43.6018	0.7586	42.8432
Property	11.8100	12.0202	0.2091	11.8111
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8703
Supplemental Rate Add-on				9.9025
Totals	185.9744	186.1846	3.2392	216.7182

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	2,133,058	0.00	0.8299	0.8299		120	42.63	2,133,058	3,448,440	
1986/07		0.10	0.2974	0.2974		120	42.63	2,133,549	3,441,840	
1987/01		0.10	1.0091	1.0091		120	42.63	2,135,218	3,503,400	
1987/07		0.20	0.9007	0.9007		120	42.63	2,138,199	3,530,760	
1988/01		0.20	0.9007	0.9007		120	42.63	2,141,184	3,559,440	
1988/07	1,154,705	0.30	0.5899	0.5899		120	42.63	3,298,827	3,557,520	
1989/01		0.30	0.5899	0.5899		120	42.63	3,303,353	3,578,520	
1989/07	16,331	0.40	0.5899	0.5899		120	73.13	3,327,480	3,602,760	
1990/01		0.40	0.5899	0.5899		120	81.62	3,335,333	3,620,880	
1990/07		0.50	0.5899	0.5899		120	81.62	3,345,172	3,642,240	
1991/01		0.50	0.5899	0.5899		120	73.66	3,355,040	3,663,600	
1991/07	23,351	0.60	1.4932	1.4932		120	73.01	3,408,449	3,718,320	
1992/01		0.60	2.0117	2.0117		120	73.01	3,449,589	3,793,080	
1992/07		0.70	1.8152	1.8152		120	75.76	3,493,419	3,861,960	
1993/01		0.70	1.7710	1.7710		120	75.76	3,536,727	3,930,360	
1993/07		0.80	1.5329	1.5329		120	78.56	3,580,098	3,990,600	
1994/01		0.80	1.6983	1.6983		120	78.56	3,628,737	4,058,400	
1994/07		0.90	1.5991	1.5991		120	82.47	3,680,962	4,123,320	
1995/01		0.90	1.5812	1.5812		120	82.47	3,733,346	4,188,480	
1995/07	35,908	1.00	1.5250	1.5250		120	82.87	3,826,188	4,252,320	
1996/01		1.00	1.7228	1.7228		120	82.87	3,892,106	4,325,640	
1996/07	35,767	1.00	1.3294	1.3294		120	83.87	3,979,615	4,383,120	
1997/01		1.00	1.4109	1.4109		120	83.87	4,035,763	4,444,920	
1997/07		1.00	1.0917	1.0917		120	85.30	4,079,821	4,493,400	
1998/01		1.00	1.1663	1.1663		120	85.30	4,127,404	4,545,840	
1998/07	20,514	1.00	1.0794	1.0794		120	84.34	4,192,469	4,594,920	
1999/01		1.00	1.4499	1.4499		120	84.34	4,253,256	4,661,520	
1999/07		1.00	1.2299	1.2299		120	82.07	4,305,567	4,718,880	
2000/01		1.00	1.3356	1.3356		120	82.07	4,363,072	4,781,880	
2000/07		1.00	1.1129	1.1129		120	90.48	4,411,629	4,835,040	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		1.00	1.2976	1.2976		120	90.48	4,468,874	4,897,800	
2001/07		1.00	0.9615	0.9615		120	79.18	4,511,842	4,944,840	
2002/01		1.00	1.0301	1.0301		120	79.18	4,558,318	4,995,720	
2002/07		1.00	0.8337	0.8337		120	79.18	4,596,321	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.18	4,657,319	5,104,200	
2003/07		1.00	1.1664	1.1664		120	79.18	4,711,642	5,163,720	
2004/01		1.00	1.1103	1.1103		120	79.27	4,711,642	5,221,080	5
2004/07		1.00	0.8378	0.8378		120	79.27	4,803,867	5,264,880	
2005/01		1.00	0.8595	0.8595		120	79.27	4,845,156	5,310,120	
2005/07		1.00	0.7364	0.7364		120	81.32	4,880,836	5,349,240	
2006/01		1.00	0.9068	0.9068		120	81.32	4,925,095	5,397,720	
2006/07		0.95	0.8133	0.8133		120	77.13	4,963,146	5,441,640	
2007/01		0.95	1.0133	1.0133		120	77.13	5,010,921	5,496,720	
2007/07		0.90	1.1050	1.1050		120	75.80	5,060,755	5,557,440	
2008/01		0.90	0.8556	0.8556		120	78.27	5,099,723	5,604,960	
2008/07		0.85	0.6104	0.6104		120	78.27	5,126,180	5,639,160	
2009/01		0.85	1.3268	1.3268		120	78.27	5,183,993	5,714,040	
2009/07		0.80	0.6841	0.6841		120	77.46	5,212,365	5,753,160	
2010/01		0.80	0.8643	0.8643		120	77.46	5,248,403	5,802,840	
2010/07		0.75	0.7107	0.7107		120	77.00	5,276,377	5,844,120	
2011/01		0.75	0.9198	0.9198		120	77.00	5,312,779	5,897,880	
2011/07		0.70	0.9028	0.9028		120	72.30	5,346,356	5,951,160	
2012/01	36,842	0.70	0.3865	0.3865		120	70.24	5,397,665	5,974,200	
2012/07		0.65	0.9417	0.9417		120	70.24	5,430,704	6,030,480	
2013/01		0.65	0.4901	0.4901		120	70.24	5,448,006	6,060,000	
2013/07	40,046	0.60	0.6196	0.6196		120	70.24	5,508,308	6,097,560	
2014/01		0.60	0.8564	0.8564		120	70.24	5,536,610	6,149,760	
2014/07		0.55	1.2383	1.2383		120	70.24	5,574,320	6,225,960	
2015/01		0.55	0.7571	0.7571		120	70.24	5,597,531	6,273,120	

Message Code:

5 Uncorrected Licensure Deficiency



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The Crossroads

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
206 W ORANGE ST	1/1/2014-12/31/2014	Number of Beds: 60	Superior: 0
DAVENPORT, FL 33837	Days in CR 365	Maximum: 21,900	Standard: 243
County: Polk [53]	First Used : 2013/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 18,974	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,297	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 12,553	FY Index: 1.34058101
Class at 1/94: South Small	Medical Utilization	66.15895%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.63927%	Cost: 1.00000000
Open Date: 01/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	110.63444%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 045471			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	751,925	1,281,565	908,495	330,269		3,272,254	
1a	Audit Adjustments							
2	Cost Per Diem	59.9000	102.0923	72.3727	26.3100		260.6750	
3	Cost Per Diem Inflated	59.9000	102.0923	72.3727				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.9000	102.0923	72.3727	26.3100		260.6750	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	59.8017	102.1848	82.4630	13.6500			
9	Prior Semester: Class Ceiling Target Base	61.3634		72.4862				
10	Target Rate Class Ceiling	62.9364		74.3444				
10a	New Provider Target Limitation	62.7592		75.9919				
10b	Base for line 10a	60.5421		73.3073				
11	Lesser of 5,7,8,10, 10a	59.8017	102.0923	72.3727	13.6500		247.9167	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	59.8017	102.0923	72.3727	13.6500		247.9167	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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The Crossroads

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,024,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,466,786 6.6581
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	366,696 0.4283
Indexed Asset Value	1,833,482	Interest Rate:	6.5000%	Insurance Cost(3):	24,800 1.3071
FRVS Base Asset:	971,248	Chase Rate:	4.0000%	Taxes Cost(3):	9,500 0.5007
Occup Adj Factor	0.9000	Amortization Rate:	6.5000%	Home Office(3):	0 0.0000
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	131,232	Total FRVS PD:	8.8942

- (1) 80% Capital (\$1,466,786) amortized at 6.5000 % for 20 years Principal & Interest of \$131,232 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$6.6581
- (2) 20% ROE (\$366,696) times the ROE factor (0.023020) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4283
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	102.0923	102.0923	1.7762	100.3161
Indirect Care	72.3727	72.3727	1.2591	71.1136
Property	13.6500	8.8942	0.1547	8.7395
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.6897
Supplemental Rate Add-on				9.9025
Totals	247.9167	243.1609	4.2304	268.5227

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	39,369	0.00				60	100.00	39,369	615,660	
1972/01		0.10	3.9787	3.0000	0.9787	60	100.00	39,487	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	39,605	671,700	
1973/01		0.20	8.0622	3.0000	5.0622	60	100.00	39,843	706,320	
1973/07		0.20	10.7186	3.0000	7.7186	60	100.00	40,082	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	40,443	785,280	
1974/07		0.30	13.0494	3.0000	10.0494	60	100.00	40,807	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	41,297	834,660	
1975/07		0.40	14.2033	3.0000	11.2033	60	100.00	41,793	868,620	
1976/01		0.50	15.2478	3.0000	12.2478	60	100.00	42,420	903,720	
1976/07		0.50	15.7330	3.0000	12.7330	60	100.00	43,056	935,220	
1977/01	557,147	0.60	16.4836	3.0000	13.4836	60	100.00	600,978	970,320	
1977/07		0.60	18.5412	3.0000	15.5412	60	100.00	611,796	1,019,340	
1978/01		0.70	20.2809	3.0000	17.2809	60	100.00	624,644	1,067,700	
1978/07		0.70	22.8203	3.0000	19.8203	60	100.00	637,762	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	653,068	1,184,580	
1979/07		0.80	26.1458	3.0000	23.1458	60	100.00	668,742	1,234,320	
1980/01	2,240	0.90	29.3115	3.0000	26.3115	60	64.35	689,038	1,310,460	
1980/07		0.90	30.1222	3.0000	27.1222	60	64.35	707,642	1,360,380	
1981/01		1.00	30.9462	3.0000	27.9462	60	64.32	728,871	1,412,400	
1981/07		1.00	30.5350	3.0000	27.5350	60	64.32	750,737	1,448,940	
1982/01	8,477	1.00	30.2110	3.0000	27.2110	60	70.84	781,736	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	60	100.00	805,188	1,521,900	
1983/04	8,463	1.00	29.1375	3.0000	26.1375	60	100.00	837,807	1,561,920	
1983/07		1.00	30.0953	3.0000	27.0953	60	65.80	862,941	1,623,720	
1984/01		1.00	28.3905	3.0000	25.3905	60	68.12	888,829	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	65.80	915,494	1,676,340	
1985/01		1.00	25.4555	3.0000	22.4555	60	65.80	942,959	1,695,540	
1985/10		1.00	23.3077	3.0000	20.3077	60	100.00	971,248	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	100.00	1,000,385	1,724,220	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	20,215	1.00	18.4350	3.0000	15.4350	60	100.00	1,050,612	1,720,920	
1987/01		1.00	16.4441	3.0000	13.4441	60	100.00	1,082,130	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	62.05	1,114,594	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	62.05	1,148,032	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	51.67	1,180,388	1,778,760	
1989/01		1.00	7.4253	3.0000	4.4253	60	51.67	1,213,656	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	55.07	1,250,066	1,801,380	
1990/01		1.00	2.6051	2.6051		60	55.07	1,282,631	1,810,440	
1990/07		1.00	0.5899	0.5899		60	55.44	1,290,197	1,821,120	
1991/01		1.00	0.5899	0.5899		60	55.44	1,297,808	1,831,800	
1991/07		1.00	1.4932	1.4932		60	55.44	1,317,187	1,859,160	
1992/01		0.95	2.0117	2.0117		60	67.26	1,342,360	1,896,540	
1992/07		0.95	1.8152	1.8152		60	67.26	1,365,508	1,930,980	
1993/01		0.90	1.7710	1.7710		60	68.24	1,387,273	1,965,180	
1993/07		0.90	1.5329	1.5329		60	69.49	1,406,412	1,995,300	
1994/01		0.85	1.6983	1.6983		60	69.49	1,426,715	2,029,200	
1994/07		0.85	1.5991	1.5991		60	66.21	1,426,715	2,061,660	5
1995/01		0.80	1.5812	1.5812		60	66.21	1,446,107	2,094,240	5
1995/07	9,994	0.80	1.5250	1.5250		60	72.74	1,492,260	2,126,160	
1996/01		0.75	1.7228	1.7228		60	72.74	1,511,541	2,162,820	
1996/07	17,084	0.75	1.3294	1.3294		60	75.47	1,543,697	2,191,560	
1997/01		0.70	1.4109	1.4109		60	75.47	1,558,943	2,222,460	
1997/07	15,041	0.70	1.0917	1.0917		60	77.73	1,585,897	2,246,700	
1998/01		0.65	1.1663	1.1663		60	77.73	1,597,920	2,272,920	
1998/07	18,352	0.65	1.0794	1.0794		60	79.38	1,627,483	2,297,460	
1999/01		0.60	1.4499	1.4499		60	79.38	1,641,640	2,330,760	
1999/07	14,048	0.60	1.2299	1.2299		60	80.46	1,667,802	2,359,440	
2000/01		0.55	1.3356	1.3356		60	80.46	1,680,054	2,390,940	
2000/07		0.55	1.1129	1.1129		60	76.55	1,690,338	2,417,520	
2001/01		0.50	1.2976	1.2976		60	76.55	1,701,305	2,448,900	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		60	63.80	1,709,485	2,472,420	
2002/01		0.45	1.0301	1.0301		60	63.80	1,717,408	2,497,860	
2002/07	11,988	0.45	0.8337	0.8337		60	71.59	1,735,840	2,518,680	
2003/01		0.40	1.3271	1.3271		60	71.59	1,745,054	2,552,100	
2003/07		0.40	1.1664	1.1664		60	62.21	1,753,196	2,581,860	
2004/01		0.35	1.1103	1.1103		60	63.05	1,760,009	2,610,540	
2004/07		0.35	0.8378	0.8378		60	63.05	1,765,169	2,632,440	
2005/01	35,510	0.30	0.8595	0.8595		60	63.05	1,805,231	2,655,060	
2005/07		0.30	0.7364	0.7364		60	63.05	1,809,219	2,674,620	
2006/01		0.25	0.9068	0.9068		60	63.05	1,809,219	2,698,860	5
2006/07		0.25	0.8133	0.8133		60	63.05	1,817,006	2,720,820	
2007/01		0.20	1.0133	1.0133		60	63.05	1,820,689	2,748,360	
2007/07		0.20	1.1050	1.1050		60	53.28	1,824,587	2,778,720	
2008/01		0.15	0.8556	0.8556		60	53.28	1,826,855	2,802,480	
2008/07		0.15	0.6104	0.6104		60	53.28	1,828,476	2,819,580	
2009/01		0.10	1.3268	1.3268		60	53.28	1,830,827	2,857,020	
2009/07		0.10	0.6841	0.6841		60	53.28	1,832,040	2,876,580	
2010/01		0.05	0.8643	0.8643		60	60.94	1,832,831	2,901,420	
2010/07		0.05	0.7107	0.7107		60	60.94	1,833,482	2,922,060	
2011/01		0.00	0.9198	0.9198		60	60.94	1,833,482	2,948,940	
2011/07		0.00	0.9028	0.9028		60	60.94	1,833,482	2,975,580	
2012/01		0.00	0.3865	0.3865		60	60.94	1,833,482	2,987,100	
2012/07		0.00	0.9417	0.9417		60	60.94	1,833,482	3,015,240	
2013/01		0.00	0.4901	0.4901		60	66.15	1,833,482	3,030,000	
2013/07		0.00	0.6196	0.6196		60	66.16	1,833,482	3,048,780	
2014/01		0.00	0.8564	0.8564		60	66.16	1,833,482	3,074,880	
2014/07		0.00	1.2383	1.2383		60	66.16	1,833,482	3,112,980	
2015/01		0.00	0.7571	0.7571		60	66.16	1,833,482	3,136,560	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Rate Semester 01/01/2015 through 08/31/2015

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The Crossings

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
4445 PINE FOREST DRIVE	1/1/2014-12/31/2014	Number of Beds: 60	Superior: 0
LAKE WORTH , FL 33463	Days in CR 365	Maximum: 21,900	Standard: 243
County: Palm Beach [50]	First Used : 2013/07	Max Annualized: 21,900	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 18,969	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,662	Inflation
Current Class South Small	Initial CR? False	Medicaid: 12,188	FY Index: 1.34058101
Class at 1/94: South Small	Medical Utilization	64.25220%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.61644%	Cost: 1.00000000
Open Date: 07/01/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 11/01/1988	Low Occupancy Adjustment Factor:	110.60529%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 028100			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	806,114	1,316,077	959,864	352,964		3,435,019	
1a	Audit Adjustments							
2	Cost Per Diem	66.1400	107.9814	78.7548	28.9600		281.8362	
3	Cost Per Diem Inflated	66.1400	107.9814	78.7548				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.1400	107.9814	78.7548	28.9600		281.8362	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500			
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359				
10	Target Rate Class Ceiling	70.0751		82.3953				
10a	New Provider Target Limitation	69.4189		82.6810				
10b	Base for line 10a	66.9665		79.7601				
11	Lesser of 5,7,8,10, 10a	62.1716	107.6155	78.7548	13.6500		262.1919	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	107.6155	78.7548	13.6500		262.1919	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

The Crossings

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,376,000.00	Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Fixed	80% Capital(1):	1,745,438 7.9230
Indexed Asset Value	2,181,798	<60% of Base:	False	20% ROE(2):	436,360 0.5096
FRVS Base Asset:	1,264,851	Interest Rate:	6.5000%	Insurance Cost(3):	44,100 2.3248
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	85,300 4.4968
ROE Factor	0.023020	Amortization Rate:	6.5000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	156,162	Total FRVS PD:	15.2542

- (1) 80% Capital (\$1,745,438) amortized at 6.5000 % for 20 years Principal & Interest of \$156,162 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$7.9230
- (2) 20% ROE (\$436,360) times the ROE factor (0.023020) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5096
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	01/01/1988	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	78.7548	78.7548	1.3701	77.3847
Property	13.6500	15.2542	0.2654	14.9888
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.5866
Supplemental Rate Add-on				9.9025
Totals	262.1919	263.7961	4.5894	290.6958

Medicaid Trend Adjustment



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid FRVS Property Reimbursement Rate
 Rate Semester 1/1/2015 through 8/31/2015 Based on Cost Report: 12/31/2014

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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	1,264,851	0.00	0.5899	0.5899		60	40.17	1,264,851	1,778,760	
1989/01	43,593	0.10	0.5899	0.5899		60	40.17	1,308,989	1,789,260	
1989/07		0.10	0.5899	0.5899		60	40.17	1,309,553	1,801,380	
1990/01		0.20	0.5899	0.5899		60	40.17	1,310,682	1,810,440	
1990/07		0.20	0.5899	0.5899		60	40.17	1,311,812	1,821,120	
1991/01		0.30	0.5899	0.5899		60	40.17	1,313,508	1,831,800	
1991/07		0.30	1.4932	1.4932		60	40.17	1,317,806	1,859,160	
1992/01		0.40	2.0117	2.0117		60	47.82	1,317,806	1,896,540	5
1992/07		0.40	1.8152	1.8152		60	47.82	1,335,404	1,930,980	
1993/01		0.50	1.7710	1.7710		60	47.15	1,345,541	1,965,180	
1993/07		0.50	1.5329	1.5329		60	47.15	1,354,383	1,995,300	
1994/01		0.60	1.6983	1.6983		60	57.64	1,368,184	2,029,200	
1994/07		0.60	1.5991	1.5991		60	83.26	1,381,312	2,061,660	
1995/01		0.70	1.5812	1.5812		60	83.26	1,396,600	2,094,240	
1995/07		0.70	1.5250	1.5250		60	77.98	1,411,509	2,126,160	
1996/01		0.80	1.7228	1.7228		60	77.98	1,430,962	2,162,820	
1996/07		0.80	1.3294	1.3294		60	80.18	1,446,180	2,191,560	
1997/01		0.90	1.4109	1.4109		60	80.18	1,464,544	2,222,460	
1997/07		0.90	1.0917	1.0917		60	80.19	1,478,933	2,246,700	
1998/01		1.00	1.1663	1.1663		60	80.19	1,496,182	2,272,920	
1998/07		1.00	1.0794	1.0794		60	85.28	1,512,332	2,297,460	
1999/01		1.00	1.4499	1.4499		60	85.28	1,534,259	2,330,760	
1999/07	55,125	1.00	1.2299	1.2299		60	79.11	1,608,254	2,359,440	
2000/01		1.00	1.3356	1.3356		60	79.11	1,629,734	2,390,940	
2000/07	19,827	1.00	1.1129	1.1129		60	73.06	1,667,698	2,417,520	
2001/01		1.00	1.2976	1.2976		60	73.06	1,689,338	2,448,900	
2001/07	15,073	1.00	0.9615	0.9615		60	77.68	1,720,654	2,472,420	
2002/01		1.00	1.0301	1.0301		60	77.68	1,738,378	2,497,860	
2002/07	24,647	1.00	0.8337	0.8337		60	70.93	1,777,518	2,518,680	
2003/01		1.00	1.3271	1.3271		60	70.93	1,801,107	2,552,100	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		60	74.14	1,822,115	2,581,860	
2004/01		1.00	1.1103	1.1103		60	68.97	1,842,346	2,610,540	
2004/07		1.00	0.8378	0.8378		60	68.97	1,857,781	2,632,440	
2005/01	10,371	1.00	0.8595	0.8595		60	68.97	1,884,120	2,655,060	
2005/07		1.00	0.7364	0.7364		60	68.97	1,897,995	2,674,620	
2006/01		1.00	0.9068	0.9068		60	68.97	1,915,206	2,698,860	
2006/07		1.00	0.8133	0.8133		60	68.97	1,930,782	2,720,820	
2007/01		1.00	1.0133	1.0133		60	68.97	1,950,347	2,748,360	
2007/07		1.00	1.1050	1.1050		60	54.47	1,971,691	2,778,720	
2008/01		1.00	0.8556	0.8556		60	54.47	1,988,398	2,802,480	
2008/07		1.00	0.6104	0.6104		60	54.47	2,000,418	2,819,580	
2009/01		0.95	1.3268	1.3268		60	54.47	2,025,390	2,857,020	
2009/07		0.95	0.6841	0.6841		60	54.47	2,038,426	2,876,580	
2010/01		0.90	0.8643	0.8643		60	71.34	2,054,283	2,901,420	
2010/07		0.90	0.7107	0.7107		60	71.34	2,067,422	2,922,060	
2011/01		0.85	0.9198	0.9198		60	71.34	2,083,585	2,948,940	
2011/07		0.85	0.9028	0.9028		60	71.34	2,099,574	2,975,580	
2012/01		0.80	0.3865	0.3865		60	71.34	2,106,066	2,987,100	
2012/07		0.80	0.9417	0.9417		60	71.34	2,121,933	3,015,240	
2013/01		0.75	0.4901	0.4901		60	66.15	2,129,733	3,030,000	
2013/07		0.75	0.6196	0.6196		60	64.25	2,139,630	3,048,780	
2014/01		0.70	0.8564	0.8564		60	64.25	2,152,457	3,074,880	
2014/07		0.70	1.2383	1.2383		60	64.25	2,171,114	3,112,980	
2015/01		0.65	0.7571	0.7571		60	64.25	2,181,798	3,136,560	

Message Code:

5 Uncorrected Licensure Deficiency



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

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281.02

Cross Pointe Care Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
440 PHIPPEN WAITERS ROAD	1/1/2014-12/31/2014	Number of Beds: 88	Superior: 0
DANIA BEACH, FL 33004	Days in CR 365	Maximum: 32,120	Standard: 243
County: Broward [6]	First Used : 2013/07	Max Annualized: 32,120	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 30,661	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,074	Inflation
Current Class South Small	Initial CR? False	Medicaid: 24,384	FY Index: 1.34058101
Class at 1/94: South Small	Medical Utilization	79.52774%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.45766%	Cost: 1.00000000
Open Date: 02/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 02/01/1984	Low Occupancy Adjustment Factor:	121.89513%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 028133			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,573,500	2,632,765	1,842,260	538,886		6,587,411
1a	Audit Adjustments						
2	Cost Per Diem	64.5300	107.9710	75.5520	22.1000		270.1530
3	Cost Per Diem Inflated	64.5300	107.9710	75.5520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.5300	107.9710	75.5520	22.1000		270.1530
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	62.1716	107.6155	90.5155	13.6500		
9	Prior Semester: Class Ceiling Target Base	68.3236		80.3359			
10	Target Rate Class Ceiling	70.0751		82.3953			
10a	New Provider Target Limitation	67.6833		79.3254			
10b	Base for line 10a	65.2922		76.5231			
11	Lesser of 5,7,8,10, 10a	62.1716	107.6155	75.5520	13.6500		258.9891
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	62.1716	107.6155	75.5520	13.6500		258.9891
15	Inflated Usual & Customary Charge						0.00



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Rate Semester 01/01/2015 through 08/31/2015

Cross Pointe Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,938,719 3.1411
RS to Start Calcs:	1984/01	<60% of Base:	True	20% ROE(2):	484,680 0.3860
Indexed Asset Value	2,423,399	Interest Rate:	4.7500%	Insurance Cost(3):	41,100 1.3405
FRVS Base Asset:	1,418,704	Chase Rate:	4.7500%	Taxes Cost(3):	36,600 1.1937
Occup Adj Factor	0.9000	Amortization Rate:	4.7500%	Home Office(3):	0 0.0000
ROE Factor	0.023020	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	90,804	Total FRVS PD:	6.0613

(1) 80% Capital (\$1,938,719) amortized at 4.7500 % for 20 years Interest of \$90,804 divided by annual available days (32120) divided by Occup. Adj. (0.90) = \$3.1411

(2) 20% ROE (\$484,680) times the ROE factor (0.023020) divided by annual available days (32120) divided by Occup. Adj. (0.90) = \$0.3860

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	88	Effective PBS Limitation	2,508,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	75.5520	75.5520	1.3144	74.2376
Property	13.6500	6.0613	0.1055	5.9558
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0917
Supplemental Rate Add-on				9.9025
Totals	258.9891	251.4004	4.3738	281.0208

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	1,411,960	0.00	1.2952	1.2952		88	90.94	1,411,960	2,412,344	
1984/07		0.10	1.9179	1.9179		88	90.94	1,414,668	2,458,632	
1985/01		0.10	1.1471	1.1471		88	89.78	1,416,291	2,486,792	
1985/10		0.20	0.8522	0.8522		88	89.78	1,418,704	2,508,000	
1986/01		0.20	0.8299	0.8299		88	89.78	1,421,059	2,528,856	
1986/07		0.30	0.2974	0.2974		88	89.78	1,422,327	2,524,016	
1987/01		0.30	1.0091	1.0091		88	93.67	1,426,632	2,569,160	
1987/07		0.40	0.9007	0.9007		88	93.67	1,431,772	2,589,224	
1988/01		0.40	0.9007	0.9007		88	93.67	1,436,931	2,610,256	
1988/07		0.50	0.5899	0.5899		88	93.67	1,441,170	2,608,848	
1989/01	28,115	0.50	0.5899	0.5899		88	93.67	1,473,536	2,624,248	
1989/07	12,913	0.60	0.5899	0.5899		88	94.24	1,491,664	2,642,024	
1990/01		0.60	0.5899	0.5899		88	94.24	1,496,943	2,655,312	
1990/07		0.70	0.5899	0.5899		88	85.38	1,503,124	2,670,976	
1991/01		0.70	0.5899	0.5899		88	85.38	1,509,330	2,686,640	
1991/07		0.80	1.4932	1.4932		88	85.38	1,527,360	2,726,768	
1992/01		0.80	2.0117	2.0117		88	86.84	1,551,941	2,781,592	
1992/07		0.90	1.8152	1.8152		88	80.67	1,577,295	2,832,104	
1993/01		0.90	1.7710	1.7710		88	80.67	1,602,436	2,882,264	
1993/07		1.00	1.5329	1.5329		88	75.81	1,627,000	2,926,440	
1994/01		1.00	1.6983	1.6983		88	75.81	1,654,631	2,976,160	
1994/07		1.00	1.5991	1.5991		88	83.15	1,681,090	3,023,768	
1995/01		1.00	1.5812	1.5812		88	81.63	1,707,671	3,071,552	
1995/07		1.00	1.5250	1.5250		88	81.63	1,733,713	3,118,368	
1996/01		1.00	1.7228	1.7228		88	83.69	1,763,581	3,172,136	
1996/07		1.00	1.3294	1.3294		88	83.69	1,787,026	3,214,288	
1997/01		1.00	1.4109	1.4109		88	83.69	1,812,239	3,259,608	
1997/07		1.00	1.0917	1.0917		88	80.95	1,832,023	3,295,160	
1998/01		1.00	1.1663	1.1663		88	80.95	1,853,390	3,333,616	
1998/07		1.00	1.0794	1.0794		88	83.83	1,873,395	3,369,608	



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281.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		88	61.19	1,900,557	3,418,448	
1999/07		1.00	1.2299	1.2299		88	61.19	1,923,932	3,460,512	
2000/01		1.00	1.3356	1.3356		88	82.86	1,923,932	3,506,712	5
2000/07		1.00	1.1129	1.1129		88	82.86	1,971,325	3,545,696	
2001/01		1.00	1.2976	1.2976		88	82.86	1,996,905	3,591,720	
2001/07		1.00	0.9615	0.9615		88	79.79	2,016,105	3,626,216	
2002/01		1.00	1.0301	1.0301		88	79.79	2,036,873	3,663,528	
2002/07		1.00	0.8337	0.8337		88	79.79	2,053,854	3,694,064	
2003/01		1.00	1.3271	1.3271		88	79.79	2,053,854	3,743,080	5
2003/07		1.00	1.1664	1.1664		88	79.79	2,105,385	3,786,728	
2004/01		1.00	1.1103	1.1103		88	79.79	2,128,761	3,828,792	
2004/07		0.95	0.8378	0.8378		88	80.24	2,145,704	3,860,912	
2005/01		0.95	0.8595	0.8595		88	80.24	2,163,224	3,894,088	
2005/07		0.90	0.7364	0.7364		88	83.07	2,177,562	3,922,776	
2006/01		0.90	0.9068	0.9068		88	83.07	2,195,333	3,958,328	
2006/07		0.85	0.8133	0.8133		88	82.39	2,210,509	3,990,536	
2007/01		0.85	1.0133	1.0133		88	82.39	2,210,509	4,030,928	5
2007/07		0.80	1.1050	1.1050		88	80.23	2,249,257	4,075,456	
2008/01		0.80	0.8556	0.8556		88	80.23	2,264,653	4,110,304	
2008/07		0.75	0.6104	0.6104		88	80.23	2,275,021	4,135,384	
2009/01		0.75	1.3268	1.3268		88	80.23	2,297,660	4,190,296	
2009/07		0.70	0.6841	0.6841		88	80.23	2,308,663	4,218,984	
2010/01		0.70	0.8643	0.8643		88	79.59	2,322,630	4,255,416	
2010/07		0.65	0.7107	0.7107		88	79.59	2,333,361	4,285,688	
2011/01		0.65	0.9198	0.9198		88	79.59	2,347,312	4,325,112	
2011/07		0.60	0.9028	0.9028		88	79.59	2,360,027	4,364,184	
2012/01		0.60	0.3865	0.3865		88	79.59	2,365,500	4,381,080	
2012/07		0.55	0.9417	0.9417		88	79.59	2,377,751	4,422,352	
2013/01		0.55	0.4901	0.4901		88	79.54	2,384,161	4,444,000	
2013/07		0.50	0.6196	0.6196		88	79.53	2,391,547	4,471,544	



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281.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		88	79.53	2,401,788	4,509,824	
2014/07		0.45	1.2383	1.2383		88	79.53	2,415,171	4,565,704	
2015/01		0.45	0.7571	0.7571		88	79.53	2,423,399	4,600,288	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 102791-00 - 2015/01

246.79

Cross Terrace Rehabilitation Center

Type of Cost Report: Interim Change of Ownership - Budget Type of Cost: Estimated Type of Rate: Interim

Type of Ownership: Proprietary : Corporation

CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
1351 SAN CHRISTOPHER DR	1/1/2014-12/31/2014	Number of Beds: 104	Superior: 204
DUNEDIN, FL 34698	Days in CR 365	Maximum: 37,960	Standard: 8
County: Pinellas [52]	First Used : 2013/07	Max Annualized: 37,960	Conditional: 31
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 28,470	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,721	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,642	FY Index: 1.34058101
Class at 1/94: North Large	Medical Utilization	76.01686%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.00000%	Cost: 1.00000000
Open Date: 05/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 05/01/1979	Low Occupancy Adjustment Factor:	95.77162%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 028148			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,153,086	2,178,947	1,257,091	525,901		5,115,025	
1a	Audit Adjustments							
2	Cost Per Diem	53.2800	100.6814	58.0857	24.3000		236.3471	
3	Cost Per Diem Inflated	53.2800	100.6814	58.0857				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.2800	100.6814	58.0857	24.3000		236.3471	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500			
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692				
10	Target Rate Class Ceiling	55.0843		63.5578				
10a	New Provider Target Limitation	55.8534		60.9639				
10b	Base for line 10a	53.8803		58.8102				
11	Lesser of 5,7,8,10, 10a	53.2800	98.1484	58.0857	13.6500		223.1641	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.2800	98.1484	58.0857	13.6500		223.1641	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



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Rate Semester 01/01/2015 through 08/31/2015

Cross Terrace Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,469,167.00	Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Variable	80% Capital(1):	1,804,950 4.2969
Indexed Asset Value	2,256,188	<60% of Base:	False	20% ROE(2):	451,238 0.3040
FRVS Base Asset:	1,371,112	Interest Rate:	5.3200%	Insurance Cost(3):	54,500 1.9143
Occup Adj Factor	0.9000	Chase Rate:	4.2500%	Taxes Cost(3):	37,100 1.3031
ROE Factor	0.023020	Amortization Rate:	5.3200%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	146,799	Total FRVS PD:	7.8183

- (1) 80% Capital (\$1,804,950) amortized at 5.3200 % for 20 years Principal & Interest of \$146,799 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$4.2969
- (2) 20% ROE (\$451,238) times the ROE factor (0.023020) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.3040
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.2800	53.2800	0.9269	52.3531
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	58.0857	58.0857	1.0106	57.0751
Property	13.6500	7.8183	0.1360	7.6823
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3389
Supplemental Rate Add-on				9.9025
Totals	223.1641	217.3324	3.7810	246.7928

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,254,768	0.00	5.1272	3.0000	2.1272	104	100.00	1,254,768	2,053,272	
1979/07		0.10	6.3255	3.0000	3.3255	104	100.00	1,258,532	2,139,488	
1980/01		0.10	9.4912	3.0000	6.4912	104	17.90	1,258,532	2,271,464	
1980/07	11,893	0.20	10.3018	3.0000	7.3018	104	17.90	1,270,425	2,357,992	
1981/01	5,372	0.20	11.1259	3.0000	8.1259	104	19.68	1,275,797	2,448,160	
1981/07		0.30	10.7147	3.0000	7.7147	104	19.68	1,275,797	2,511,496	
1982/01	743	0.30	10.3907	3.0000	7.3907	104	26.01	1,281,970	2,578,784	
1982/07		0.40	9.6883	3.0000	6.6883	104	26.01	1,289,245	2,637,960	
1983/04		0.40	9.3172	3.0000	6.3172	104	26.26	1,296,632	2,707,328	
1983/07	889	0.50	10.2750	3.0000	7.2750	104	26.26	1,306,807	2,814,448	
1984/01		0.50	8.5701	3.0000	5.5701	104	29.14	1,317,193	2,850,952	
1984/07	9,491	0.60	7.4880	3.0000	4.4880	104	29.14	1,339,246	2,905,656	
1985/01	1,072	0.60	5.6351	3.0000	2.6351	104	32.23	1,354,444	2,938,936	
1985/10		0.70	3.4873	3.0000	0.4873	104	32.23	1,371,112	2,964,000	
1986/01		0.70	1.3172	1.3172		104	32.23	1,378,520	2,988,648	
1986/07		0.80	0.2974	0.2974		104	40.19	1,380,916	2,982,928	
1987/01		0.80	1.0091	1.0091		104	40.19	1,389,062	3,036,280	
1987/07		0.90	0.9007	0.9007		104	40.19	1,397,290	3,059,992	
1988/01		0.90	0.9007	0.9007		104	40.19	1,405,567	3,084,848	
1988/07		1.00	0.5899	0.5899		104	40.19	1,411,626	3,083,184	
1989/01		1.00	0.5899	0.5899		104	43.25	1,418,174	3,101,384	
1989/07		1.00	0.5899	0.5899		104	43.25	1,424,753	3,122,392	
1990/01		1.00	0.5899	0.5899		104	50.77	1,432,511	3,138,096	
1990/07		1.00	0.5899	0.5899		104	50.77	1,432,511	3,156,608	5
1991/01		1.00	0.5899	0.5899		104	56.75	1,448,807	3,175,120	
1991/07		1.00	1.4932	1.4932		104	58.75	1,470,441	3,222,544	
1992/01		1.00	2.0117	2.0117		104	58.75	1,500,022	3,287,336	
1992/07		1.00	1.8152	1.8152		104	59.82	1,527,250	3,347,032	
1993/01		1.00	1.7710	1.7710		104	59.82	1,554,298	3,406,312	
1993/07		1.00	1.5329	1.5329		104	62.73	1,554,298	3,458,520	5



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		104	64.88	1,578,124	3,517,280	5
1994/07		1.00	1.5991	1.5991		104	68.53	1,630,589	3,573,544	
1995/01		1.00	1.5812	1.5812		104	68.53	1,656,372	3,630,016	
1995/07		1.00	1.5250	1.5250		104	68.53	1,681,632	3,685,344	
1996/01		1.00	1.7228	1.7228		104	68.53	1,710,603	3,748,888	
1996/07		1.00	1.3294	1.3294		104	68.53	1,733,344	3,798,704	
1997/01		1.00	1.4109	1.4109		104	71.65	1,757,800	3,852,264	
1997/07		1.00	1.0917	1.0917		104	71.65	1,776,990	3,894,280	
1998/01	20,317	1.00	1.1663	1.1663		104	70.30	1,818,032	3,939,728	
1998/07		1.00	1.0794	1.0794		104	70.30	1,837,656	3,982,264	
1999/01		1.00	1.4499	1.4499		104	70.30	1,864,300	4,039,984	
1999/07		0.95	1.2299	1.2299		104	70.16	1,886,082	4,089,696	
2000/01		0.95	1.3356	1.3356		104	69.34	1,910,013	4,144,296	
2000/07		0.90	1.1129	1.1129		104	69.34	1,929,144	4,190,368	
2001/01		0.90	1.2976	1.2976		104	64.58	1,951,673	4,244,760	
2001/07		0.85	0.9615	0.9615		104	64.58	1,967,624	4,285,528	
2002/01	20,230	0.85	1.0301	1.0301		104	66.49	2,005,083	4,329,624	
2002/07		0.80	0.8337	0.8337		104	66.49	2,018,457	4,365,712	
2003/01		0.80	1.3271	1.3271		104	65.23	2,039,887	4,423,640	
2003/07		0.75	1.1664	1.1664		104	65.23	2,057,732	4,475,224	
2004/01		0.75	1.1103	1.1103		104	65.23	2,074,867	4,524,936	
2004/07		0.70	0.8378	0.8378		104	65.23	2,087,036	4,562,896	
2005/01		0.70	0.8595	0.8595		104	65.23	2,099,594	4,602,104	
2005/07		0.65	0.7364	0.7364		104	66.44	2,109,645	4,636,008	
2006/01		0.65	0.9068	0.9068		104	66.44	2,122,079	4,678,024	
2006/07		0.60	0.8133	0.8133		104	69.67	2,132,435	4,716,088	
2007/01		0.60	1.0133	1.0133		104	69.67	2,145,400	4,763,824	
2007/07		0.55	1.1050	1.1050		104	64.67	2,158,440	4,816,448	
2008/01		0.55	0.8556	0.8556		104	64.67	2,168,598	4,857,632	
2008/07		0.50	0.6104	0.6104		104	64.67	2,175,217	4,887,272	



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246.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		104	64.67	2,189,647	4,952,168	
2009/07		0.45	0.6841	0.6841		104	64.67	2,196,387	4,986,072	
2010/01		0.45	0.8643	0.8643		104	80.73	2,204,929	5,029,128	
2010/07		0.40	0.7107	0.7107		104	80.73	2,211,198	5,064,904	
2011/01		0.40	0.9198	0.9198		104	80.73	2,219,333	5,111,496	
2011/07		0.35	0.9028	0.9028		104	80.73	2,226,346	5,157,672	
2012/01		0.35	0.3865	0.3865		104	80.73	2,229,358	5,177,640	
2012/07		0.30	0.9417	0.9417		104	80.73	2,235,656	5,226,416	
2013/01		0.30	0.4901	0.4901		104	76.02	2,238,942	5,252,000	
2013/07		0.25	0.6196	0.6196		104	76.02	2,242,410	5,284,552	
2014/01		0.25	0.8564	0.8564		104	76.02	2,247,211	5,329,792	
2014/07		0.20	1.2383	1.2383		104	76.02	2,252,777	5,395,832	
2015/01		0.20	0.7571	0.7571		104	76.02	2,256,188	5,436,704	

Message Code:

5 Uncorrected Licensure Deficiency

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

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257.30

Cross Landings Health and Rehabilitation Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Corporation**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1780 N JEFFERSON ST	1/1/2014-12/31/2014	Number of Beds: 60	Superior: 0
MONTICELLO, FL 32344	Days in CR 365	Maximum: 21,900	Standard: 243
County: Jefferson [33]	First Used : 2013/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 19,710	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,789	Inflation
Current Class North Small	Initial CR? False	Medicaid: 15,647	FY Index: 1.34058101
Class at 1/94: North Small	Medical Utilization	79.38610%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.00000%	Cost: 1.00000000
Open Date: 05/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 05/01/1980	Low Occupancy Adjustment Factor:	114.92594%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 042138			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	853,544	1,505,716	1,030,829	362,697		3,752,786	
1a	Audit Adjustments							
2	Cost Per Diem	54.5500	96.2303	65.8803	23.1800		239.8406	
3	Cost Per Diem Inflated	54.5500	96.2303	65.8803				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.5500	96.2303	65.8803	23.1800		239.8406	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base							
7	Provider Target Rate							
7a	Interim Adjustment							
7b	Interim Adjustment Provider Target Rate							
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500			
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441				
10	Target Rate Class Ceiling	55.8134		67.8397				
10a	New Provider Target Limitation	57.2279		69.1539				
10b	Base for line 10a	55.2062		66.7109				
11	Lesser of 5,7,8,10, 10a	54.5500	96.2303	65.8803	13.6500		230.3106	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.5500	96.2303	65.8803	13.6500		230.3106	
15	Inflated Usual & Customary Charge						0.00	
		Usual and Customary Limitations not applied after 7/1/2002.						



Florida Agency for Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate

0 102832-00 - 2015/01

257.30

Rate Semester 01/01/2015 through 08/31/2015

Cross Landings Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed	80% Capital(1):	2,291,344	10.1967
Indexed Asset Value	2,864,180	<60% of Base:	False	20% ROE(2):	572,836	0.6690
FRVS Base Asset:	752,956	Interest Rate:	6.5000%	Insurance Cost(3):	21,000	1.0654
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	15,800	0.8016
ROE Factor	0.023020	Amortization Rate:	6.2500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	200,977	Total FRVS PD:		12.7327

- (1) 80% Capital (\$2,291,344) amortized at 6.2500 % for 20 years Principal & Interest of \$200,977 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.1967
- (2) 20% ROE (\$572,836) times the ROE factor (0.023020) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6690
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.5500	54.5500	0.9490	53.6010
Direct Care	96.2303	96.2303	1.6742	94.5561
Indirect Care	65.8803	65.8803	1.1462	64.7341
Property	13.6500	12.7327	0.2215	12.5112
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9945
Supplemental Rate Add-on				9.9025
Totals	230.3106	229.3933	3.9909	257.2994

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	687,322	0.00	6.1657	3.0000	3.1657	60	89.20	687,322	1,310,460	
1980/07		0.10	6.9764	3.0000	3.9764	60	89.20	689,384	1,360,380	
1981/01		0.10	7.8004	3.0000	4.8004	60	87.65	691,452	1,412,400	
1981/07		0.20	7.3892	3.0000	4.3892	60	87.65	695,601	1,448,940	
1982/01		0.20	7.0652	3.0000	4.0652	60	89.00	699,775	1,487,760	
1982/07		0.30	6.3629	3.0000	3.3629	60	89.00	706,073	1,521,900	
1983/04		0.30	5.9917	3.0000	2.9917	60	93.04	712,428	1,561,920	
1983/07		0.40	6.9495	3.0000	3.9495	60	93.04	720,977	1,623,720	
1984/01		0.40	5.2447	3.0000	2.2447	60	90.80	729,629	1,644,780	
1984/07		0.50	4.1626	3.0000	1.1626	60	90.80	740,573	1,676,340	
1985/01		0.50	2.3097	2.3097		60	55.00	749,126	1,695,540	
1985/10		0.60	0.8522	0.8522		60	55.00	752,956	1,710,000	
1986/01		0.60	0.8299	0.8299		60	55.00	756,705	1,724,220	
1986/07		0.70	0.2974	0.2974		60	55.00	758,280	1,720,920	
1987/01		0.70	1.0091	1.0091		60	55.00	763,636	1,751,700	
1987/07		0.80	0.9007	0.9007		60	92.81	769,139	1,765,380	
1988/01		0.80	0.9007	0.9007		60	55.00	774,681	1,779,720	
1988/07		0.90	0.5899	0.5899		60	55.00	778,794	1,778,760	
1989/01		0.90	0.5899	0.5899		60	92.81	782,929	1,789,260	
1989/07		1.00	0.5899	0.5899		60	92.81	787,547	1,801,380	
1990/01		1.00	0.5899	0.5899		60	91.19	792,193	1,810,440	
1990/07		1.00	0.5899	0.5899		60	91.19	796,866	1,821,120	
1991/01		1.00	0.5899	0.5899		60	92.24	801,567	1,831,800	
1991/07		1.00	1.4932	1.4932		60	92.24	813,536	1,859,160	
1992/01		1.00	2.0117	2.0117		60	95.75	829,902	1,896,540	
1992/07		1.00	1.8152	1.8152		60	95.75	844,966	1,930,980	
1993/01		1.00	1.7710	1.7710		60	93.11	859,930	1,965,180	
1993/07		1.00	1.5329	1.5329		60	93.11	873,112	1,995,300	
1994/01	12,217	1.00	1.6983	1.6983		60	95.55	900,157	2,029,200	
1994/07		1.00	1.5991	1.5991		60	95.55	914,551	2,061,660	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		60	92.46	929,012	2,094,240	
1995/07		1.00	1.5250	1.5250		60	92.46	943,179	2,126,160	
1996/01		1.00	1.7228	1.7228		60	93.90	959,428	2,162,820	
1996/07		1.00	1.3294	1.3294		60	93.90	972,183	2,191,560	
1997/01	40,295	1.00	1.4109	1.4109		60	94.27	1,026,195	2,222,460	
1997/07		1.00	1.0917	1.0917		60	94.27	1,037,398	2,246,700	
1998/01	11,248	1.00	1.1663	1.1663		60	90.25	1,060,745	2,272,920	
1998/07		1.00	1.0794	1.0794		60	90.25	1,072,195	2,297,460	
1999/01	2,520,596	1.00	1.4499	1.4499		60	85.24	2,330,760	2,330,760	8
1999/07		1.00	1.2299	1.2299		60	85.24	2,359,426	2,359,440	
2000/01		1.00	1.3356	1.3356		60	85.24	2,390,938	2,390,940	
2000/07		0.95	1.1129	1.1129		60	85.24	2,416,217	2,417,520	
2001/01		0.95	1.2976	1.2976		60	85.24	2,446,002	2,448,900	
2001/07		0.90	0.9615	0.9615		60	85.24	2,467,170	2,472,420	
2002/01	12,007	0.90	1.0301	1.0301		60	84.89	2,497,860	2,497,860	8
2002/07		0.85	0.8337	0.8337		60	80.89	2,515,560	2,518,680	
2003/01		0.85	1.3271	1.3271		60	80.89	2,543,936	2,552,100	
2003/07		0.80	1.1664	1.1664		60	76.88	2,567,673	2,581,860	
2004/01		0.80	1.1103	1.1103		60	76.88	2,590,479	2,610,540	
2004/07		0.75	0.8378	0.8378		60	76.93	2,606,758	2,632,440	
2005/01		0.75	0.8595	0.8595		60	76.93	2,623,561	2,655,060	
2005/07		0.70	0.7364	0.7364		60	67.14	2,637,085	2,674,620	
2006/01		0.70	0.9068	0.9068		60	67.14	2,653,825	2,698,860	
2006/07		0.65	0.8133	0.8133		60	70.12	2,653,825	2,720,820	5
2007/01		0.65	1.0133	1.0133		60	70.12	2,685,423	2,748,360	
2007/07		0.60	1.1050	1.1050		60	70.12	2,703,227	2,778,720	
2008/01		0.60	0.8556	0.8556		60	69.82	2,717,105	2,802,480	
2008/07	20,477	0.55	0.6104	0.6104		60	68.86	2,746,703	2,819,580	
2009/01		0.55	1.3268	1.3268		60	66.79	2,766,746	2,857,020	
2009/07		0.50	0.6841	0.6841		60	66.79	2,776,211	2,876,580	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		60	66.79	2,788,210	2,901,420	
2010/07		0.45	0.7107	0.7107		60	66.79	2,797,127	2,922,060	
2011/01		0.45	0.9198	0.9198		60	68.86	2,808,704	2,948,940	
2011/07		0.40	0.9028	0.9028		60	68.86	2,818,846	2,975,580	
2012/01		0.40	0.3865	0.3865		60	68.86	2,823,204	2,987,100	
2012/07		0.35	0.9417	0.9417		60	68.86	2,832,509	3,015,240	
2013/01		0.35	0.4901	0.4901		60	68.86	2,837,367	3,030,000	
2013/07		0.30	0.6196	0.6196		60	79.39	2,842,642	3,048,780	
2014/01		0.30	0.8564	0.8564		60	79.39	2,849,945	3,074,880	
2014/07		0.25	1.2383	1.2383		60	79.39	2,858,768	3,112,980	
2015/01		0.25	0.7571	0.7571		60	79.39	2,864,180	3,136,560	

Message Code:

- | |
|--|
| 5 Uncorrected Licensure Deficiency |
| 8 Limited to Current RS Per Bed Standard |

VZ7LE Report Calculated: 12/23/2014 8:33:24 AM

Report Printed: 12/23/2014 ID:



Florida Agency for Health Care Administration
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 Rate Semester 01/01/2015 through 08/31/2015

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Crosswinds Health and Rehabilitation Center

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**
 Type of Ownership: **Proprietary : Corporation** CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
13455 W US HWY 90	1/1/2014-12/31/2014	Number of Beds: 58	Superior: 0
GREENVILLE, FL 32331	Days in CR 365	Maximum: 21,170	Standard: 243
County: Madison [40]	First Used : 2013/07	Max Annualized: 21,170	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 18,609	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,746	Inflation
Current Class North Small	Initial CR? False	Medicaid: 15,438	FY Index: 1.34058101
Class at 1/94: North Small	Medical Utilization	82.95986%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.90269%	Cost: 1.00000000
Open Date: 06/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 06/01/1983	Low Occupancy Adjustment Factor:	112.24777%	DC Sem Index: 1.25449501
Med # Active Date: 12/30/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 042140			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	840,753	1,485,313	1,009,123	378,694		3,713,883
1a	Audit Adjustments						
2	Cost Per Diem	54.4600	96.2115	65.3662	24.5300		240.5677
3	Cost Per Diem Inflated	54.4600	96.2115	65.3662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.4600	96.2115	65.3662	24.5300		240.5677
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	57.4318	96.7541	74.4105	13.6500		
9	Prior Semester: Class Ceiling Target Base	54.4184		66.1441			
10	Target Rate Class Ceiling	55.8134		67.8397			
10a	New Provider Target Limitation	57.1162		68.6323			
10b	Base for line 10a	55.0984		66.2077			
11	Lesser of 5,7,8,10, 10a	54.4600	96.2115	65.3662	13.6500		229.6877
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	54.4600	96.2115	65.3662	13.6500		229.6877
15	Inflated Usual & Customary Charge						0.00

Usual and Customary Limitations not applied after 7/1/2002.



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Rate Semester 01/01/2015 through 08/31/2015

Crosswinds Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,362,924 6.2743
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	340,731 0.4117
Indexed Asset Value	1,703,655	Interest Rate:	6.5000%	Insurance Cost(3):	18,300 0.9834
FRVS Base Asset:	721,404	Chase Rate:	3.2500%	Taxes Cost(3):	18,100 0.9726
Occup Adj Factor	0.9000	Amortization Rate:	6.2500%	Home Office(3):	0 0.0000
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	119,544	Total FRVS PD:	8.6420

- (1) 80% Capital (\$1,362,924) amortized at 6.2500 % for 20 years Principal & Interest of \$119,544 divided by annual available days (21170) divided by Occup. Adj. (0.90) = \$6.2743
- (2) 20% ROE (\$340,731) times the ROE factor (0.023020) divided by annual available days (21170) divided by Occup. Adj. (0.90) = \$0.4117
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 07/01/1985	Current RS PBS:	52,276
Comparison Bed 58	Effective PBS Limitation	1,653,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.4600	54.4600	0.9475	53.5125
Direct Care	96.2115	96.2115	1.6738	94.5377
Indirect Care	65.3662	65.3662	1.1372	64.2290
Property	13.6500	8.6420	0.1504	8.4916
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.9431
Supplemental Rate Add-on				9.9025
Totals	229.6877	224.6797	3.9089	253.6164

Medicaid Trend Adjustment



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	706,245	0.00	2.6288	2.6288		58	95.07	706,245	1,509,856	
1983/07		0.10	3.9578	3.0000	0.9578	58	95.07	708,364	1,569,596	
1984/01	5,214	0.10	2.2530	2.2530		58	94.06	715,174	1,589,954	
1984/07		0.20	1.9179	1.9179		58	94.06	717,917	1,620,462	
1985/01		0.20	1.1471	1.1471		58	94.26	719,564	1,639,022	
1985/10		0.30	0.8522	0.8522		58	94.26	721,404	1,653,000	
1986/01		0.30	0.8299	0.8299		58	94.26	723,200	1,666,746	
1986/07		0.40	0.2974	0.2974		58	94.26	724,061	1,663,556	
1987/01		0.40	1.0091	1.0091		58	94.26	726,983	1,693,310	
1987/07		0.50	0.9007	0.9007		58	89.80	730,257	1,706,534	
1988/01		0.50	0.9007	0.9007		58	89.80	733,546	1,720,396	
1988/07		0.60	0.5899	0.5899		58	89.80	736,142	1,719,468	
1989/01		0.60	0.5899	0.5899		58	89.80	738,747	1,729,618	
1989/07		0.70	0.5899	0.5899		58	89.80	741,797	1,741,334	
1990/01		0.70	0.5899	0.5899		58	90.60	744,860	1,750,092	
1990/07		0.80	0.5899	0.5899		58	90.60	748,375	1,760,416	
1991/01		0.80	0.5899	0.5899		58	89.21	751,907	1,770,740	
1991/07		0.90	1.4932	1.4932		58	89.21	762,012	1,797,188	
1992/01		0.90	2.0117	2.0117		58	94.67	775,808	1,833,322	
1992/07		1.00	1.8152	1.8152		58	94.67	789,890	1,866,614	
1993/01		1.00	1.7710	1.7710		58	97.54	803,879	1,899,674	
1993/07		1.00	1.5329	1.5329		58	97.54	816,202	1,928,790	
1994/01	20,218	1.00	1.6983	1.6983		58	96.95	850,282	1,961,560	
1994/07		1.00	1.5991	1.5991		58	96.95	863,879	1,992,938	
1995/01		1.00	1.5812	1.5812		58	96.69	877,539	2,024,432	
1995/07		1.00	1.5250	1.5250		58	96.69	890,921	2,055,288	
1996/01		1.00	1.7228	1.7228		58	94.00	906,270	2,090,726	
1996/07		1.00	1.3294	1.3294		58	94.00	918,318	2,118,508	
1997/01	10,544	1.00	1.4109	1.4109		58	94.52	941,819	2,148,378	
1997/07		1.00	1.0917	1.0917		58	94.52	952,101	2,171,810	



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Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	94,487	1.00	1.1663	1.1663		58	95.21	1,057,692	2,197,156	
1998/07		1.00	1.0794	1.0794		58	95.21	1,069,109	2,220,878	
1999/01	24,491	1.00	1.4499	1.4499		58	93.65	1,109,101	2,253,068	
1999/07		1.00	1.2299	1.2299		58	93.65	1,122,742	2,280,792	
2000/01	145,319	1.00	1.3356	1.3356		58	93.65	1,283,056	2,311,242	
2000/07		1.00	1.1129	1.1129		58	93.65	1,297,335	2,336,936	
2001/01		1.00	1.2976	1.2976		58	93.65	1,314,169	2,367,270	
2001/07		1.00	0.9615	0.9615		58	88.43	1,326,805	2,390,006	
2002/01		1.00	1.0301	1.0301		58	88.43	1,326,805	2,414,598	5
2002/07		1.00	0.8337	0.8337		58	93.36	1,351,648	2,434,724	
2003/01		1.00	1.3271	1.3271		58	93.36	1,369,586	2,467,030	
2003/07		0.95	1.1664	1.1664		58	91.76	1,384,762	2,495,798	
2004/01		0.95	1.1103	1.1103		58	91.76	1,399,368	2,523,522	
2004/07		0.90	0.8378	0.8378		58	93.81	1,409,919	2,544,692	
2005/01		0.90	0.8595	0.8595		58	93.81	1,420,826	2,566,558	
2005/07		0.85	0.7364	0.7364		58	93.81	1,429,719	2,585,466	
2006/01		0.85	0.9068	0.9068		58	88.59	1,440,739	2,608,898	
2006/07	62,969	0.80	0.8133	0.8133		58	88.07	1,513,081	2,630,126	
2007/01		0.80	1.0133	1.0133		58	88.07	1,525,346	2,656,748	
2007/07		0.75	1.1050	1.1050		58	88.07	1,537,988	2,686,096	
2008/01	53,180	0.75	0.8556	0.8556		58	84.41	1,601,037	2,709,064	
2008/07		0.70	0.6104	0.6104		58	89.46	1,607,878	2,725,594	
2009/01		0.70	1.3268	1.3268		58	94.84	1,622,812	2,761,786	
2009/07		0.65	0.6841	0.6841		58	94.84	1,630,029	2,780,694	
2010/01		0.65	0.8643	0.8643		58	94.84	1,639,187	2,804,706	
2010/07		0.60	0.7107	0.7107		58	94.84	1,646,176	2,824,658	
2011/01		0.60	0.9198	0.9198		58	86.16	1,655,261	2,850,642	
2011/07		0.55	0.9028	0.9028		58	86.16	1,663,479	2,876,394	
2012/01		0.55	0.3865	0.3865		58	86.16	1,667,016	2,887,530	
2012/07		0.50	0.9417	0.9417		58	86.16	1,674,866	2,914,732	



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0 102833-00 - 2015/01

253.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		58	86.16	1,678,971	2,929,000	
2013/07		0.45	0.6196	0.6196		58	82.96	1,683,652	2,947,154	
2014/01		0.45	0.8564	0.8564		58	82.96	1,690,141	2,972,384	
2014/07		0.40	1.2383	1.2383		58	82.96	1,698,512	3,009,214	
2015/01		0.40	0.7571	0.7571		58	82.96	1,703,655	3,032,008	

Message Code:

5 Uncorrected Licensure Deficiency

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2015 through 08/31/2015

0 103165-00 - 2015/01

217.85

Astoria Health & Rehabilitation Center

Type of Cost Report: Prospective Type of Cost: Actual Type of Rate: Prospective
 Type of Ownership: Proprietary : Corporation CHOW Status based on this Cost Report: No Change

Provider Information	Cost Report	Patient Days	Ratings Days
701 OVERLOOK DR SE	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
WINTER HAVEN, FL 33884-1671	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 41,006	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 10,816	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 19,549	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	47.67351%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.62100%	Cost: 1.03741261
Open Date: 11/04/2010	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/04/2010	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 11/04/2010	Low Occupancy Adjustment Factor:	119.54980%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/2012	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 023255			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	704,056	1,660,435	1,109,095	818,126		4,291,712
1a	Audit Adjustments						
2	Cost Per Diem	36.0149	84.9371	56.7341	41.8500		219.5361
3	Cost Per Diem Inflated	37.3623	87.1244	58.8567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3623	87.1244	58.8567	41.8500		225.1934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	116.6381		122.6138			
7	Provider Target Rate	120.9095		127.1040			
7a	Interim Adjustment						
7b	Interim Adjustment Provider Target Rate						
8	Cost Based Class Ceilings	54.1549	98.1484	67.6407	13.6500		
9	Prior Semester: Class Ceiling Target Base	53.7075		61.9692			
10	Target Rate Class Ceiling	55.0843		63.5578			
10a	New Provider Target Limitation	52.9864		61.5893			
10b	Base for line 10a	51.1145		59.4135			
11	Lesser of 5,7,8,10, 10a	37.3623	87.1244	58.8567	13.6500		196.9934
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	37.3623	87.1244	58.8567	13.6500		196.9934
15	Inflated Usual & Customary Charge						0.00



Florida Agency for Health Care Administration
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217.85

Rate Semester 01/01/2015 through 08/31/2015

Astoria Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/04/2010	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	14,250,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,729,752	9.3280
RS to Start Calcs:	2010/07	<60% of Base:	False	20% ROE(2):	1,182,438	0.6812
Indexed Asset Value	5,912,190	Interest Rate:	4.7800%	Insurance Cost(3):	13,323	0.3249
FRVS Base Asset:	5,802,840	Chase Rate:	3.2500%	Taxes Cost(3):	85,482	2.0846
Occup Adj Factor	0.9000	Amortization Rate:	4.7800%	Home Office(3):	12,822	0.3127
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	367,708	Total FRVS PD:		12.7314

- (1) 80% Capital (\$4,729,752) amortized at 4.7800 % for 20 years Principal & Interest of \$367,708 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3280
- (2) 20% ROE (\$1,182,438) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6812
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	48,357
Comparison Date:	01/01/2010	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	5,802,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.3623	37.3623	0.6500	36.7123
Direct Care	87.1244	87.1244	1.5158	85.6086
Indirect Care	58.8567	58.8567	1.0240	57.8327
Property	13.6500	12.7314	0.2215	12.5099
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.2832
Supplemental Rate Add-on				9.9025
Totals	196.9934	196.0748	3.4113	217.8492

Medicaid Trend Adjustment



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0 103165-00 - 2015/01

217.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07	19,710,595	0.00	0.7107	0.7107		120	27.22	5,802,840	5,802,840	1
2011/01	28,259	0.10	0.9198	0.9198		120	27.22	5,833,741	5,897,880	
2011/07		0.10	0.9028	0.9028		120	27.22	5,836,348	5,951,160	
2012/01		0.20	0.3865	0.3865		120	27.22	5,838,581	5,974,200	
2012/07		0.20	0.9417	0.9417		120	27.22	5,844,022	6,030,480	
2013/01		0.30	0.4901	0.4901		120	27.22	5,848,274	6,060,000	
2013/07		0.30	0.6196	0.6196		120	36.76	5,855,540	6,097,560	
2014/01		0.40	0.8564	0.8564		120	36.76	5,868,948	6,149,760	
2014/07		0.40	1.2383	1.2383		120	45.23	5,892,853	6,225,960	
2015/01		0.50	0.7571	0.7571		120	47.67	5,912,190	6,273,120	

Message Code:

1 Per Bed Standard Limitation

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