



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 103177-00 - 2015/01

271.79

Desoto Health and Rehab

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
475 NURSING HOME DR	1/1/2014-12/31/2014	Number of Beds: 45	Superior: 0
ARCADIA, FL 34266	Days in CR 365	Maximum: 16,277	Standard: 243
County: Desoto [14]	First Used : 2013/07	Max Annualized: 16,425	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 13,513	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,543	Inflation
Current Class South Small	Initial CR? False	Medicaid: 7,863	FY Index: 1.34058101
Class at 1/94: South Small	Medical Utilization	58.18841%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.01898%	Cost: 1.00000000
Open Date: 09/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22800000
Entered Medicaid 09/01/1980	Low Occupancy Adjustment Factor:	106.01150%	DC Sem Index: 1.25449501
Med # Active Date: 12/31/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 316229			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,462	849,260	633,207	323,248		2,330,177
1a	Audit Adjustments						
2	Cost Per Diem	66.7000	108.0071	80.5300	41.1100		296.3471
3	Cost Per Diem Inflated	66.7000	108.0071	80.5300			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.7000	108.0071	80.5300	41.1100		296.3471
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	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	69.4331		84.4834			
10b	Base for line 10a	66.9802		81.4988			
11	Lesser of 5,7,8,10, 10a	62.1716	107.6155	80.5300	13.6500		263.9671
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	62.1716	107.6155	80.5300	13.6500		263.9671
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 103177-00 - 2015/01

271.79

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

Desoto Health and Rehab

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1986	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):	1,591,534	10.0166
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	397,883	0.6000
Indexed Asset Value	1,989,417	Interest Rate:	7.0000%	Insurance Cost(3):	34,300	2.5383
FRVS Base Asset:	1,077,566	Chase Rate:	5.5000%	Taxes Cost(3):	41,200	3.0489
Occup Adj Factor	0.9000	Amortization Rate:	7.0000%	Home Office(3):	0	0.0000
ROE Factor	0.022290	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	148,070	Total FRVS PD:		16.2038

- (1) 80% Capital (\$1,591,534) amortized at 7.0000 % for 20 years Principal & Interest of \$148,070 divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$10.0166
- (2) 20% ROE (\$397,883) times the ROE factor (0.022290) divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$0.6000
- (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	62.1716	62.1716	1.0816	61.0900
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	80.5300	80.5300	1.4010	79.1290
Property	13.6500	16.2038	0.2819	15.9219
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	263.9671	266.5209	4.6368	271.7866

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: 12/31/2014

0 103177-00 - 2015/01

271.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,012,843	0.00	3.8106	3.0000	0.8106	60	63.16	1,012,843	1,360,380	
1981/01		0.10	4.6347	3.0000	1.6347	60	63.16	1,015,882	1,412,400	
1981/07		0.10	4.2235	3.0000	1.2235	60	63.16	1,018,930	1,448,940	
1982/01		0.20	3.8995	3.0000	0.8995	60	75.10	1,025,044	1,487,760	
1982/07		0.20	3.1971	3.0000	0.1971	60	75.10	1,031,194	1,521,900	
1983/04		0.30	2.8260	2.8260		60	75.10	1,039,936	1,561,920	
1983/07		0.30	3.9578	3.0000	0.9578	60	75.10	1,049,295	1,623,720	
1984/01		0.40	2.2530	2.2530		60	80.53	1,058,751	1,644,780	
1984/07		0.40	1.9179	1.9179		60	80.53	1,066,874	1,676,340	
1985/01		0.50	1.1471	1.1471		60	84.34	1,072,994	1,695,540	
1985/10		0.50	0.8522	0.8522		60	80.12	1,077,566	1,710,000	
1986/01		0.60	0.8299	0.8299		60	80.12	1,082,931	1,724,220	
1986/07		0.60	0.2974	0.2974		60	77.60	1,084,863	1,720,920	
1987/01		0.70	1.0091	1.0091		60	77.60	1,092,526	1,751,700	
1987/07		0.70	0.9007	0.9007		60	80.64	1,099,414	1,765,380	
1988/01		0.80	0.9007	0.9007		60	80.64	1,107,336	1,779,720	
1988/07	617,883	0.80	0.5899	0.5899		81	76.50	1,730,445	2,401,326	
1989/01		0.90	0.5899	0.5899		81	76.50	1,739,632	2,415,501	
1989/07		0.90	0.5899	0.5899		81	76.50	1,748,868	2,431,863	
1990/01		1.00	0.5899	0.5899		81	75.07	1,759,185	2,444,094	
1990/07		1.00	0.5899	0.5899		81	75.07	1,769,562	2,458,512	
1991/01		1.00	0.5899	0.5899		81	74.43	1,780,001	2,472,930	
1991/07		1.00	1.4932	1.4932		81	79.57	1,806,580	2,509,866	
1992/01	515,984	1.00	2.0117	2.0117		98	79.57	2,322,564	3,097,682	5
1992/07		1.00	1.8152	1.8152		98	84.40	2,401,726	3,153,934	
1993/01		1.00	1.7710	1.7710		98	84.40	2,444,261	3,209,794	
1993/07		1.00	1.5329	1.5329		98	84.16	2,481,729	3,258,990	
1994/01		1.00	1.6983	1.6983		98	84.16	2,523,876	3,314,360	
1994/07	74,411	1.00	1.5991	1.5991		118	87.28	2,638,646	4,054,598	
1995/01		1.00	1.5812	1.5812		118	87.28	2,680,368	4,118,672	



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: 12/31/2014

0 103177-00 - 2015/01

271.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		118	82.64	2,721,244	4,181,448	
1996/01		1.00	1.7228	1.7228		118	82.64	2,768,126	4,253,546	
1996/07		1.00	1.3294	1.3294		118	82.00	2,768,126	4,310,068	5
1997/01		1.00	1.4109	1.4109		118	82.00	2,844,500	4,370,838	
1997/07		1.00	1.0917	1.0917		118	80.38	2,844,500	4,418,510	5
1998/01		1.00	1.1663	1.1663		118	80.38	2,909,091	4,470,076	
1998/07	18,254	1.00	1.0794	1.0794		118	86.18	2,927,345	4,518,338	5
1999/01		1.00	1.4499	1.4499		118	86.18	2,958,746	4,583,828	5
1999/07	25,503	1.00	1.2299	1.2299		118	89.13	3,027,148	4,640,232	5
2000/01		1.00	1.3356	1.3356		118	89.13	3,104,989	4,702,182	
2000/07		1.00	1.1129	1.1129		118	84.26	3,139,544	4,754,456	
2001/01		0.95	1.2976	1.2976		118	84.26	3,178,245	4,816,170	
2001/07		0.95	0.9615	0.9615		118	82.86	3,207,275	4,862,426	
2002/01		0.90	1.0301	1.0301		118	82.86	3,237,010	4,912,458	
2002/07		0.90	0.8337	0.8337		118	82.86	3,261,297	4,953,404	
2003/01		0.85	1.3271	1.3271		118	82.86	3,298,084	5,019,130	
2003/07		0.85	1.1664	1.1664		118	82.86	3,330,781	5,077,658	
2004/01		0.80	1.1103	1.1103		118	82.86	3,360,365	5,134,062	
2004/07		0.80	0.8378	0.8378		118	76.02	3,382,886	5,177,132	
2005/01		0.75	0.8595	0.8595		118	76.02	3,404,692	5,221,618	
2005/07		0.75	0.7364	0.7364		118	76.02	3,423,496	5,260,086	
2006/01	1,827,657	0.70	0.9068	0.9068		41	54.52	1,844,221	1,844,221	8
2006/07		0.70	0.8133	0.8133		41	54.52	1,854,629	1,859,227	
2007/01		0.65	1.0133	1.0133		41	54.52	1,866,737	1,878,046	
2007/07		0.65	1.1050	1.1050		41	54.52	1,880,029	1,898,792	
2008/01		0.60	0.8556	0.8556		41	54.52	1,889,597	1,915,028	
2008/07		0.60	0.6104	0.6104		41	54.52	1,896,456	1,926,713	
2009/01		0.55	1.3268	1.3268		41	54.52	1,910,174	1,952,297	
2009/07		0.55	0.6841	0.6841		41	71.42	1,917,362	1,965,663	
2010/01		0.50	0.8643	0.8643		41	71.42	1,925,649	1,982,637	



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: 12/31/2014

0 103177-00 - 2015/01

271.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		41	71.42	1,932,493	1,996,741	
2011/01		0.45	0.9198	0.9198		41	69.97	1,940,492	2,015,109	
2011/07		0.45	0.9028	0.9028		41	64.41	1,948,376	2,033,313	
2012/01		0.40	0.3865	0.3865		41	64.41	1,951,388	2,041,185	
2012/07		0.40	0.9417	0.9417		41	64.41	1,958,739	2,060,414	
2013/01	6,871	0.35	0.4901	0.4901		41	59.81	1,968,969	2,070,500	
2013/07		0.35	0.6196	0.6196		45	58.19	1,973,240	2,286,585	
2014/01		0.30	0.8564	0.8564		45	58.19	1,978,309	2,306,160	
2014/07		0.30	1.2383	1.2383		45	58.19	1,985,658	2,334,735	
2015/01		0.25	0.7571	0.7571		45	58.19	1,989,417	2,352,420	

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
 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 103425-00 - 2015/01

215.53

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
2202 W OAK AVE	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
PLANT CITY, FL 33563	Days in CR 365	Maximum: 43,800	Standard: 243
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 40,325	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,052	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,064	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	74.55425%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.06621%	Cost: 1.05607860
Open Date: 07/01/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 08/01/1976	Low Occupancy Adjustment Factor:	117.56440%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/2013	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 281913			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,147,257	2,298,465	1,514,176	868,850		5,828,748
1a	Audit Adjustments						
2	Cost Per Diem	38.1605	76.4524	50.3651	28.9000		193.8780
3	Cost Per Diem Inflated	40.3005	79.3621	53.1895			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.3005	79.3621	53.1895	28.9000		201.7521
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	40.3005	79.3621	53.1895	13.6500		186.5021
12/13	Medical Adjustment Rate		2.1923	1.4693			
14	Prospective Per Diem 11	40.3005	81.5544	54.6588	13.6500		190.1637
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 103425-00 - 2015/01

215.53

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

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,432,920.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,652,355 7.1352
RS to Start Calcs:	1976/07	<60% of Base:	False	20% ROE(2):	663,089 0.2419
Indexed Asset Value	3,315,444	Interest Rate:	11.7683%	Insurance Cost(3):	105,292 2.6111
FRVS Base Asset:	1,653,368	Chase Rate:	6.7500%	Taxes Cost(3):	22,405 0.5556
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	742,318 0.0000
		Yearly Payment:	281,270	Total FRVS PD:	10.5438

- (1) 80% Capital (\$2,652,355) amortized at 8.7500 % for 20 years Principal & Interest of \$281,270 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.1352
- (2) 20% ROE (\$663,089) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2419
- (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	40.3005	40.3005	0.7011	39.5994
Direct Care	81.5544	81.5544	1.4189	80.1355
Indirect Care	54.6588	54.6588	0.9509	53.7079
Property	13.6500	10.5438	0.1834	10.3604
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8257
Supplemental Rate Add-on				9.9025
Totals	190.1637	187.0575	3.2543	215.5314

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 103425-00 - 2015/01

215.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	1,249,889	0.00	3.4853	3.0000	0.4853	120	100.00	1,249,889	1,870,440	
1977/01	15,500	0.10	4.2359	3.0000	1.2359	120	100.00	1,269,139	1,940,640	
1977/07		0.10	6.2934	3.0000	3.2934	120	100.00	1,272,946	2,038,680	
1978/01		0.20	8.0331	3.0000	5.0331	120	100.00	1,280,584	2,135,400	
1978/07		0.20	10.5726	3.0000	7.5726	120	100.00	1,288,268	2,253,600	
1979/01		0.30	12.6998	3.0000	9.6998	120	100.00	1,299,862	2,369,160	
1979/07		0.30	13.8980	3.0000	10.8980	120	100.00	1,311,561	2,468,640	
1980/01		0.40	17.0638	3.0000	14.0638	120	77.67	1,327,300	2,620,920	
1980/07		0.40	17.8744	3.0000	14.8744	120	77.67	1,343,228	2,720,760	
1981/01		0.50	18.6984	3.0000	15.6984	120	81.16	1,363,376	2,824,800	
1981/07		0.50	18.2872	3.0000	15.2872	120	81.16	1,383,827	2,897,880	
1982/01		0.60	17.9632	3.0000	14.9632	120	80.75	1,408,736	2,975,520	
1982/07		0.60	17.2609	3.0000	14.2609	120	100.00	1,434,093	3,043,800	
1983/04		0.70	16.8897	3.0000	13.8897	120	100.00	1,464,209	3,123,840	
1983/07		0.70	17.8475	3.0000	14.8475	120	75.77	1,494,957	3,247,440	
1984/01		0.80	16.1427	3.0000	13.1427	120	95.97	1,530,836	3,289,560	
1984/07		0.80	15.0606	3.0000	12.0606	120	95.97	1,567,576	3,352,680	
1985/01		0.90	13.2077	3.0000	10.2077	120	100.00	1,609,901	3,391,080	
1985/10		0.90	11.0599	3.0000	8.0599	120	100.00	1,653,368	3,420,000	
1986/01		1.00	8.8898	3.0000	5.8898	120	76.61	1,702,969	3,448,440	
1986/07		1.00	6.1872	3.0000	3.1872	120	76.61	1,754,058	3,441,840	
1987/01		1.00	4.1963	3.0000	1.1963	120	82.87	1,806,680	3,503,400	
1987/07		1.00	2.0970	2.0970		120	82.87	1,844,566	3,530,760	
1988/01		1.00	0.9007	0.9007		120	75.81	1,861,180	3,559,440	
1988/07		1.00	0.5899	0.5899		120	75.81	1,872,159	3,557,520	
1989/01		1.00	0.5899	0.5899		120	83.23	1,883,203	3,578,520	
1989/07		1.00	0.5899	0.5899		120	83.23	1,894,312	3,602,760	
1990/01	75,270	1.00	0.5899	0.5899		120	83.28	1,980,757	3,620,880	
1990/07		1.00	0.5899	0.5899		120	83.28	1,992,441	3,642,240	
1991/01		1.00	0.5899	0.5899		120	78.90	2,004,194	3,663,600	



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 103425-00 - 2015/01

215.53

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		1.00	1.4932	1.4932		120	78.90	2,034,121	3,718,320	
1992/01		1.00	2.0117	2.0117		120	85.25	2,075,041	3,793,080	
1992/07		1.00	1.8152	1.8152		120	85.25	2,112,707	3,861,960	
1993/01	18,237	1.00	1.7710	1.7710		120	79.25	2,168,360	3,930,360	
1993/07		1.00	1.5329	1.5329		120	79.25	2,201,599	3,990,600	
1994/01	32,114	1.00	1.6983	1.6983		120	79.26	2,271,103	4,058,400	
1994/07		1.00	1.5991	1.5991		120	79.26	2,307,420	4,123,320	
1995/01		1.00	1.5812	1.5812		120	74.13	2,343,905	4,188,480	
1995/07		1.00	1.5250	1.5250		120	74.13	2,379,650	4,252,320	
1996/01		1.00	1.7228	1.7228		120	74.28	2,420,647	4,325,640	
1996/07		1.00	1.3294	1.3294		120	74.28	2,452,827	4,383,120	
1997/01		0.95	1.4109	1.4109		120	75.39	2,485,705	4,444,920	
1997/07		0.95	1.0917	1.0917		120	75.39	2,511,484	4,493,400	
1998/01		0.90	1.1663	1.1663		120	86.27	2,537,847	4,545,840	
1998/07		0.90	1.0794	1.0794		120	86.27	2,562,502	4,594,920	
1999/01	32,799	0.85	1.4499	1.4499		120	85.19	2,626,881	4,661,520	
1999/07		0.85	1.2299	1.2299		120	85.19	2,654,342	4,718,880	
2000/01	22,779	0.80	1.3356	1.3356		126	87.76	2,705,483	5,020,974	
2000/07		0.80	1.1129	1.1129		126	87.76	2,729,570	5,076,792	
2001/01	47,814	0.75	1.2976	1.2976		120	83.11	2,803,948	4,897,800	
2001/07		0.75	0.9615	0.9615		120	83.11	2,824,167	4,944,840	
2002/01		0.70	1.0301	1.0301		120	78.16	2,844,532	4,995,720	
2002/07		0.70	0.8337	0.8337		120	78.16	2,861,133	5,037,360	
2003/01		0.65	1.3271	1.3271		120	78.16	2,885,813	5,104,200	
2003/07		0.65	1.1664	1.1664		120	75.89	2,907,693	5,163,720	
2004/01		0.60	1.1103	1.1103		120	75.89	2,927,064	5,221,080	
2004/07		0.60	0.8378	0.8378		120	79.92	2,941,778	5,264,880	
2005/01		0.55	0.8595	0.8595		120	79.92	2,955,684	5,310,120	
2005/07		0.55	0.7364	0.7364		120	79.92	2,967,655	5,349,240	
2006/01		0.50	0.9068	0.9068		120	79.92	2,981,110	5,397,720	



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 103425-00 - 2015/01

215.53

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		0.50	0.8133	0.8133		120	79.92	2,993,234	5,441,640	
2007/01		0.45	1.0133	1.0133		120	79.92	3,006,883	5,496,720	
2007/07		0.45	1.1050	1.1050		120	76.79	3,021,836	5,557,440	
2008/01		0.40	0.8556	0.8556		120	76.79	3,032,177	5,604,960	
2008/07		0.40	0.6104	0.6104		120	76.67	3,039,582	5,639,160	
2009/01		0.35	1.3268	1.3268		120	76.67	3,053,698	5,714,040	
2009/07		0.35	0.6841	0.6841		120	73.69	3,061,009	5,753,160	
2010/01	24,717	0.30	0.8643	0.8643		120	77.40	3,093,663	5,802,840	
2010/07		0.30	0.7107	0.7107		120	77.40	3,100,259	5,844,120	
2011/01	17,683	0.25	0.9198	0.9198		120	74.11	3,125,073	5,897,880	
2011/07		0.25	0.9028	0.9028		120	74.11	3,132,126	5,951,160	
2012/01		0.20	0.3865	0.3865		120	74.11	3,134,547	5,974,200	
2012/07	61,953	0.20	0.9417	0.9417		120	75.79	3,202,402	6,030,480	
2013/01		0.15	0.4901	0.4901		120	75.79	3,204,756	6,060,000	
2013/07		0.15	0.6196	0.6196		120	73.69	3,207,733	6,097,560	
2014/01	99,611	0.10	0.8564	0.8564		120	74.55	3,310,090	6,149,760	
2014/07		0.10	1.2383	1.2383		120	74.55	3,314,188	6,225,960	
2015/01		0.05	0.7571	0.7571		120	74.55	3,315,444	6,273,120	

Message Code:

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 103852-00 - 2015/01

250.09

Ocoee Health Care Center

Type of Cost Report: Interim Change of Ownership - Budget Type of Cost: Estimated Type of Rate: Interim

Type of Ownership: Proprietary : Partnership

CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW

Provider Information	Cost Report	Patient Days	Ratings Days
1556 MAGUIRE RD	3/1/2014-2/28/2015	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: 36,882	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 3,825	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,710	FY Index: 1.34482736
Class at 1/94: North Large	Medical Utilization	56.15205%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.20548%	Cost: 1.00000000
Open Date: 08/01/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23066522
Entered Medicaid 08/16/1990	Low Occupancy Adjustment Factor:	107.52660%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 324159			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	965,171	2,090,822	1,174,528	465,975		4,696,496	
1a	Audit Adjustments							
2	Cost Per Diem	46.6041	100.9571	56.7131	22.5000		226.7743	
3	Cost Per Diem Inflated	46.6041	100.9571	56.7131				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.6041	100.9571	56.7131	22.5000		226.7743	
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	47.7261		58.7404				
10b	Base for line 10a	46.0401		56.6653				
11	Lesser of 5,7,8,10, 10a	46.6041	98.1484	56.7131	13.6500		215.1156	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.6041	98.1484	56.7131	13.6500		215.1156	
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 103852-00 - 2015/01

250.09

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

Ocoee Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/16/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,420,145.00	Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed	80% Capital(1):	4,988,283 16.7200
Indexed Asset Value	6,235,354	<60% of Base:	False	20% ROE(2):	1,247,071 0.7052
FRVS Base Asset:	3,620,880	Interest Rate:	12.0000%	Insurance Cost(3):	34,100 0.9246
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	79,200 2.1474
ROE Factor	0.022290	Amortization Rate:	12.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	659,104	Total FRVS PD:	20.4972

- (1) 80% Capital (\$4,988,283) amortized at 12.0000 % for 20 years Principal & Interest of \$659,104 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$16.7200
- (2) 20% ROE (\$1,247,071) times the ROE factor (0.022290) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.7052
- (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:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.6041	46.6041	0.8108	45.7933
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	56.7131	56.7131	0.9867	55.7264
Property	13.6500	20.4972	0.3566	20.1406
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0867
Supplemental Rate Add-on				9.9025
Totals	215.1156	221.9628	3.8616	250.0904

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: 2/28/2015

0 103852-00 - 2015/01

250.09

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	5,334,248	0.00	0.5899	0.5899		120	69.01	3,620,880	3,620,880	1
1991/01		0.10	0.5899	0.5899		120	69.01	3,623,016	3,663,600	
1991/07	16,982	0.10	1.4932	1.4932		120	69.01	3,645,407	3,718,320	
1992/01		0.20	2.0117	2.0117		120	69.01	3,660,072	3,793,080	
1992/07		0.20	1.8152	1.8152		120	69.01	3,673,358	3,861,960	
1993/01		0.30	1.7710	1.7710		120	69.01	3,692,875	3,930,360	
1993/07	38,246	0.30	1.5329	1.5329		120	75.75	3,748,105	3,990,600	
1994/01		0.40	1.6983	1.6983		120	75.75	3,773,566	4,058,400	
1994/07		0.40	1.5991	1.5991		120	79.36	3,797,702	4,123,320	
1995/01		0.50	1.5812	1.5812		120	79.36	3,827,727	4,188,480	
1995/07	630,853	0.50	1.5250	1.5250		120	79.23	4,487,766	4,252,320	
1996/01	50,822	0.60	1.7228	1.7228		120	79.71	4,584,978	4,325,640	
1996/07		0.60	1.3294	1.3294		120	79.71	4,584,978	4,383,120	3
1997/01		0.70	1.4109	1.4109		120	79.71	4,584,978	4,444,920	3
1997/07	25,328	0.70	1.0917	1.0917		120	80.68	4,584,978	4,493,400	3
1998/01		0.80	1.1663	1.1663		120	80.68	4,584,978	4,545,840	3
1998/07		0.80	1.0794	1.0794		120	79.58	4,594,920	4,594,920	8
1999/01		0.90	1.4499	1.4499		120	77.57	4,654,879	4,661,520	
1999/07		0.90	1.2299	1.2299		120	77.57	4,706,404	4,718,880	
2000/01		1.00	1.3356	1.3356		120	74.55	4,769,263	4,781,880	
2000/07	28,300	1.00	1.1129	1.1129		120	75.03	4,835,040	4,835,040	8
2001/01		1.00	1.2976	1.2976		120	75.03	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	75.03	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	75.03	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	75.03	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	75.03	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	78.37	5,163,720	5,163,720	8
2004/01	29,242	1.00	1.1103	1.1103		120	74.68	5,221,080	5,221,080	8
2004/07		1.00	0.8378	0.8378		120	74.68	5,264,822	5,264,880	
2005/01	28,637	1.00	0.8595	0.8595		120	59.83	5,310,120	5,310,120	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: 2/28/2015

0 103852-00 - 2015/01

250.09

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		1.00	0.7364	0.7364		120	59.83	5,349,224	5,349,240	
2006/01	12,172	1.00	0.9068	0.9068		120	58.39	5,397,720	5,397,720	8
2006/07	9,242	1.00	0.8133	0.8133		120	58.39	5,441,640	5,441,640	8
2007/01		1.00	1.0133	1.0133		120	58.39	5,496,720	5,496,720	8
2007/07	115,413	1.00	1.1050	1.1050		120	57.15	5,557,440	5,557,440	8
2008/01	42,049	1.00	0.8556	0.8556		120	57.15	5,604,960	5,604,960	8
2008/07	8,678	1.00	0.6104	0.6104		120	57.15	5,639,160	5,639,160	8
2009/01		1.00	1.3268	1.3268		120	57.15	5,713,980	5,714,040	
2009/07		1.00	0.6841	0.6841		120	57.15	5,753,069	5,753,160	
2010/01		1.00	0.8643	0.8643		120	57.15	5,802,793	5,802,840	
2010/07	35,495	1.00	0.7107	0.7107		120	67.08	5,844,120	5,844,120	8
2011/01		0.95	0.9198	0.9198		120	67.08	5,895,186	5,897,880	
2011/07	68,847	0.95	0.9028	0.9028		120	61.67	5,951,160	5,951,160	8
2012/01		0.90	0.3865	0.3865		120	61.67	5,971,864	5,974,200	
2012/07		0.90	0.9417	0.9417		120	61.67	6,022,476	6,030,480	
2013/01	57,585	0.85	0.4901	0.4901		120	58.12	6,060,000	6,060,000	8
2013/07	19,498	0.85	0.6196	0.6196		120	56.16	6,097,560	6,097,560	8
2014/01		0.80	0.8564	0.8564		120	56.15	6,139,334	6,149,760	
2014/07		0.80	1.2383	1.2383		120	56.15	6,200,150	6,225,960	
2015/01		0.75	0.7571	0.7571		120	56.15	6,235,354	6,273,120	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
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

0 103858-00 - 2015/01

251.83

North Campus Rehabilitation and Nursing 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
700 N PALMETTO ST	3/1/2013-2/28/2014	Number of Beds: 90	Superior: 0
LEESBURG, FL 34748	Days in CR 365	Maximum: 32,850	Standard: 243
County: Lake [35]	First Used : 2014/07	Max Annualized: 32,850	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 28,833	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 11,950	Inflation
Current Class North Small	Initial CR? False	Medicaid: 13,640	FY Index: 1.31461409
Class at 1/94: North Small	Medical Utilization	47.30691%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.77169%	Cost: 1.04336242
Open Date: 10/11/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/11/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21766521
Entered Medicaid 10/11/1988	Low Occupancy Adjustment Factor:	112.08049%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 031880			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	753,178	1,272,369	1,093,908	808,579		3,928,034	
1a	Audit Adjustments							
2	Cost Per Diem	55.2183	93.2822	80.1985	59.2800		287.9790	
3	Cost Per Diem Inflated	57.6127	96.1036	83.6761				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.6127	96.1036	83.6761	59.2800		296.6724	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.8505		77.5693				
7	Provider Target Rate	59.9690		80.4100				
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	55.3787		63.3661				
10b	Base for line 10a	53.4223		61.1276				
11	Lesser of 5,7,8,10, 10a	55.3787	96.1036	63.3661	13.6500		228.4984	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.3787	96.1036	63.3661	13.6500		228.4984	
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 103858-00 - 2015/01

251.83

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

North Campus Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/11/1988	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:	1988/07	Type:	Fixed	80% Capital(1):	3,733,103	12.9839
Indexed Asset Value	4,666,379	<60% of Base:	False	20% ROE(2):	933,276	0.6345
FRVS Base Asset:	2,402,622	Interest Rate:	8.3270%	Insurance Cost(3):	112,966	3.9179
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	2,156	0.0748
ROE Factor	0.020100	Amortization Rate:	8.3270%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	8,705	0.0000
		Yearly Payment:	383,870	Total FRVS PD:		17.6111

- (1) 80% Capital (\$3,733,103) amortized at 8.3270 % for 20 years Principal & Interest of \$383,870 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$12.9839
- (2) 20% ROE (\$933,276) times the ROE factor (0.020100) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.6345
- (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	81	Effective PBS Limitation	2,402,622

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.3787	55.3787	0.9635	54.4152
Direct Care	96.1036	96.1036	1.6720	94.4316
Indirect Care	63.3661	63.3661	1.1024	62.2637
Property	13.6500	17.6111	0.3064	17.3047
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.5159
Supplemental Rate Add-on				9.9025
Totals	228.4984	232.4595	4.0443	251.8336

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 103858-00 - 2015/01

251.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07	5,877,500	0.00	0.5899	0.5899		81	12.73	2,402,622	2,402,622	1
1989/01		0.10	0.5899	0.5899		81	12.73	2,402,622	2,415,501	
1989/07		0.10	0.5899	0.5899		81	12.73	2,402,622	2,431,863	
1990/01		0.20	0.5899	0.5899		81	12.73	2,402,622	2,444,094	
1990/07		0.20	0.5899	0.5899		81	12.73	2,402,622	2,458,512	
1991/01	1,170,897	0.30	0.5899	0.5899		120	40.62	3,576,660	3,663,600	
1991/07		0.30	1.4932	1.4932		120	40.62	3,588,494	3,718,320	
1992/01		0.40	2.0117	2.0117		120	58.16	3,617,371	3,793,080	
1992/07		0.40	1.8152	1.8152		120	58.16	3,643,637	3,861,960	
1993/01		0.50	1.7710	1.7710		120	62.98	3,675,901	3,930,360	
1993/07		0.50	1.5329	1.5329		120	62.98	3,704,077	3,990,600	
1994/01		0.60	1.6983	1.6983		120	62.98	3,741,822	4,058,400	
1994/07		0.60	1.5991	1.5991		120	62.45	3,777,725	4,123,320	
1995/01		0.70	1.5812	1.5812		120	57.55	3,819,537	4,188,480	
1995/07		0.70	1.5250	1.5250		120	57.55	3,860,311	4,252,320	
1996/01		0.80	1.7228	1.7228		120	57.55	3,913,514	4,325,640	
1996/07		0.80	1.3294	1.3294		120	50.65	3,951,842	4,383,120	
1997/01		0.90	1.4109	1.4109		120	43.45	3,991,485	4,444,920	
1997/07		0.90	1.0917	1.0917		120	43.45	4,022,466	4,493,400	
1998/01		1.00	1.1663	1.1663		120	43.45	4,059,528	4,545,840	
1998/07		1.00	1.0794	1.0794		120	51.45	4,100,518	4,594,920	
1999/01		1.00	1.4499	1.4499		120	51.06	4,155,712	4,661,520	
1999/07		1.00	1.2299	1.2299		120	51.06	4,203,162	4,718,880	
2000/01		1.00	1.3356	1.3356		120	51.06	4,255,278	4,781,880	
2000/07		1.00	1.1129	1.1129		120	56.14	4,302,635	4,835,040	
2001/01		1.00	1.2976	1.2976		120	56.14	4,358,466	4,897,800	
2001/07		1.00	0.9615	0.9615		120	58.28	4,400,373	4,944,840	
2002/01		1.00	1.0301	1.0301		120	56.77	4,445,701	4,995,720	
2002/07		1.00	0.8337	0.8337		120	56.77	4,482,765	5,037,360	
2003/01		1.00	1.3271	1.3271		120	56.77	4,482,765	5,104,200	5



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 103858-00 - 2015/01

251.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		1.00	1.1664	1.1664		120	56.77	4,595,237	5,163,720	
2004/01		1.00	1.1103	1.1103		120	56.77	4,646,258	5,221,080	
2004/07		1.00	0.8378	0.8378		120	56.77	4,685,184	5,264,880	
2005/01		1.00	0.8595	0.8595		120	56.77	4,725,453	5,310,120	
2005/07		1.00	0.7364	0.7364		120	56.77	4,760,251	5,349,240	
2006/01		1.00	0.9068	0.9068		120	56.77	4,803,417	5,397,720	
2006/07	17,841	1.00	0.8133	0.8133		120	48.81	4,855,927	5,441,640	
2007/01		1.00	1.0133	1.0133		120	48.81	4,899,594	5,496,720	
2007/07	60,451	1.00	1.1050	1.1050		120	48.31	5,007,600	5,557,440	
2008/01		1.00	0.8556	0.8556		120	48.31	5,045,234	5,604,960	
2008/07	152,832	1.00	0.6104	0.6104		120	47.35	5,224,579	5,639,160	
2009/01		0.95	1.3268	1.3268		120	47.35	5,281,275	5,714,040	
2009/07		0.95	0.6841	0.6841		120	47.35	5,310,824	5,753,160	
2010/01		0.90	0.8643	0.8643		120	47.35	5,346,391	5,802,840	
2010/07		0.90	0.7107	0.7107		120	47.35	5,375,830	5,844,120	
2011/01		0.85	0.9198	0.9198		120	55.54	5,417,858	5,897,880	
2011/07		0.85	0.9028	0.9028		120	55.54	5,459,435	5,951,160	
2012/01		0.80	0.3865	0.3865		120	55.54	5,476,316	5,974,200	
2012/07		0.80	0.9417	0.9417		120	55.54	5,517,575	6,030,480	
2013/01		0.75	0.4901	0.4901		120	55.54	5,537,858	6,060,000	
2013/07		0.75	0.6196	0.6196		120	55.54	5,563,592	6,097,560	
2014/01	19,371	0.70	0.8564	0.8564		90	53.60	4,612,320	4,612,320	8
2014/07		0.70	1.2383	1.2383		90	47.31	4,646,710	4,669,470	
2015/01		0.65	0.7571	0.7571		90	47.31	4,666,379	4,704,840	

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 104875-00 - 2015/01

231.51

Rehabilitation Center at Park Place

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
1717 W AVERY ST	4/1/2014-3/31/2015	Number of Beds: 118	Superior: 0
PENSACOLA, FL 32501	Days in CR 365	Maximum: 43,070	Standard: 243
County: Escambia [17]	First Used : 2014/01	Max Annualized: 43,070	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 36,570	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,150	Inflation
Current Class North Large	Initial CR? False	Medicaid: 27,640	FY Index: 1.34695557
Class at 1/94: North Large	Medical Utilization	75.58108%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.90829%	Cost: 1.00000000
Open Date: 05/01/1975	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1975	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23200000
Entered Medicaid 03/01/1984	Low Occupancy Adjustment Factor:	108.42406%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 224243			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,288,620	2,494,145	1,571,517	548,378		5,902,660	
1a	Audit Adjustments							
2	Cost Per Diem	46.6216	90.2368	56.8566	19.8400		213.5550	
3	Cost Per Diem Inflated	46.6216	90.2368	56.8566				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.6216	90.2368	56.8566	19.8400		213.5550	
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	49.0861		60.1349				
10b	Base for line 10a	47.3520		58.0105				
11	Lesser of 5,7,8,10, 10a	46.6216	90.2368	56.8566	13.6500		207.3650	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.6216	90.2368	56.8566	13.6500		207.3650	
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 104875-00 - 2015/01

231.51

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

Rehabilitation Center at Park Place

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/30/1987	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):	1,921,688 4.0087
RS to Start Calcs:	1975/01	<60% of Base:	False	20% ROE(2):	480,422 0.2853
Indexed Asset Value	2,402,110	Interest Rate:	7.0800%	Insurance Cost(3):	53,270 1.4567
FRVS Base Asset:	1,100,592	Chase Rate:	3.2500%	Taxes Cost(3):	38,200 1.0446
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	0 0.0000
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	155,390	Total FRVS PD:	6.7953

- (1) 80% Capital (\$1,921,688) amortized at 5.2500 % for 20 years Principal & Interest of \$155,390 divided by annual available days (43070) divided by Occup. Adj. (0.90) = \$4.0087
- (2) 20% ROE (\$480,422) times the ROE factor (0.023020) divided by annual available days (43070) divided by Occup. Adj. (0.90) = \$0.2853
- (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	46.6216	46.6216	0.8111	45.8105
Direct Care	90.2368	90.2368	1.5699	88.6669
Indirect Care	56.8566	56.8566	0.9892	55.8674
Property	13.6500	6.7953	0.1182	6.6771
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5816
Supplemental Rate Add-on				9.9025
Totals	207.3650	200.5103	3.4884	231.5060

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: 3/31/2015

0 104875-00 - 2015/01

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
1975/01	561,359	0.00	3.0905	3.0000	0.0905	118	100.00	561,359	1,641,498	
1975/07		0.10	4.1539	3.0000	1.1539	118	100.00	563,043	1,708,286	
1976/01	10,100	0.10	5.1984	3.0000	2.1984	118	100.00	574,832	1,777,316	
1976/07		0.20	5.6836	3.0000	2.6836	118	100.00	578,281	1,839,266	
1977/01	2,956	0.20	6.4342	3.0000	3.4342	118	100.00	584,707	1,908,296	
1977/07		0.30	8.4918	3.0000	5.4918	118	100.00	589,969	2,004,702	
1978/01	7,944	0.30	10.2315	3.0000	7.2315	118	100.00	603,223	2,099,810	
1978/07		0.40	12.7709	3.0000	9.7709	118	100.00	610,462	2,216,040	
1979/01		0.40	14.8982	3.0000	11.8982	118	100.00	617,788	2,329,674	
1979/07		0.50	16.0964	3.0000	13.0964	118	100.00	627,055	2,427,496	
1980/01		0.50	19.2621	3.0000	16.2621	118	85.59	636,461	2,577,238	
1980/07		0.60	20.0727	3.0000	17.0727	118	85.59	647,917	2,675,414	
1981/01		0.60	20.8968	3.0000	17.8968	118	82.94	659,580	2,777,720	
1981/07	20,000	0.70	20.4856	3.0000	17.4856	118	82.94	693,431	2,849,582	
1982/01		0.70	20.1616	3.0000	17.1616	118	86.36	707,993	2,925,928	
1982/07		0.80	19.4593	3.0000	16.4593	118	86.36	724,985	2,993,070	
1983/04		0.80	19.0881	3.0000	16.0881	118	88.23	742,385	3,071,776	
1983/07		0.90	20.0459	3.0000	17.0459	118	88.23	762,429	3,193,316	
1984/01	189,374	0.90	18.3411	3.0000	15.3411	118	84.77	972,389	3,234,734	
1984/07	9,890	1.00	17.2590	3.0000	14.2590	118	84.77	1,011,451	3,296,802	
1985/01	12,763	1.00	15.4061	3.0000	12.4061	118	84.77	1,054,558	3,334,562	
1985/10	14,397	1.00	13.2583	3.0000	10.2583	118	84.77	1,100,592	3,363,000	
1986/01		1.00	11.0882	3.0000	8.0882	118	84.77	1,133,610	3,390,966	
1986/07		1.00	8.3856	3.0000	5.3856	118	84.77	1,167,618	3,384,476	
1987/01	17,512	1.00	6.3947	3.0000	3.3947	118	84.80	1,220,159	3,445,010	
1987/07		1.00	4.2954	3.0000	1.2954	118	84.80	1,256,764	3,471,914	
1988/01		1.00	2.1961	2.1961		118	82.82	1,284,364	3,500,116	
1988/07		1.00	0.5899	0.5899		118	82.82	1,291,940	3,498,228	
1989/01		1.00	0.5899	0.5899		118	81.17	1,299,561	3,518,878	
1989/07		1.00	0.5899	0.5899		118	81.17	1,307,227	3,542,714	



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: 3/31/2015

0 104875-00 - 2015/01

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
1990/01	49,723	1.00	0.5899	0.5899		118	70.69	1,364,661	3,560,532	
1990/07		1.00	0.5899	0.5899		118	70.69	1,372,711	3,581,536	
1991/01	47,870	1.00	0.5899	0.5899		118	59.65	1,428,679	3,602,540	
1991/07		1.00	1.4932	1.4932		118	59.65	1,450,012	3,656,348	
1992/01		1.00	2.0117	2.0117		118	75.41	1,479,182	3,729,862	
1992/07		1.00	1.8152	1.8152		118	75.41	1,506,032	3,797,594	
1993/01	30,949	1.00	1.7710	1.7710		118	76.71	1,563,653	3,864,854	
1993/07		1.00	1.5329	1.5329		118	76.71	1,587,622	3,924,090	
1994/01	41,100	1.00	1.6983	1.6983		118	74.20	1,655,685	3,990,760	
1994/07		1.00	1.5991	1.5991		118	74.20	1,682,161	4,054,598	
1995/01	227,395	1.00	1.5812	1.5812		118	75.11	1,936,154	4,118,672	
1995/07		0.95	1.5250	1.5250		118	75.11	1,964,205	4,181,448	
1996/01		0.95	1.7228	1.7228		118	73.38	1,996,353	4,253,546	
1996/07		0.90	1.3294	1.3294		118	73.38	2,020,239	4,310,068	
1997/01		0.90	1.4109	1.4109		118	78.24	2,045,892	4,370,838	
1997/07		0.85	1.0917	1.0917		118	78.23	2,064,876	4,418,510	
1998/01		0.85	1.1663	1.1663		118	78.23	2,085,347	4,470,076	
1998/07		0.80	1.0794	1.0794		118	64.57	2,103,354	4,518,338	
1999/01		0.80	1.4499	1.4499		118	64.57	2,127,751	4,583,828	
1999/07		0.75	1.2299	1.2299		118	64.57	2,127,751	4,640,232	5
2000/01		0.75	1.3356	1.3356		118	76.90	2,168,887	4,702,182	
2000/07		0.70	1.1129	1.1129		118	76.90	2,185,783	4,754,456	
2001/01		0.70	1.2976	1.2976		118	76.90	2,205,636	4,816,170	
2001/07		0.65	0.9615	0.9615		118	76.90	2,219,421	4,862,426	
2002/01		0.65	1.0301	1.0301		118	76.90	2,234,282	4,912,458	
2002/07		0.60	0.8337	0.8337		118	76.47	2,245,458	4,953,404	
2003/01		0.60	1.3271	1.3271		118	75.31	2,263,339	5,019,130	
2003/07		0.55	1.1664	1.1664		118	75.31	2,263,339	5,077,658	5
2004/01		0.55	1.1103	1.1103		118	75.77	2,291,769	5,134,062	
2004/07		0.50	0.8378	0.8378		118	75.77	2,301,369	5,177,132	



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: 3/31/2015

0 104875-00 - 2015/01

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
2005/01		0.50	0.8595	0.8595		118	80.02	2,311,260	5,221,618	
2005/07		0.45	0.7364	0.7364		118	80.02	2,318,920	5,260,086	
2006/01		0.45	0.9068	0.9068		118	80.02	2,328,384	5,307,758	
2006/07		0.40	0.8133	0.8133		118	77.32	2,335,958	5,350,946	
2007/01		0.40	1.0133	1.0133		118	75.72	2,345,426	5,405,108	
2007/07		0.35	1.1050	1.1050		118	75.72	2,354,498	5,464,816	
2008/01		0.35	0.8556	0.8556		118	75.72	2,361,550	5,511,544	
2008/07		0.30	0.6104	0.6104		118	76.24	2,365,874	5,545,174	
2009/01		0.30	1.3268	1.3268		118	73.38	2,375,290	5,618,806	
2009/07		0.25	0.6841	0.6841		118	73.38	2,379,352	5,657,274	
2010/01		0.25	0.8643	0.8643		118	73.38	2,384,494	5,706,126	
2010/07		0.20	0.7107	0.7107		118	74.29	2,387,882	5,746,718	
2011/01		0.20	0.9198	0.9198		118	79.31	2,387,882	5,799,582	5
2011/07		0.15	0.9028	0.9028		118	79.31	2,395,515	5,851,974	
2012/01		0.15	0.3865	0.3865		118	83.27	2,396,904	5,874,630	
2012/07		0.10	0.9417	0.9417		118	83.27	2,399,162	5,929,972	
2013/01		0.10	0.4901	0.4901		118	83.27	2,400,338	5,959,000	
2013/07		0.05	0.6196	0.6196		118	81.61	2,401,082	5,995,934	
2014/01		0.05	0.8564	0.8564		118	75.58	2,402,110	6,047,264	
2014/07		0.00	1.2383	1.2383		118	75.58	2,402,110	6,122,194	
2015/01		0.00	0.7571	0.7571		118	75.58	2,402,110	6,168,568	

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 108507-00 - 2015/01

237.36

The Terrace of Jacksonville

Type of Cost Report: **Interim Change of Ownership - Budget** Type of Cost: **Estimated** Type of Rate: **Interim**

Type of Ownership: **Proprietary : Partnership**

CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
10680 OLD ST AUGUSTINE RD	5/1/2014-4/30/2015	Number of Beds: 180	Superior: 0
JACKSONVILLE, FL 32257	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: 61,947	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 14,034	Inflation
Current Class North Large	Initial CR? False	Medicaid: 33,811	FY Index: 1.34972461
Class at 1/94: North Large	Medical Utilization	54.58053%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.28767%	Cost: 1.00000000
Open Date: 11/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23466092
Entered Medicaid 11/01/1982	Low Occupancy Adjustment Factor:	120.40110%	DC Sem Index: 1.25449501
Med # Active Date: 05/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 312371			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,600,230	2,860,419	1,880,904	1,061,327		7,402,880
1a	Audit Adjustments						
2	Cost Per Diem	47.3287	84.6003	55.6299	31.3900		218.9489
3	Cost Per Diem Inflated	47.3287	84.6003	55.6299			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3287	84.6003	55.6299	31.3900		218.9489
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	51.6913		59.9729			
10b	Base for line 10a	49.8652		57.8542			
11	Lesser of 5,7,8,10, 10a	47.3287	84.6003	55.6299	13.6500		201.2089
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	47.3287	84.6003	55.6299	13.6500		201.2089
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 108507-00 - 2015/01

237.36

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

The Terrace of Jacksonville

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:	5,188,421.00	Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	7,118,023 18.1735
Indexed Asset Value	8,897,529	<60% of Base:	False	20% ROE(2):	1,779,506 0.6898
FRVS Base Asset:	3,420,000	Interest Rate:	15.1200%	Insurance Cost(3):	117,328 1.8940
Occup Adj Factor	0.9000	Chase Rate:	11.2000%	Taxes Cost(3):	87,062 1.4054
ROE Factor	0.022920	Amortization Rate:	14.2000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	1,074,599	Total FRVS PD:	22.1627

- (1) 80% Capital (\$7,118,023) amortized at 14.2000 % for 20 years Principal & Interest of \$1,074,599 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$18.1735
- (2) 20% ROE (\$1,779,506) times the ROE factor (0.022920) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.6898
- (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	47.3287	47.3287	0.8234	46.5053
Direct Care	84.6003	84.6003	1.4718	83.1285
Indirect Care	55.6299	55.6299	0.9678	54.6621
Property	13.6500	22.1627	0.3856	21.7771
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3858
Supplemental Rate Add-on				9.9025
Totals	201.2089	209.7216	3.6486	237.3613

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: 4/30/2015

0 108507-00 - 2015/01

237.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	3,394,737	0.00	2.2977	2.2977		120	49.23	3,394,737	3,043,800	
1983/04	17,334	0.10	2.6288	2.6288		120	41.94	3,418,877	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	41.94	3,426,698	3,247,440	
1984/01	1,500	0.20	2.2530	2.2530		120	52.19	3,442,850	3,289,560	
1984/07		0.20	1.9179	1.9179		120	52.19	3,455,382	3,352,680	
1985/01	4,420	0.30	1.1471	1.1471		120	53.57	3,471,383	3,391,080	
1985/10		0.30	0.8522	0.8522		120	86.31	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	52.20	3,430,776	3,448,440	
1986/07		0.40	0.2974	0.2974		120	52.20	3,434,651	3,441,840	
1987/01		0.50	1.0091	1.0091		120	53.35	3,451,462	3,503,400	
1987/07		0.50	0.9007	0.9007		120	61.24	3,467,007	3,530,760	
1988/01		0.60	0.9007	0.9007		120	61.24	3,485,743	3,559,440	
1988/07		0.60	0.5899	0.5899		120	62.11	3,498,079	3,557,520	
1989/01		0.70	0.5899	0.5899		120	62.11	3,512,523	3,578,520	
1989/07		0.70	0.5899	0.5899		120	61.41	3,527,026	3,602,760	
1990/01		0.80	0.5899	0.5899		120	61.41	3,543,670	3,620,880	
1990/07		0.80	0.5899	0.5899		120	61.41	3,560,393	3,642,240	
1991/01		0.90	0.5899	0.5899		120	62.20	3,579,295	3,663,600	
1991/07		0.90	1.4932	1.4932		120	62.20	3,627,397	3,718,320	
1992/01		1.00	2.0117	2.0117		120	61.71	3,700,369	3,793,080	
1992/07		1.00	1.8152	1.8152		120	68.43	3,767,538	3,861,960	
1993/01		1.00	1.7710	1.7710		120	68.43	3,834,261	3,930,360	
1993/07	49,360	1.00	1.5329	1.5329		120	76.02	3,942,396	3,990,600	
1994/01		1.00	1.6983	1.6983		120	76.02	4,009,350	4,058,400	
1994/07	76,593	1.00	1.5991	1.5991		120	76.89	4,150,057	4,123,320	
1995/01		1.00	1.5812	1.5812		120	76.89	4,215,678	4,188,480	
1995/07		1.00	1.5250	1.5250		120	76.89	4,279,967	4,252,320	
1996/01	17,720	1.00	1.7228	1.7228		120	78.82	4,371,422	4,325,640	
1996/07	2,129,717	1.00	1.3294	1.3294		180	78.61	6,559,253	6,574,680	
1997/01		1.00	1.4109	1.4109		180	78.61	6,559,253	6,667,380	5



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: 4/30/2015

0 108507-00 - 2015/01

237.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		180	72.72	6,724,416	6,740,100	
1998/01		1.00	1.1663	1.1663		180	72.72	6,802,843	6,818,760	
1998/07		1.00	1.0794	1.0794		180	75.09	6,876,273	6,892,380	
1999/01		1.00	1.4499	1.4499		180	75.09	6,975,972	6,992,280	
1999/07		1.00	1.2299	1.2299		180	75.09	7,061,769	7,078,320	
2000/01		1.00	1.3356	1.3356		180	75.09	7,156,086	7,172,820	
2000/07		1.00	1.1129	1.1129		180	75.09	7,235,726	7,252,560	
2001/01		1.00	1.2976	1.2976		180	83.02	7,329,617	7,346,700	
2001/07		1.00	0.9615	0.9615		180	83.02	7,400,091	7,417,260	
2002/01		1.00	1.0301	1.0301		180	79.06	7,476,319	7,493,580	
2002/07		1.00	0.8337	0.8337		180	76.00	7,538,649	7,556,040	
2003/01		0.95	1.3271	1.3271		180	76.00	7,633,689	7,656,300	
2003/07		0.95	1.1664	1.1664		180	75.54	7,718,278	7,745,580	
2004/01		0.90	1.1103	1.1103		180	75.54	7,795,407	7,831,620	
2004/07		0.90	0.8378	0.8378		180	74.48	7,854,184	7,897,320	
2005/01		0.85	0.8595	0.8595		180	74.48	7,911,567	7,965,180	
2005/07		0.85	0.7364	0.7364		180	66.59	7,961,085	8,023,860	
2006/01		0.80	0.9068	0.9068		180	66.59	8,018,835	8,096,580	
2006/07		0.80	0.8133	0.8133		180	66.59	8,071,006	8,162,460	
2007/01		0.75	1.0133	1.0133		180	66.59	8,132,346	8,245,080	
2007/07		0.75	1.1050	1.1050		180	66.59	8,199,747	8,336,160	
2008/01		0.70	0.8556	0.8556		180	66.59	8,248,855	8,407,440	
2008/07		0.70	0.6104	0.6104		180	63.82	8,284,102	8,458,740	
2009/01		0.65	1.3268	1.3268		180	63.82	8,355,544	8,571,060	
2009/07	53,600	0.65	0.6841	0.6841		180	63.08	8,446,301	8,629,740	
2010/01		0.60	0.8643	0.8643		180	59.49	8,490,104	8,704,260	
2010/07		0.60	0.7107	0.7107		180	59.49	8,526,306	8,766,180	
2011/01	32,920	0.55	0.9198	0.9198		180	58.47	8,602,361	8,846,820	
2011/07		0.55	0.9028	0.9028		180	58.47	8,645,072	8,926,740	
2012/01		0.50	0.3865	0.3865		180	58.65	8,661,783	8,961,300	



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: 4/30/2015

0 108507-00 - 2015/01

237.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		180	58.65	8,702,571	9,045,720	
2013/01	54,636	0.45	0.4901	0.4901		180	56.78	8,776,396	9,090,000	
2013/07		0.45	0.6196	0.6196		180	56.78	8,800,865	9,146,340	
2014/01		0.40	0.8564	0.8564		180	54.58	8,830,787	9,224,640	
2014/07		0.40	1.2383	1.2383		180	54.58	8,874,192	9,338,940	
2015/01		0.35	0.7571	0.7571		180	54.58	8,897,529	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:



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 110482-00 - 2015/01
230.35

Viera Health & 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
8050 SPYGLASS HILL RD	4/1/2014-3/31/2015	Number of Beds: 114	Superior: 0
VIERA, FL 32940	Days in CR 365	Maximum: 41,610	Standard: 243
County: Brevard [5]	First Used : 2014/01	Max Annualized: 41,610	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 37,685	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,235	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 13,595	FY Index: 1.34695557
Class at 1/94: North Large	Medical Utilization	36.07536%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.56717%	Cost: 1.00000000
Open Date: 05/30/1995	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/30/1995	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23200000
Entered Medicaid 05/30/1995	Low Occupancy Adjustment Factor:	115.65019%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 028602			PS Target: 1.03662091

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	693,133	1,190,042	862,227	499,888	2,990	3,248,280	
1a	Audit Adjustments							
2	Cost Per Diem	50.9844	87.5353	63.4224	36.7700	0.2199	238.9320	
3	Cost Per Diem Inflated	50.9844	87.5353	63.4224				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.9844	87.5353	63.4224	36.7700	0.2199	238.9320	
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	54.9356		59.5375				
10b	Base for line 10a	52.9949		57.4342				
11	Lesser of 5,7,8,10, 10a	50.9844	87.5353	59.5375	13.6500	0.2199	211.9271	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.9844	87.5353	59.5375	13.6500	0.2199	211.9271	
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 110482-00 - 2015/01

230.35

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

Viera Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/30/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	10,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable	80% Capital(1):	3,779,626	7.7606
Indexed Asset Value	4,724,532	<60% of Base:	False	20% ROE(2):	944,906	0.5783
FRVS Base Asset:	3,917,154	Interest Rate:	4.6500%	Insurance Cost(3):	58,450	1.5510
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	45,582	1.2096
ROE Factor	0.022920	Amortization Rate:	4.6500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	290,627	Total FRVS PD:		11.0995

- (1) 80% Capital (\$3,779,626) amortized at 4.6500 % for 20 years Principal & Interest of \$290,627 divided by annual available days (41610) divided by Occup. Adj. (0.90) = \$7.7606
- (2) 20% ROE (\$944,906) times the ROE factor (0.022920) divided by annual available days (41610) divided by Occup. Adj. (0.90) = \$0.5783
- (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	114	Effective PBS Limitation	3,917,154

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.9844	50.9844	0.8870	50.0974
Direct Care	87.5353	87.5353	1.5229	86.0124
Indirect Care	59.5375	59.5375	1.0358	58.5017
Property	13.6500	11.0995	0.1931	10.9064
ROE	0.2199	0.2199	0.0038	0.2161
ROE Adjustment	-0.2199	-0.2199	-0.0038	-0.2161
Quality Assess-Medicaid Share				14.9285
Supplemental Rate Add-on				9.9025
Totals	211.7072	209.1567	3.6388	230.3489

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: 3/31/2015

0 110482-00 - 2015/01

230.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01	6,549,825	0.00	1.5812	1.5812		114	32.64	3,917,154	3,917,154	1
1995/07		0.10	1.5250	1.5250		114	32.64	3,920,699	4,039,704	
1996/01		0.10	1.7228	1.7228		114	32.64	3,924,708	4,109,358	
1996/07		0.20	1.3294	1.3294		114	32.64	3,930,901	4,163,964	
1997/01		0.20	1.4109	1.4109		114	32.64	3,937,484	4,222,674	
1997/07		0.30	1.0917	1.0917		114	32.64	3,945,137	4,268,730	
1998/01		0.30	1.1663	1.1663		114	32.64	3,953,329	4,318,548	
1998/07		0.40	1.0794	1.0794		114	42.61	3,966,554	4,365,174	
1999/01		0.40	1.4499	1.4499		114	42.61	3,984,377	4,428,444	
1999/07	42,946	0.50	1.2299	1.2299		114	43.53	4,046,717	4,482,936	
2000/01		0.50	1.3356	1.3356		114	43.53	4,068,105	4,542,786	
2000/07		0.60	1.1129	1.1129		114	43.39	4,089,534	4,593,288	
2001/01		0.60	1.2976	1.2976		114	43.39	4,089,534	4,652,910	5
2001/07		0.70	0.9615	0.9615		114	40.20	4,134,897	4,697,598	
2002/01		0.70	1.0301	1.0301		114	40.20	4,156,690	4,745,934	
2002/07	26,984	0.80	0.8337	0.8337		114	42.64	4,205,169	4,785,492	
2003/01		0.80	1.3271	1.3271		114	42.64	4,239,782	4,848,990	
2003/07		0.90	1.1664	1.1664		114	42.77	4,274,394	4,905,534	
2004/01		0.90	1.1103	1.1103		114	42.77	4,307,610	4,960,026	
2004/07		1.00	0.8378	0.8378		114	47.98	4,339,093	5,001,636	
2005/01		1.00	0.8595	0.8595		114	47.98	4,371,627	5,044,614	
2005/07		1.00	0.7364	0.7364		114	46.10	4,398,610	5,081,778	
2006/01		1.00	0.9068	0.9068		114	46.10	4,432,042	5,127,834	
2006/07		1.00	0.8133	0.8133		114	37.68	4,456,737	5,169,558	
2007/01		1.00	1.0133	1.0133		114	37.68	4,487,676	5,221,884	
2007/07		1.00	1.1050	1.1050		114	37.68	4,521,649	5,279,568	
2008/01		1.00	0.8556	0.8556		114	35.56	4,546,662	5,324,712	
2008/07		1.00	0.6104	0.6104		114	33.06	4,563,344	5,357,202	
2009/01		1.00	1.3268	1.3268		114	33.06	4,599,738	5,428,338	
2009/07		1.00	0.6841	0.6841		114	28.91	4,616,278	5,465,502	



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: 3/31/2015

0 110482-00 - 2015/01

230.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		1.00	0.8643	0.8643		114	28.91	4,637,250	5,512,698	
2010/07		1.00	0.7107	0.7107		114	22.58	4,637,250	5,551,914	
2011/01		1.00	0.9198	0.9198		114	22.58	4,637,250	5,602,986	
2011/07		1.00	0.9028	0.9028		114	22.58	4,637,250	5,653,602	
2012/01		1.00	0.3865	0.3865		114	22.58	4,637,250	5,675,490	
2012/07		1.00	0.9417	0.9417		114	22.58	4,637,250	5,728,956	
2013/01		1.00	0.4901	0.4901		114	22.58	4,637,250	5,757,000	
2013/07		1.00	0.6196	0.6196		114	21.66	4,637,250	5,792,682	
2014/01		1.00	0.8564	0.8564		114	36.08	4,663,302	5,842,272	
2014/07		1.00	1.2383	1.2383		114	36.08	4,701,183	5,914,662	
2015/01		1.00	0.7571	0.7571		114	36.08	4,724,532	5,959,464	

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:



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 111543-00 - 2015/01

238.07

St. Catherine Laboure Manor, Inc.

Type of Cost Report: **Related Party Change of Ownership** Type of Cost: **Actual** Type of Rate: **Prospective**
 Type of Ownership: **Nonprofit : Church** CHOW Status based on this Cost Report: **Related Party CHOW**

Provider Information	Cost Report	Patient Days	Ratings Days
1750 STOCKTON ST	7/1/2012-6/30/2013	Number of Beds: 240	Superior: 243
JACKSONVILLE, FL 32204	Days in CR 365	Maximum: 87,600	Standard: 0
County: Duval [16]	First Used : 2014/07	Max Annualized: 87,600	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 84,425	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 17,806	Inflation
Current Class North Large	Initial CR? False	Medicaid: 47,490	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	56.25111%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.37557%	Cost: 1.05607860
Open Date: 02/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 02/01/1979	Low Occupancy Adjustment Factor:	123.06726%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 205150			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,035,927	3,893,019	2,944,189	560,382		10,433,517	
1a	Audit Adjustments							
2	Cost Per Diem	63.9277	81.9756	61.9960	11.8000		219.6993	
3	Cost Per Diem Inflated	67.5127	85.0956	65.4726				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	67.5127	85.0956	65.4726	11.8000		229.8809	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.9000		61.5286				
7	Provider Target Rate	58.9837		63.7818				
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	85.0956	61.6580	11.8000		210.1214	
12/13	Medical Adjustment Rate		0.5984	0.4336				
14	Prospective Per Diem 11	51.5678	85.6940	62.0916	11.8000		211.1534	
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 111543-00 - 2015/01

238.07

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

St. Catherine Laboure Manor, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1993	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	9,999,999.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	9,227,861 8.4374
RS to Start Calcs:	1979/01	<60% of Base:	False	20% ROE(2):	2,306,965 0.4208
Indexed Asset Value	11,534,826	Interest Rate:	3.9000%	Insurance Cost(3):	12,517 0.1483
FRVS Base Asset:	4,097,511	Chase Rate:	7.7500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	3.9000%	Home Office(3):	168,456 1.9953
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	143,810 0.0000
		Yearly Payment:	665,208	Total FRVS PD:	11.0018

- (1) 80% Capital (\$9,227,861) amortized at 3.9000 % for 20 years Principal & Interest of \$665,208 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$8.4374
- (2) 20% ROE (\$2,306,965) times the ROE factor (0.014380) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.4208
- (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	232	Effective PBS Limitation	6,612,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	85.6940	85.6940	1.4909	84.2031
Indirect Care	62.0916	62.0916	1.0802	61.0114
Property	11.8000	11.0018	0.1914	10.8104
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4697
Supplemental Rate Add-on				9.9025
Totals	211.1534	210.3552	3.6597	238.0677

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 111543-00 - 2015/01

238.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	2,758,231	0.00	5.1272	3.0000	2.1272	232	100.00	2,758,231	4,580,376	
1979/07		0.10	6.3255	3.0000	3.3255	232	100.00	2,766,506	4,772,704	
1980/01	431,991	0.10	9.4912	3.0000	6.4912	232	79.43	3,206,797	5,067,112	
1980/07		0.20	10.3018	3.0000	7.3018	232	79.43	3,226,038	5,260,136	
1981/01	143,151	0.20	11.1259	3.0000	8.1259	232	64.46	3,388,545	5,461,280	
1981/07		0.30	10.7147	3.0000	7.7147	232	64.46	3,419,042	5,602,568	
1982/01	44,627	0.30	10.3907	3.0000	7.3907	232	69.60	3,494,440	5,752,672	
1982/07		0.40	9.6883	3.0000	6.6883	232	94.92	3,536,373	5,884,680	
1983/04	63,939	0.40	9.3172	3.0000	6.3172	232	94.92	3,642,748	6,039,424	
1983/07		0.50	10.2750	3.0000	7.2750	232	94.92	3,697,389	6,278,384	
1984/01	119,716	0.50	8.5701	3.0000	5.5701	232	61.07	3,872,566	6,359,816	
1984/07		0.60	7.4880	3.0000	4.4880	232	65.89	3,942,272	6,481,848	
1985/01		0.60	5.6351	3.0000	2.6351	232	65.89	4,013,233	6,556,088	
1985/10		0.70	3.4873	3.0000	0.4873	232	61.06	4,097,511	6,612,000	
1986/01		0.70	1.3172	1.3172		232	61.06	4,135,290	6,666,984	
1986/07		0.80	0.2974	0.2974		232	61.06	4,145,128	6,654,224	
1987/01		0.80	1.0091	1.0091		232	100.00	4,178,592	6,773,240	
1987/07		0.90	0.9007	0.9007		232	67.63	4,212,464	6,826,136	
1988/01		0.90	0.9007	0.9007		232	67.63	4,246,610	6,881,584	
1988/07	153,120	1.00	0.5899	0.5899		232	69.23	4,424,781	6,877,872	
1989/01		1.00	0.5899	0.5899		232	69.23	4,450,883	6,918,472	
1989/07		1.00	0.5899	0.5899		232	69.23	4,477,139	6,965,336	
1990/01		1.00	0.5899	0.5899		232	70.17	4,503,550	7,000,368	
1990/07		1.00	0.5899	0.5899		232	64.38	4,530,116	7,041,664	
1991/01		1.00	0.5899	0.5899		232	64.38	4,556,839	7,082,960	
1991/07	80,187	1.00	1.4932	1.4932		232	67.11	4,705,069	7,188,752	
1992/01		1.00	2.0117	2.0117		232	67.11	4,799,721	7,333,288	
1992/07		1.00	1.8152	1.8152		232	72.79	4,886,846	7,466,456	
1993/01		1.00	1.7710	1.7710		232	72.79	4,973,392	7,598,696	
1993/07	2,681,369	1.00	1.5329	1.5329		240	72.79	7,730,998	7,981,200	



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: 6/30/2013

0 111543-00 - 2015/01

238.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		240	72.79	7,862,294	8,116,800	
1994/07		1.00	1.5991	1.5991		240	65.56	7,988,020	8,246,640	
1995/01		1.00	1.5812	1.5812		240	65.56	8,114,327	8,376,960	
1995/07		1.00	1.5250	1.5250		240	65.56	8,238,070	8,504,640	
1996/01	356,978	1.00	1.7228	1.7228		240	56.59	8,736,973	8,651,280	
1996/07		1.00	1.3294	1.3294		240	53.34	8,766,240	8,766,240	8
1997/01		1.00	1.4109	1.4109		240	53.34	8,886,190	8,889,840	
1997/07	185,057	1.00	1.0917	1.0917		240	55.90	8,986,800	8,986,800	8
1998/01		1.00	1.1663	1.1663		240	55.90	9,091,613	9,091,680	
1998/07		1.00	1.0794	1.0794		240	55.90	9,189,748	9,189,840	
1999/01		1.00	1.4499	1.4499		240	55.90	9,322,990	9,323,040	
1999/07	110,109	0.95	1.2299	1.2299		240	58.45	9,437,760	9,437,760	8
2000/01		0.95	1.3356	1.3356		240	58.45	9,557,506	9,563,760	
2000/07	104,251	0.90	1.1129	1.1129		240	57.35	9,670,080	9,670,080	8
2001/01		0.90	1.2976	1.2976		240	57.35	9,783,007	9,795,600	
2001/07	59,128	0.85	0.9615	0.9615		240	63.02	9,889,680	9,889,680	8
2002/01	54,640	0.85	1.0301	1.0301		240	65.43	9,991,440	9,991,440	8
2002/07		0.80	0.8337	0.8337		240	65.43	10,058,083	10,074,720	
2003/01	767,049	0.80	1.3271	1.3271		240	73.78	10,208,400	10,208,400	8
2003/07		0.75	1.1664	1.1664		240	73.78	10,297,703	10,327,440	
2004/01	70,218	0.75	1.1103	1.1103		240	77.30	10,442,160	10,442,160	8
2004/07		0.70	0.8378	0.8378		240	77.30	10,503,403	10,529,760	
2005/01		0.70	0.8595	0.8595		240	78.94	10,566,602	10,620,240	
2005/07		0.65	0.7364	0.7364		240	78.94	10,617,184	10,698,480	
2006/01		0.65	0.9068	0.9068		240	78.86	10,679,762	10,795,440	
2006/07		0.60	0.8133	0.8133		240	78.86	10,731,879	10,883,280	
2007/01		0.60	1.0133	1.0133		240	69.22	10,797,129	10,993,440	
2007/07		0.55	1.1050	1.1050		240	69.22	10,862,754	11,114,880	
2008/01		0.55	0.8556	0.8556		240	69.22	10,913,874	11,209,920	
2008/07	186,971	0.50	0.6104	0.6104		240	59.89	11,134,154	11,278,320	



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 111543-00 - 2015/01

238.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01		0.50	1.3268	1.3268		240	59.89	11,208,018	11,428,080	
2009/07		0.45	0.6841	0.6841		240	53.52	11,241,588	11,506,320	
2010/01		0.45	0.8643	0.8643		240	52.45	11,283,280	11,605,680	
2010/07		0.40	0.7107	0.7107		240	52.45	11,313,871	11,688,240	
2011/01		0.40	0.9198	0.9198		240	52.45	11,353,565	11,795,760	
2011/07		0.35	0.9028	0.9028		240	51.24	11,386,990	11,902,320	
2012/01		0.35	0.3865	0.3865		240	51.24	11,401,343	11,948,400	
2012/07		0.30	0.9417	0.9417		240	51.99	11,431,789	12,060,960	
2013/01		0.30	0.4901	0.4901		240	51.99	11,447,674	12,120,000	
2013/07		0.25	0.6196	0.6196		240	53.67	11,464,978	12,195,120	
2014/01		0.25	0.8564	0.8564		240	53.67	11,488,931	12,299,520	
2014/07		0.20	1.2383	1.2383		240	56.25	11,517,389	12,451,920	
2015/01		0.20	0.7571	0.7571		240	56.25	11,534,826	12,546,240	

Message Code:

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 122342-00 - 2015/01

227.89

The Gardens Health & 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			
1704 HUNTINGTON VILLAGE CIRCLE DAYTONA BEACH , FL 32114 County: Volusia [64] Region: North Area: 4 Control: Proprietary : Corporation Current Class North Large Class at 1/94: North Large Operating Ex > 18 months Open Date: 06/29/1998 Acquired Date: 06/29/1998 Entered Medicaid 06/29/1998 Med # Active Date: 07/01/2014 Previous Med # 282553	6/1/2014-5/31/2015 Days in CR 365 First Used : 2014/07 Last Used: 2015/01 Unaudited Initial CR? False Medical Utilization Occupancy: Statewide Low Occupancy Threshold: 78.31130% Medicaid Low Occupancy Threshold: 41.41010% Low Occupancy Adjustment Factor: 121.78366% Weighted Low Occ Adjustment Factor: 100.00000%	Patient Days Number of Beds: 108 Maximum: 39,420 Max Annualized: 39,420 Total Patient: 37,595 Medicare: 9,550 Medicaid: 22,391	Ratings Days Superior: 0 Standard: 243 Conditional: 0 Total: 243 Inflation FY Index: 1.35249935 Semester Index: 1.37161894 Cost: 1.00000000 Target: 1.02563464 DC FY Index: 1.23732758 DC Sem Index: 1.25449501 DC Inflation: 1.00000000 PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,031,649	2,171,253	1,080,135	743,605	4,937	5,031,579	
1a	Audit Adjustments							
2	Cost Per Diem	46.0743	96.9699	48.2397	33.2100	0.2205	224.7144	
3	Cost Per Diem Inflated	46.0743	96.9699	48.2397				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.0743	96.9699	48.2397	33.2100	0.2205	224.7144	
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	43.8539		49.9724				
10b	Base for line 10a	42.3047		48.2070				
11	Lesser of 5,7,8,10, 10a	43.8539	96.4319	48.2397	13.6500	0.2205	202.3960	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.8539	96.4319	48.2397	13.6500	0.2205	202.3960	
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 122342-00 - 2015/01

227.89

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

The Gardens Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/29/1998	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	8,748,560.00	Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable	80% Capital(1):	4,176,867 8.5610
Indexed Asset Value	5,221,084	<60% of Base:	False	20% ROE(2):	1,044,217 0.6684
FRVS Base Asset:	2,246,700	Interest Rate:	3.9998%	Insurance Cost(3):	50,454 1.3420
Occup Adj Factor	0.9000	Chase Rate:	4.0000%	Taxes Cost(3):	72,627 1.9318
ROE Factor	0.022710	Amortization Rate:	3.9998%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	303,727	Total FRVS PD:	12.5032

- (1) 80% Capital (\$4,176,867) amortized at 3.9998 % for 20 years Principal & Interest of \$303,727 divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$8.5610
- (2) 20% ROE (\$1,044,217) times the ROE factor (0.022710) divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$0.6684
- (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	43.8539	43.8539	0.7630	43.0909
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	48.2397	48.2397	0.8393	47.4004
Property	13.6500	12.5032	0.2175	12.2857
ROE	0.2205	0.2204	0.0038	0.2166
ROE Adjustment	-0.2204	-0.2204	-0.0038	-0.2166
Quality Assess-Medicaid Share				20.4532
Supplemental Rate Add-on				9.9025
Totals	202.1756	201.0287	3.4975	227.8869

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: 5/31/2015

0 122342-00 - 2015/01

227.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	7,632,691	0.00	1.1663	1.1663		60	69.77	2,246,700	2,246,700	1
1998/07		0.10	1.0794	1.0794		60	69.77	2,249,124	2,297,460	
1999/01		0.10	1.4499	1.4499		60	69.77	2,252,385	2,330,760	
1999/07		0.20	1.2299	1.2299		60	69.77	2,257,926	2,359,440	
2000/01		0.20	1.3356	1.3356		60	69.77	2,257,926	2,390,940	5
2000/07		0.30	1.1129	1.1129		60	69.77	2,271,516	2,417,520	
2001/01		0.30	1.2976	1.2976		60	69.77	2,271,516	2,448,900	5
2001/07		0.40	0.9615	0.9615		60	68.12	2,289,129	2,472,420	
2002/01		0.40	1.0301	1.0301		60	61.94	2,298,560	2,497,860	
2002/07		0.50	0.8337	0.8337		60	61.94	2,308,143	2,518,680	
2003/01		0.50	1.3271	1.3271		60	52.95	2,322,889	2,552,100	
2003/07		0.60	1.1664	1.1664		60	52.95	2,338,539	2,581,860	
2004/01		0.60	1.1103	1.1103		60	61.16	2,354,118	2,610,540	
2004/07		0.70	0.8378	0.8378		60	61.16	2,367,925	2,632,440	
2005/01		0.70	0.8595	0.8595		60	61.16	2,382,173	2,655,060	
2005/07		0.80	0.7364	0.7364		60	61.16	2,396,206	2,674,620	
2006/01		0.80	0.9068	0.9068		60	61.16	2,413,588	2,698,860	
2006/07		0.90	0.8133	0.8133		60	61.16	2,431,255	2,720,820	
2007/01		0.90	1.0133	1.0133		60	61.16	2,453,428	2,748,360	
2007/07		1.00	1.1050	1.1050		60	58.08	2,480,538	2,778,720	
2008/01		1.00	0.8556	0.8556		60	56.00	2,501,761	2,802,480	
2008/07		1.00	0.6104	0.6104		60	56.00	2,517,032	2,819,580	
2009/01		1.00	1.3268	1.3268		60	56.00	2,550,428	2,857,020	
2009/07		1.00	0.6841	0.6841		60	55.70	2,567,875	2,876,580	
2010/01		1.00	0.8643	0.8643		60	55.70	2,590,069	2,901,420	
2010/07	2,241,984	1.00	0.7107	0.7107		108	41.62	4,845,983	5,259,708	
2011/01		1.00	0.9198	0.9198		108	41.62	4,879,713	5,308,092	
2011/07		1.00	0.9028	0.9028		108	58.14	4,923,767	5,356,044	
2012/01		1.00	0.3865	0.3865		108	58.14	4,942,797	5,376,780	
2012/07	40,493	1.00	0.9417	0.9417		108	50.47	5,026,003	5,427,432	



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: 5/31/2015

0 122342-00 - 2015/01

227.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		1.00	0.4901	0.4901		108	50.47	5,048,607	5,454,000	
2013/07		1.00	0.6196	0.6196		108	49.74	5,076,897	5,487,804	
2014/01		1.00	0.8564	0.8564		108	52.59	5,118,470	5,534,784	
2014/07		1.00	1.2383	1.2383		108	59.56	5,181,852	5,603,364	
2015/01		1.00	0.7571	0.7571		108	59.56	5,221,084	5,645,808	

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:



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 122343-00 - 2015/01

227.88

Isle Health & 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
1125 FLEMING PLANTATION BLVD	6/1/2014-5/31/2015	Number of Beds: 108	Superior: 0
ORANGE PARK, FL 32003	Days in CR 365	Maximum: 39,420	Standard: 243
County: Clay [10]	First Used : 2014/07	Max Annualized: 39,420	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 37,595	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,120	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,033	FY Index: 1.35249935
Class at 1/94: North Large	Medical Utilization	63.92605%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.37037%	Cost: 1.00000000
Open Date: 01/19/2005	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/19/2005	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23732758
Entered Medicaid 03/11/2005	Low Occupancy Adjustment Factor:	121.78366%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 284785			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,259,089	2,264,800	1,211,960	895,470	1,475	5,632,794	
1a	Audit Adjustments							
2	Cost Per Diem	52.3900	94.2371	50.4290	37.2600	0.0614	234.3775	
3	Cost Per Diem Inflated	52.3900	94.2371	50.4290				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.3900	94.2371	50.4290	37.2600	0.0614	234.3775	
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	43.0773		49.3563				
10b	Base for line 10a	41.5555		47.6127				
11	Lesser of 5,7,8,10, 10a	43.0773	94.2371	49.3563	13.6500	0.0614	200.3821	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.0773	94.2371	49.3563	13.6500	0.0614	200.3821	
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 122343-00 - 2015/01

227.88

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

Isle Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/2005	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	7,687,000.00	Total Amount	Per Diem
RS to Start Calcs:	2005/01	Type:	Variable	80% Capital(1):	4,166,290 9.4879
Indexed Asset Value	5,207,863	<60% of Base:	False	20% ROE(2):	1,041,573 0.6667
FRVS Base Asset:	4,738,392	Interest Rate:	5.2400%	Insurance Cost(3):	35,734 0.9505
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	102,612 2.7294
ROE Factor	0.022710	Amortization Rate:	5.2400%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	336,612	Total FRVS PD:	13.8345

- (1) 80% Capital (\$4,166,290) amortized at 5.2400 % for 20 years Principal & Interest of \$336,612 divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$9.4879
- (2) 20% ROE (\$1,041,573) times the ROE factor (0.022710) divided by annual available days (39420) divided by Occup. Adj. (0.90) = \$0.6667
- (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:	43,874
Comparison Date:	07/01/2004	Current RS PBS:	52,276
Comparison Bed	108	Effective PBS Limitation	4,738,392

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.0773	43.0773	0.7494	42.3279
Direct Care	94.2371	94.2371	1.6395	92.5976
Indirect Care	49.3563	49.3563	0.8587	48.4976
Property	13.6500	13.8345	0.2407	13.5938
ROE	0.0614	0.0614	0.0011	0.0603
ROE Adjustment	-0.0614	-0.0614	-0.0011	-0.0603
Quality Assess-Medicaid Share				20.9587
Supplemental Rate Add-on				9.9025
Totals	200.3207	200.5052	3.4883	227.8781

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: 5/31/2015

0 122343-00 - 2015/01

227.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	9,115,341	0.00	0.8595	0.8595		108	50.38	4,738,392	4,738,392	1
2005/07		0.10	0.7364	0.7364		108	50.38	4,741,587	4,814,316	
2006/01		0.10	0.9068	0.9068		108	50.38	4,745,526	4,857,948	
2006/07		0.20	0.8133	0.8133		108	50.38	4,752,598	4,897,476	
2007/01		0.20	1.0133	1.0133		108	50.38	4,761,422	4,947,048	
2007/07		0.30	1.1050	1.1050		108	62.64	4,777,206	5,001,696	
2008/01		0.30	0.8556	0.8556		108	62.64	4,789,469	5,044,464	
2008/07		0.40	0.6104	0.6104		108	62.85	4,801,165	5,075,244	
2009/01		0.40	1.3268	1.3268		108	62.85	4,826,645	5,142,636	
2009/07		0.50	0.6841	0.6841		108	67.19	4,843,157	5,177,844	
2010/01		0.50	0.8643	0.8643		108	67.19	4,864,089	5,222,556	
2010/07		0.60	0.7107	0.7107		108	66.14	4,884,829	5,259,708	
2011/01		0.60	0.9198	0.9198		108	66.14	4,911,788	5,308,092	
2011/07		0.70	0.9028	0.9028		108	63.44	4,942,831	5,356,044	
2012/01		0.70	0.3865	0.3865		108	63.44	4,956,206	5,376,780	
2012/07		0.80	0.9417	0.9417		108	61.36	4,993,546	5,427,432	
2013/01		0.80	0.4901	0.4901		108	61.36	5,013,126	5,454,000	
2013/07		0.90	0.6196	0.6196		108	58.37	5,041,079	5,487,804	
2014/01	25,573	0.90	0.8564	0.8564		108	58.27	5,105,509	5,534,784	
2014/07		1.00	1.2383	1.2383		108	63.93	5,168,731	5,603,364	
2015/01		1.00	0.7571	0.7571		108	63.93	5,207,863	5,645,808	

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 122344-00 - 2015/01

232.13

Riverwood Health & 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
808 S COLLEY RD	6/1/2014-5/31/2015	Number of Beds: 120	Superior: 0
STARKE, FL 32091	Days in CR 365	Maximum: 43,800	Standard: 243
County: Bradford [4]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 41,975	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,659	Inflation
Current Class North Large	Initial CR? False	Medicaid: 30,299	FY Index: 1.35249935
Class at 1/94: North Large	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy: 95.833333%	72.18344%	Cost: 1.00000000
Open Date: 02/01/1981	Statewide Low Occupancy Threshold: 78.31130%	95.833333%	Target: 1.02563464
Acquired Date: 02/01/1981	Medicaid Low Occupancy Threshold: 41.41010%	78.31130%	DC FY Index: 1.23732758
Entered Medicaid 05/01/1983	Low Occupancy Adjustment Factor: 122.37484%	41.41010%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2014	Weighted Low Occ Adjustment Factor: 100.00000%	122.37484%	DC Inflation: 1.00000000
Previous Med # 251739		100.00000%	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,441,626	2,852,681	1,532,754	1,025,924	1,965	6,854,950	
1a	Audit Adjustments							
2	Cost Per Diem	47.5800	94.1510	50.5876	33.8600	0.0649	226.2435	
3	Cost Per Diem Inflated	47.5800	94.1510	50.5876				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.5800	94.1510	50.5876	33.8600	0.0649	226.2435	
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	40.8274		48.5576				
10b	Base for line 10a	39.3851		46.1260				
11	Lesser of 5,7,8,10, 10a	40.8274	94.1510	48.5576	13.6500	0.0649	197.2509	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	40.8274	94.1510	48.5576	13.6500	0.0649	197.2509	
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 122344-00 - 2015/01

232.13

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

Riverwood Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/30/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,500,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1981/01	Type:	Fixed	80% Capital(1):	4,389,825	15.8086
Indexed Asset Value	5,487,281	<60% of Base:	False	20% ROE(2):	1,097,456	0.6381
FRVS Base Asset:	3,086,185	Interest Rate:	13.1600%	Insurance Cost(3):	31,301	0.7457
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	30,955	0.7375
ROE Factor	0.022920	Amortization Rate:	13.1600%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	623,176	Total FRVS PD:	17.9299	

- (1) 80% Capital (\$4,389,825) amortized at 13.1600 % for 20 years Principal & Interest of \$623,176 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.8086
- (2) 20% ROE (\$1,097,456) times the ROE factor (0.022920) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6381
- (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	40.8274	40.8274	0.7103	40.1171
Direct Care	94.1510	94.1510	1.6380	92.5130
Indirect Care	48.5576	48.5576	0.8448	47.7128
Property	13.6500	17.9299	0.3119	17.6180
ROE	0.0649	0.0649	0.0011	0.0638
ROE Adjustment	-0.0649	-0.0649	-0.0011	-0.0638
Quality Assess-Medicaid Share				24.2674
Supplemental Rate Add-on				9.9025
Totals	197.1860	201.4659	3.5050	232.1308

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: 5/31/2015

0 122344-00 - 2015/01

232.13

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	1,048,819	0.00	3.8241	3.0000	0.8241	49		1,048,819	1,153,460	
1981/07		0.10	3.4129	3.0000	0.4129	49		1,048,819	1,183,301	
1982/01		0.10	3.0888	3.0000	0.0888	49		1,048,819	1,215,004	
1982/07		0.20	2.3865	2.3865		49		1,048,819	1,242,885	
1983/04		0.20	2.6288	2.6288		49		1,048,819	1,275,568	
1983/07		0.30	3.9578	3.0000	0.9578	49	89.00	1,058,258	1,326,038	
1984/01		0.30	2.2530	2.2530		49	89.00	1,065,411	1,343,237	
1984/07	1,697,232	0.40	1.9179	1.9179		120	89.00	2,770,817	3,352,680	
1985/01	289,561	0.40	1.1471	1.1471		120	100.00	3,073,091	3,391,080	
1985/10		0.50	0.8522	0.8522		120	88.91	3,086,185	3,420,000	
1986/01		0.50	0.8299	0.8299		120	88.91	3,098,993	3,448,440	
1986/07		0.60	0.2974	0.2974		120	88.91	3,104,522	3,441,840	
1987/01	46,071	0.60	1.0091	1.0091		120	83.85	3,169,391	3,503,400	
1987/07		0.70	0.9007	0.9007		120	85.63	3,189,374	3,530,760	
1988/01		0.70	0.9007	0.9007		120	85.63	3,209,483	3,559,440	
1988/07		0.80	0.5899	0.5899		120	85.63	3,224,629	3,557,520	
1989/01		0.80	0.5899	0.5899		120	89.04	3,239,846	3,578,520	
1989/07		0.90	0.5899	0.5899		120	88.95	3,257,046	3,602,760	
1990/01		0.90	0.5899	0.5899		120	88.95	3,274,338	3,620,880	
1990/07		1.00	0.5899	0.5899		120	94.10	3,293,653	3,642,240	
1991/01		1.00	0.5899	0.5899		120	94.10	3,313,082	3,663,600	
1991/07		1.00	1.4932	1.4932		120	87.57	3,362,553	3,718,320	
1992/01		1.00	2.0117	2.0117		120	80.21	3,430,197	3,793,080	
1992/07		1.00	1.8152	1.8152		120	80.21	3,492,462	3,861,960	
1993/01		1.00	1.7710	1.7710		120	80.21	3,554,314	3,930,360	
1993/07		1.00	1.5329	1.5329		120	80.21	3,608,798	3,990,600	
1994/01		1.00	1.6983	1.6983		120	80.21	3,670,086	4,058,400	
1994/07		1.00	1.5991	1.5991		120	80.21	3,728,774	4,123,320	
1995/01		1.00	1.5812	1.5812		120	80.21	3,787,733	4,188,480	
1995/07		1.00	1.5250	1.5250		120	77.26	3,845,496	4,252,320	



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: 5/31/2015

0 122344-00 - 2015/01

232.13

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		120	77.26	3,911,746	4,325,640	
1996/07		1.00	1.3294	1.3294		120	85.38	3,963,749	4,383,120	
1997/01		1.00	1.4109	1.4109		120	85.38	4,019,674	4,444,920	
1997/07		1.00	1.0917	1.0917		120	85.38	4,019,674	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	85.38	4,110,950	4,545,840	
1998/07		1.00	1.0794	1.0794		120	85.38	4,155,324	4,594,920	
1999/01		1.00	1.4499	1.4499		120	85.38	4,215,572	4,661,520	
1999/07		1.00	1.2299	1.2299		120	85.38	4,267,419	4,718,880	
2000/01		1.00	1.3356	1.3356		120	85.38	4,324,415	4,781,880	
2000/07		1.00	1.1129	1.1129		120	85.38	4,372,541	4,835,040	
2001/01		1.00	1.2976	1.2976		120	85.38	4,429,279	4,897,800	
2001/07	228,794	0.95	0.9615	0.9615		120	76.25	4,698,530	4,944,840	
2002/01		0.95	1.0301	1.0301		120	76.25	4,744,510	4,995,720	
2002/07		0.90	0.8337	0.8337		120	76.25	4,780,108	5,037,360	
2003/01		0.90	1.3271	1.3271		120	76.25	4,837,202	5,104,200	
2003/07		0.85	1.1664	1.1664		120	76.25	4,885,158	5,163,720	
2004/01		0.85	1.1103	1.1103		120	79.20	4,931,264	5,221,080	
2004/07		0.80	0.8378	0.8378		120	79.20	4,964,313	5,264,880	
2005/01		0.80	0.8595	0.8595		120	78.84	4,998,448	5,310,120	
2005/07		0.75	0.7364	0.7364		120	78.84	5,026,054	5,349,240	
2006/01		0.75	0.9068	0.9068		120	76.92	5,060,236	5,397,720	
2006/07		0.70	0.8133	0.8133		120	76.92	5,089,044	5,441,640	
2007/01		0.70	1.0133	1.0133		120	77.97	5,125,141	5,496,720	
2007/07		0.65	1.1050	1.1050		120	77.97	5,161,955	5,557,440	
2008/01		0.65	0.8556	0.8556		120	78.48	5,190,661	5,604,960	
2008/07		0.60	0.6104	0.6104		120	78.48	5,209,669	5,639,160	
2009/01		0.60	1.3268	1.3268		120	76.91	5,251,143	5,714,040	
2009/07		0.55	0.6841	0.6841		120	76.91	5,270,903	5,753,160	
2010/01		0.55	0.8643	0.8643		120	74.38	5,295,961	5,802,840	
2010/07		0.50	0.7107	0.7107		120	74.38	5,314,783	5,844,120	



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: 5/31/2015

0 122344-00 - 2015/01

232.13

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		120	73.03	5,339,226	5,897,880	
2011/07		0.45	0.9028	0.9028		120	73.03	5,360,919	5,951,160	
2012/01		0.45	0.3865	0.3865		120	78.84	5,370,242	5,974,200	
2012/07		0.40	0.9417	0.9417		120	78.84	5,390,472	6,030,480	
2013/01		0.40	0.4901	0.4901		120	79.56	5,401,037	6,060,000	
2013/07	25,533	0.35	0.6196	0.6196		120	77.47	5,438,285	6,097,560	
2014/01		0.35	0.8564	0.8564		120	77.47	5,454,584	6,149,760	
2014/07		0.30	1.2383	1.2383		120	72.18	5,474,848	6,225,960	
2015/01		0.30	0.7571	0.7571		120	72.18	5,487,281	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:



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 122346-00 - 2015/01

227.52

Terrace Health & 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
7207 SW 24TH AVE	6/1/2014-5/31/2015	Number of Beds: 120	Superior: 0
GAINESVILLE, FL 32607	Days in CR 365	Maximum: 43,800	Standard: 243
County: Alachua [1]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 41,975	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,855	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,099	FY Index: 1.35249935
Class at 1/94: North Large	Medical Utilization	62.17749%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.833333%	Cost: 1.00000000
Open Date: 05/06/2002	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/06/2002	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.23732758
Entered Medicaid 06/27/2002	Low Occupancy Adjustment Factor:	122.37484%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2014	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.00000000
Previous Med # 255572			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,206,818	2,460,259	1,337,227	958,616	3,638	5,966,558
1a	Audit Adjustments						
2	Cost Per Diem	46.2400	94.2664	51.2367	36.7300	0.1394	228.6125
3	Cost Per Diem Inflated	46.2400	94.2664	51.2367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2400	94.2664	51.2367	36.7300	0.1394	228.6125
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	43.9133		49.5546			
10b	Base for line 10a	42.3620		47.8040			
11	Lesser of 5,7,8,10, 10a	43.9133	94.2664	49.5546	13.6500	0.1394	201.5237
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	43.9133	94.2664	49.5546	13.6500	0.1394	201.5237
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 122346-00 - 2015/01

227.52

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

Terrace Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/27/2002	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,800,000.00	Total Amount	Per Diem
RS to Start Calcs:	2002/01	Type:	Variable	80% Capital(1):	4,585,163 9.3976
Indexed Asset Value	5,731,454	<60% of Base:	False	20% ROE(2):	1,146,291 0.6665
FRVS Base Asset:	4,944,840	Interest Rate:	5.2400%	Insurance Cost(3):	37,391 0.8908
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	104,239 2.4834
ROE Factor	0.022920	Amortization Rate:	5.2400%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	370,455	Total FRVS PD:	13.4383

- (1) 80% Capital (\$4,585,163) amortized at 5.2400 % for 20 years Principal & Interest of \$370,455 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3976
 (2) 20% ROE (\$1,146,291) times the ROE factor (0.022920) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6665
 (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:	41,207
Comparison Date:	07/01/2001	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,944,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.9133	43.9133	0.7640	43.1493
Direct Care	94.2664	94.2664	1.6400	92.6264
Indirect Care	49.5546	49.5546	0.8621	48.6925
Property	13.6500	13.4383	0.2338	13.2045
ROE	0.1394	0.1394	0.0024	0.1370
ROE Adjustment	-0.1394	-0.1394	-0.0024	-0.1370
Quality Assess-Medicaid Share				19.9408
Supplemental Rate Add-on				9.9025
Totals	201.3843	201.1726	3.4999	227.5160

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: 5/31/2015

0 122346-00 - 2015/01

227.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	8,016,391	0.00	1.0301	1.0301		120	43.66	4,944,840	4,944,840	1
2002/07	18,159	0.10	0.8337	0.8337		120	43.66	4,966,273	5,037,360	
2003/01		0.10	1.3271	1.3271		120	43.66	4,971,504	5,104,200	
2003/07		0.20	1.1664	1.1664		120	43.66	4,980,711	5,163,720	
2004/01		0.20	1.1103	1.1103		120	43.66	4,989,492	5,221,080	
2004/07		0.30	0.8378	0.8378		120	43.66	4,999,445	5,264,880	
2005/01	23,619	0.30	0.8595	0.8595		120	51.54	5,035,146	5,310,120	
2005/07		0.40	0.7364	0.7364		120	51.54	5,049,046	5,349,240	
2006/01		0.40	0.9068	0.9068		120	62.38	5,067,359	5,397,720	
2006/07		0.50	0.8133	0.8133		120	62.38	5,087,968	5,441,640	
2007/01		0.50	1.0133	1.0133		120	57.30	5,113,749	5,496,720	
2007/07		0.60	1.1050	1.1050		120	57.30	5,147,653	5,557,440	
2008/01		0.60	0.8556	0.8556		120	55.28	5,174,081	5,604,960	
2008/07		0.70	0.6104	0.6104		120	58.26	5,196,190	5,639,160	
2009/01		0.70	1.3268	1.3268		120	58.26	5,244,452	5,714,040	
2009/07		0.80	0.6841	0.6841		120	58.26	5,273,155	5,753,160	
2010/01		0.80	0.8643	0.8643		120	56.57	5,309,614	5,802,840	
2010/07		0.90	0.7107	0.7107		120	56.57	5,343,574	5,844,120	
2011/01		0.90	0.9198	0.9198		120	47.54	5,381,808	5,897,880	
2011/07		1.00	0.9028	0.9028		120	47.54	5,423,805	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.26	5,441,437	5,974,200	
2012/07		1.00	0.9417	0.9417		120	46.26	5,484,536	6,030,480	
2013/01		1.00	0.4901	0.4901		120	55.37	5,511,416	6,060,000	
2013/07	25,533	1.00	0.6196	0.6196		120	55.97	5,571,098	6,097,560	
2014/01		1.00	0.8564	0.8564		120	55.97	5,618,809	6,149,760	
2014/07		1.00	1.2383	1.2383		120	62.18	5,688,387	6,225,960	
2015/01		1.00	0.7571	0.7571		120	62.18	5,731,454	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 200107-00 - 2015/01

238.66

Bon Secours Maria Manor

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
10300 4TH ST N	9/1/2012-8/31/2013	Number of Beds: 274	Superior: 0
SAINT PETERSBURG, FL 33716	Days in CR 365	Maximum: 100,010	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 100,010	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 95,569	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 11,971	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 64,894	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	67.90277%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.55944%	Cost: 1.05040266
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: 1.21049917
Entered Medicaid 01/01/1975	Low Occupancy Adjustment Factor:	122.02510%	DC Sem Index: 1.25449501
Med # Active Date: 12/15/1988	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 204501			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,628,196	6,012,404	3,639,111	640,504		13,920,215	
1a	Audit Adjustments							
2	Cost Per Diem	55.9096	92.6496	56.0778	9.8700		214.5070	
3	Cost Per Diem Inflated	58.7276	96.0170	58.9043				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.7276	96.0170	58.9043	9.8700		223.5189	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.3821		60.2253				
7	Provider Target Rate	61.5567		62.4308				
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	96.0170	58.9043	9.8700		218.9462	
12/13	Medical Adjustment Rate		1.9338	1.1864				
14	Prospective Per Diem 11	54.1549	97.9508	60.0907	9.8700		222.0664	
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 200107-00 - 2015/01

238.66

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

Bon Secours Maria Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,646,500.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	9,894,502 13.6671
RS to Start Calcs:	1975/01	<60% of Base:	True	20% ROE(2):	2,473,626 0.4323
Indexed Asset Value	12,368,128	Interest Rate:	7.5000%	Insurance Cost(3):	51,181 0.5355
FRVS Base Asset:	4,922,814	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	298,878 3.1274
ROE Factor	0.015730	Interest Only:	True	Replacement(3&4):	27,852 0.0000
		Yearly Payment:	1,230,158	Total FRVS PD:	17.7623

- (1) 80% Capital (\$9,894,502) amortized at 12.5000 % for 20 years Interest of \$1,230,158 divided by annual available days (100010) divided by Occup. Adj. (0.90) = \$13.6671
- (2) 20% ROE (\$2,473,626) times the ROE factor (0.015730) divided by annual available days (100010) divided by Occup. Adj. (0.90) = \$0.4323
- (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	274	Effective PBS Limitation	7,809,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	97.9508	97.9508	1.7041	96.2467
Indirect Care	60.0907	60.0907	1.0454	59.0453
Property	9.8700	17.7623	0.3090	17.4533
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8023
Supplemental Rate Add-on				9.9025
Totals	222.0664	229.9587	4.0007	238.6628

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: 8/31/2013

0 200107-00 - 2015/01

238.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/01	3,506,432	0.00	3.0905	3.0000	0.0905	274	100.00	3,506,432	3,811,614	
1975/07		0.10	4.1539	3.0000	1.1539	274	100.00	3,516,951	3,966,698	
1976/01		0.10	5.1984	3.0000	2.1984	274	100.00	3,527,502	4,126,988	
1976/07		0.20	5.6836	3.0000	2.6836	274	100.00	3,548,667	4,270,838	
1977/01		0.20	6.4342	3.0000	3.4342	274	100.00	3,569,959	4,431,128	
1977/07		0.30	8.4918	3.0000	5.4918	274	100.00	3,602,089	4,654,986	
1978/01		0.30	10.2315	3.0000	7.2315	274	100.00	3,634,508	4,875,830	
1978/07		0.40	12.7709	3.0000	9.7709	274	100.00	3,678,122	5,145,720	
1979/01		0.40	14.8982	3.0000	11.8982	274	100.00	3,722,259	5,409,582	
1979/07		0.50	16.0964	3.0000	13.0964	274	100.00	3,778,093	5,636,728	
1980/01		0.50	19.2621	3.0000	16.2621	274	46.71	3,826,222	5,984,434	
1980/07		0.60	20.0727	3.0000	17.0727	274	46.71	3,884,713	6,212,402	
1981/01		0.60	20.8968	3.0000	17.8968	274	47.96	3,945,687	6,449,960	
1981/07		0.70	20.4856	3.0000	17.4856	274	47.96	4,017,940	6,616,826	
1982/01		0.70	20.1616	3.0000	17.1616	274	51.81	4,097,423	6,794,104	
1982/07		0.80	19.4593	3.0000	16.4593	274	51.81	4,190,058	6,950,010	
1983/04		0.80	19.0881	3.0000	16.0881	274	55.65	4,290,619	7,132,768	
1983/07		0.90	20.0459	3.0000	17.0459	274	55.65	4,406,466	7,414,988	
1984/01		0.90	18.3411	3.0000	15.3411	274	52.21	4,519,405	7,511,162	
1984/07	18,430	1.00	17.2590	3.0000	14.2590	274	52.21	4,666,539	7,655,286	
1985/01		1.00	15.4061	3.0000	12.4061	274	47.14	4,786,528	7,742,966	
1985/10		1.00	13.2583	3.0000	10.2583	274	52.20	4,922,814	7,809,000	
1986/01		1.00	11.0882	3.0000	8.0882	274	47.14	4,922,814	7,873,938	5
1986/07		1.00	8.3856	3.0000	5.3856	274	47.14	5,049,393	7,858,868	5
1987/01		1.00	6.3947	3.0000	3.3947	274	46.16	5,309,631	7,999,430	
1987/07		1.00	4.2954	3.0000	1.2954	274	46.16	5,443,318	8,061,902	
1988/01		1.00	2.1961	2.1961		274	46.74	5,544,906	8,127,388	
1988/07		1.00	0.5899	0.5899		274	55.64	5,577,615	8,123,004	
1989/01		1.00	0.5899	0.5899		274	55.64	5,610,517	8,170,954	
1989/07		1.00	0.5899	0.5899		274	55.64	5,643,613	8,226,302	



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: 8/31/2013

0 200107-00 - 2015/01

238.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01		1.00	0.5899	0.5899		274	55.64	5,676,905	8,267,676	
1990/07	1,883,360	1.00	0.5899	0.5899		274	55.64	7,593,753	8,316,448	
1991/01		1.00	0.5899	0.5899		274	55.64	7,593,753	8,365,220	5
1991/07		1.00	1.4932	1.4932		274	60.27	7,638,549	8,490,164	5
1992/01		1.00	2.0117	2.0117		274	60.27	7,908,567	8,660,866	
1992/07		1.00	1.8152	1.8152		274	58.67	8,052,123	8,818,142	
1993/01		1.00	1.7710	1.7710		274	58.67	8,194,726	8,974,322	
1993/07		1.00	1.5329	1.5329		274	57.17	8,320,343	9,111,870	
1994/01		1.00	1.6983	1.6983		274	57.17	8,461,647	9,266,680	
1994/07	80,379	1.00	1.5991	1.5991		274	56.34	8,677,336	9,414,914	
1995/01		1.00	1.5812	1.5812		274	56.34	8,814,542	9,563,696	
1995/07	114,870	0.95	1.5250	1.5250		274	60.31	9,057,117	9,709,464	
1996/01		0.95	1.7228	1.7228		274	60.31	9,205,355	9,876,878	
1996/07	270,703	0.90	1.3294	1.3294		274	65.53	9,586,200	10,008,124	
1997/01		0.90	1.4109	1.4109		274	65.53	9,707,926	10,149,234	
1997/07		0.85	1.0917	1.0917		274	61.74	9,798,006	10,259,930	
1998/01		0.85	1.1663	1.1663		274	61.74	9,895,143	10,379,668	
1998/07		0.80	1.0794	1.0794		274	62.86	9,980,588	10,491,734	
1999/01		0.80	1.4499	1.4499		274	62.86	10,096,353	10,643,804	
1999/07		0.75	1.2299	1.2299		274	62.86	10,189,482	10,774,776	
2000/01		0.75	1.3356	1.3356		274	62.86	10,291,550	10,918,626	
2000/07		0.70	1.1129	1.1129		274	58.85	10,371,721	11,040,008	
2001/01		0.70	1.2976	1.2976		274	58.85	10,465,927	11,183,310	
2001/07	76,416	0.65	0.9615	0.9615		274	56.97	10,607,755	11,290,718	
2002/01		0.65	1.0301	1.0301		274	56.97	10,678,785	11,406,894	
2002/07	89,108	0.60	0.8337	0.8337		274	62.99	10,821,308	11,501,972	
2003/01		0.60	1.3271	1.3271		274	62.78	10,907,478	11,654,590	
2003/07		0.55	1.1664	1.1664		274	62.78	10,977,449	11,790,494	
2004/01		0.55	1.1103	1.1103		274	61.70	11,044,488	11,921,466	
2004/07		0.50	0.8378	0.8378		274	61.70	11,090,753	12,021,476	



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: 8/31/2013

0 200107-00 - 2015/01

238.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	145,789	0.50	0.8595	0.8595		274	61.25	11,284,210	12,124,774	
2005/07		0.45	0.7364	0.7364		274	61.25	11,321,606	12,214,098	
2006/01		0.45	0.9068	0.9068		274	61.25	11,367,809	12,324,794	
2006/07	67,726	0.40	0.8133	0.8133		274	62.81	11,472,514	12,425,078	
2007/01		0.40	1.0133	1.0133		274	62.81	11,519,012	12,550,844	
2007/07	164,669	0.35	1.1050	1.1050		274	62.72	11,728,237	12,689,488	
2008/01		0.35	0.8556	0.8556		274	62.72	11,763,363	12,797,992	
2008/07	70,268	0.30	0.6104	0.6104		274	59.97	11,855,170	12,876,082	
2009/01		0.30	1.3268	1.3268		274	62.89	11,902,354	13,047,058	
2009/07		0.25	0.6841	0.6841		274	62.89	11,922,707	13,136,382	
2010/01		0.25	0.8643	0.8643		274	62.89	11,922,707	13,249,818	5
2010/07		0.20	0.7107	0.7107		274	63.75	11,965,451	13,344,074	
2011/01		0.20	0.9198	0.9198		274	63.75	11,987,467	13,466,826	
2011/07		0.15	0.9028	0.9028		274	71.09	12,003,698	13,588,482	
2012/01		0.15	0.3865	0.3865		274	71.09	12,010,660	13,641,090	
2012/07	289,713	0.10	0.9417	0.9417		274	71.58	12,311,687	13,769,596	
2013/01		0.10	0.4901	0.4901		274	71.58	12,317,720	13,837,000	
2013/07	41,299	0.05	0.6196	0.6196		274	72.00	12,362,837	13,922,762	
2014/01		0.05	0.8564	0.8564		274	72.00	12,368,128	14,041,952	
2014/07		0.00	1.2383	1.2383		274	67.90	12,368,128	14,215,942	
2015/01		0.00	0.7571	0.7571		274	67.90	12,368,128	14,323,624	

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 200409-00 - 2015/01

213.73

Westminster Oaks

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
4449 MEANDERING WAY	4/1/2013-3/31/2014	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: 41,227	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 3,833	Inflation
Current Class North Large	Initial CR? False	Medicaid: 12,417	FY Index: 1.31463861
Class at 1/94: North Large	Medical Utilization	30.11861%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.12557%	Cost: 1.04334296
Open Date: 04/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21900000
Entered Medicaid 10/21/1988	Low Occupancy Adjustment Factor:	120.19411%	DC Sem Index: 1.25449501
Med # Active Date: 10/21/1988	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02911814
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	686,492	966,580	833,358	333,645		2,820,075	
1a	Audit Adjustments							
2	Cost Per Diem	55.2865	77.8433	67.1143	26.8700		227.1141	
3	Cost Per Diem Inflated	57.6828	80.1100	70.0232				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.6828	80.1100	70.0232	26.8700		234.6860	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.5685		79.4820				
7	Provider Target Rate	57.6035		82.3927				
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	80.1100	61.6580	13.6500		206.9858	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.5678	80.1100	61.6580	13.6500		206.9858	
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 200409-00 - 2015/01

213.73

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

Westminster Oaks

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/21/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,558,322.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,900,985 10.6844
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	975,246 0.5129
Indexed Asset Value	4,876,231	Interest Rate:	9.0000%	Insurance Cost(3):	100,533 2.4385
FRVS Base Asset:	1,521,900	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.0000%	Home Office(3):	19,004 0.4610
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	577,403 0.0000
		Yearly Payment:	421,178	Total FRVS PD:	14.0968

- (1) 80% Capital (\$3,900,985) amortized at 9.0000 % for 20 years Principal & Interest of \$421,178 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.6844
- (2) 20% ROE (\$975,246) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5129
- (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	60	Effective PBS Limitation	1,521,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	80.1100	80.1100	1.3937	78.7163
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	14.0968	0.2453	13.8515
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	206.9858	207.4326	3.6089	213.7262

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: 3/31/2014

0 200409-00 - 2015/01

213.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,521,900	0.00	2.6288	2.6288		60		1,521,900	1,561,920	
1983/07		0.10	3.9578	3.0000	0.9578	60		1,521,900	1,623,720	
1984/01		0.10	2.2530	2.2530		60		1,521,900	1,644,780	
1984/07		0.20	1.9179	1.9179		60		1,521,900	1,676,340	
1985/01		0.20	1.1471	1.1471		60		1,521,900	1,695,540	
1985/10		0.30	0.8522	0.8522		60		1,521,900	1,710,000	
1986/01		0.30	0.8299	0.8299		60		1,521,900	1,724,220	
1986/07		0.40	0.2974	0.2974		60		1,521,900	1,720,920	
1987/01		0.40	1.0091	1.0091		60		1,521,900	1,751,700	
1987/07		0.50	0.9007	0.9007		60		1,521,900	1,765,380	
1988/01		0.50	0.9007	0.9007		60		1,521,900	1,779,720	
1988/07		0.60	0.5899	0.5899		60	2.30	1,521,900	1,778,760	
1989/01		0.60	0.5899	0.5899		60	2.30	1,521,900	1,789,260	
1989/07		0.70	0.5899	0.5899		60	2.30	1,521,900	1,801,380	
1990/01		0.70	0.5899	0.5899		60	2.30	1,521,900	1,810,440	
1990/07		0.80	0.5899	0.5899		60	2.30	1,521,900	1,821,120	
1991/01		0.80	0.5899	0.5899		60	2.30	1,521,900	1,831,800	
1991/07		0.90	1.4932	1.4932		60	2.30	1,521,900	1,859,160	
1992/01		0.90	2.0117	2.0117		60	6.89	1,521,900	1,896,540	
1992/07		1.00	1.8152	1.8152		60	6.89	1,521,900	1,930,980	
1993/01		1.00	1.7710	1.7710		60	6.88	1,521,900	1,965,180	
1993/07		1.00	1.5329	1.5329		60	6.88	1,521,900	1,995,300	
1994/01		1.00	1.6983	1.6983		60	5.56	1,521,900	2,029,200	
1994/07		1.00	1.5991	1.5991		60	5.56	1,521,900	2,061,660	
1995/01		1.00	1.5812	1.5812		60	9.35	1,521,900	2,094,240	
1995/07		1.00	1.5250	1.5250		60	9.35	1,521,900	2,126,160	
1996/01		1.00	1.7228	1.7228		60	9.35	1,521,900	2,162,820	
1996/07		1.00	1.3294	1.3294		60	9.35	1,521,900	2,191,560	
1997/01		1.00	1.4109	1.4109		60	7.52	1,521,900	2,222,460	
1997/07		1.00	1.0917	1.0917		60	7.52	1,521,900	2,246,700	



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: 3/31/2014

0 200409-00 - 2015/01

213.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	2,560,824	1.00	1.1663	1.1663		120	7.91	4,082,724	4,545,840	
1998/07		1.00	1.0794	1.0794		120	7.91	4,082,724	4,594,920	
1999/01		1.00	1.4499	1.4499		120	11.96	4,082,724	4,661,520	
1999/07		1.00	1.2299	1.2299		120	11.96	4,082,724	4,718,880	
2000/01	53,314	1.00	1.3356	1.3356		120	16.69	4,136,038	4,781,880	
2000/07		1.00	1.1129	1.1129		120	16.69	4,136,038	4,835,040	
2001/01		1.00	1.2976	1.2976		120	15.97	4,136,038	4,897,800	
2001/07		1.00	0.9615	0.9615		120	15.97	4,136,038	4,944,840	
2002/01		1.00	1.0301	1.0301		120	17.77	4,136,038	4,995,720	
2002/07		1.00	0.8337	0.8337		120	17.77	4,136,038	5,037,360	
2003/01		1.00	1.3271	1.3271		120	19.70	4,136,038	5,104,200	
2003/07		0.95	1.1664	1.1664		120	19.70	4,136,038	5,163,720	
2004/01	40,123	0.95	1.1103	1.1103		120	20.51	4,176,161	5,221,080	
2004/07		0.90	0.8378	0.8378		120	20.51	4,176,161	5,264,880	
2005/01	26,891	0.90	0.8595	0.8595		120	21.55	4,203,052	5,310,120	
2005/07		0.85	0.7364	0.7364		120	21.55	4,203,052	5,349,240	
2006/01	241,151	0.85	0.9068	0.9068		120	29.29	4,461,456	5,397,720	
2006/07		0.80	0.8133	0.8133		120	29.29	4,476,914	5,441,640	
2007/01	33,663	0.80	1.0133	1.0133		120	29.46	4,530,015	5,496,720	
2007/07		0.75	1.1050	1.1050		120	29.46	4,550,125	5,557,440	
2008/01	41,416	0.75	0.8556	0.8556		120	30.27	4,607,611	5,604,960	
2008/07		0.70	0.6104	0.6104		120	30.27	4,618,447	5,639,160	
2009/01	70,038	0.70	1.3268	1.3268		120	26.81	4,709,395	5,714,040	
2009/07		0.65	0.6841	0.6841		120	26.81	4,719,604	5,753,160	
2010/01		0.65	0.8643	0.8643		120	23.73	4,719,604	5,802,840	
2010/07		0.60	0.7107	0.7107		120	23.73	4,719,604	5,844,120	
2011/01	62,231	0.60	0.9198	0.9198		120	29.59	4,795,849	5,897,880	
2011/07		0.55	0.9028	0.9028		120	29.59	4,808,660	5,951,160	
2012/01		0.55	0.3865	0.3865		120	32.81	4,814,759	5,974,200	
2012/07		0.50	0.9417	0.9417		120	32.81	4,828,284	6,030,480	



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: 3/31/2014

0 200409-00 - 2015/01

213.73

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		0.50	0.4901	0.4901		120	32.98	4,835,380	6,060,000	
2013/07		0.45	0.6196	0.6196		120	32.98	4,843,464	6,097,560	
2014/01		0.45	0.8564	0.8564		120	31.80	4,854,257	6,149,760	
2014/07		0.40	1.2383	1.2383		120	31.80	4,868,158	6,225,960	
2015/01		0.40	0.7571	0.7571		120	30.12	4,876,231	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 200409033120140401201310242014104858



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 200425-00 - 2015/01

264.97

Floridean Nursing Home, 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
47 NW 32 PLACE	1/1/2013-12/31/2013	Number of Beds: 90	Superior: 0
MIAMI, FL 33125	Days in CR 365	Maximum: 32,850	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 32,850	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 31,768	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,208	Inflation
Current Class South Small	Initial CR? False	Medicaid: 11,868	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	37.35835%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.70624%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	123.48951%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	719,603	1,065,156	906,646	300,854		2,992,259	
1a	Audit Adjustments							
2	Cost Per Diem	60.6339	89.7503	76.3942	25.3500		252.1284	
3	Cost Per Diem Inflated	63.2655	92.6677	79.7098				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	63.2655	92.6677	79.7098	25.3500		260.9930	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.8556		71.8937				
7	Provider Target Rate	63.0842		74.5265				
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	92.6677	74.5265	13.6500		243.0158	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	92.6677	74.5265	13.6500		243.0158	
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 200425-00 - 2015/01

264.97

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

Floridean Nursing Home, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,200,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,028,128 8.9066
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	757,032 0.4801
Indexed Asset Value	3,785,160	Interest Rate:	6.1423%	Insurance Cost(3):	125,317 3.9448
FRVS Base Asset:	88,069	Chase Rate:	5.1538%	Taxes Cost(3):	77,891 2.4519
Occup Adj Factor	0.9000	Amortization Rate:	6.1423%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	3,316 0.0000
		Yearly Payment:	263,325	Total FRVS PD:	15.7834

- (1) 80% Capital (\$3,028,128) amortized at 6.1423 % for 20 years Principal & Interest of \$263,325 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$8.9066
- (2) 20% ROE (\$757,032) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.4801
- (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	47	Effective PBS Limitation	1,339,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	92.6677	92.6677	1.6122	91.0555
Indirect Care	74.5265	74.5265	1.2966	73.2299
Property	13.6500	15.7834	0.2746	15.5088
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.1805
Supplemental Rate Add-on				9.9025
Totals	243.0158	245.1492	4.2650	264.9672

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 200425-00 - 2015/01

264.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	56,653	0.00				47	100.00	56,653	482,267	
1972/01		0.10	3.9787	3.0000	0.9787	47	100.00	56,823	501,443	
1972/07		0.10	5.9113	3.0000	2.9113	47	100.00	56,993	526,165	
1973/01		0.20	8.0622	3.0000	5.0622	47	100.00	57,335	553,284	
1973/07		0.20	10.7186	3.0000	7.7186	47	100.00	57,679	584,586	
1974/01		0.30	12.9457	3.0000	9.9457	47	100.00	58,198	615,136	
1974/07		0.30	13.0494	3.0000	10.0494	47	100.00	58,722	634,218	
1975/01		0.40	13.1399	3.0000	10.1399	47	100.00	59,427	653,817	
1975/07		0.40	14.2033	3.0000	11.2033	47	100.00	60,140	680,419	
1976/01		0.50	15.2478	3.0000	12.2478	47	100.00	61,042	707,914	
1976/07		0.50	15.7330	3.0000	12.7330	47	100.00	61,958	732,589	
1977/01		0.60	16.4836	3.0000	13.4836	47	100.00	63,073	760,084	
1977/07		0.60	18.5412	3.0000	15.5412	47	100.00	64,208	798,483	
1978/01		0.70	20.2809	3.0000	17.2809	47	100.00	65,556	836,365	
1978/07		0.70	22.8203	3.0000	19.8203	47	100.00	66,933	882,660	
1979/01		0.80	24.9476	3.0000	21.9476	47	100.00	68,539	927,921	
1979/07		0.80	26.1458	3.0000	23.1458	47	100.00	70,184	966,884	
1980/01		0.90	29.3115	3.0000	26.3115	47	44.07	71,702	1,026,527	
1980/07		0.90	30.1222	3.0000	27.1222	47	44.07	73,253	1,065,631	
1981/01		1.00	30.9462	3.0000	27.9462	47	36.86	74,726	1,106,380	
1981/07		1.00	30.5350	3.0000	27.5350	47	36.86	76,228	1,135,003	
1982/01		1.00	30.2110	3.0000	27.2110	47	34.96	77,682	1,165,412	
1982/07		1.00	29.5087	3.0000	26.5087	47	34.96	79,163	1,192,155	
1983/04		1.00	29.1375	3.0000	26.1375	47	33.37	80,604	1,223,504	
1983/07		1.00	30.0953	3.0000	27.0953	47	33.37	82,071	1,271,914	
1984/01		1.00	28.3905	3.0000	25.3905	47	32.36	83,520	1,288,411	
1984/07		1.00	27.3084	3.0000	24.3084	52	32.36	84,994	1,452,828	
1985/01		1.00	25.4555	3.0000	22.4555	52	33.37	86,541	1,469,468	
1985/10		1.00	23.3077	3.0000	20.3077	52	32.36	88,069	1,482,000	
1986/01		1.00	21.1376	3.0000	18.1376	52	32.36	89,623	1,494,324	



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 200425-00 - 2015/01

264.97

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		1.00	18.4350	3.0000	15.4350	51	35.88	91,377	1,462,782	
1987/01		1.00	16.4441	3.0000	13.4441	51	35.88	93,165	1,488,945	
1987/07		1.00	14.3448	3.0000	11.3448	51	31.65	94,773	1,500,573	
1988/01		1.00	12.2455	3.0000	9.2455	51	31.65	96,409	1,512,762	
1988/07		1.00	9.8354	3.0000	6.8354	52	29.85	97,979	1,541,592	
1989/01		1.00	7.4253	3.0000	4.4253	52	29.85	99,574	1,550,692	
1989/07		1.00	5.0152	3.0000	2.0152	47	31.79	101,301	1,411,081	
1990/01		1.00	2.6051	2.6051		47	31.79	102,826	1,418,178	
1990/07	1,368,795	1.00	0.5899	0.5899		47	32.94	1,471,984	1,426,544	
1991/01		1.00	0.5899	0.5899		47	32.94	1,477,184	1,434,910	
1991/07		1.00	1.4932	1.4932		52	27.99	1,488,409	1,611,272	
1992/01		0.95	2.0117	2.0117		52	27.99	1,502,885	1,643,668	
1992/07	164,061	0.95	1.8152	1.8152		52	27.58	1,679,942	1,673,516	
1993/01		0.90	1.7710	1.7710		52	27.58	1,693,369	1,703,156	
1993/07		0.90	1.5329	1.5329		52	31.85	1,706,898	1,729,260	
1994/01		0.85	1.6983	1.6983		52	31.85	1,721,167	1,758,640	
1994/07		0.85	1.5991	1.5991		60	33.06	1,735,229	2,061,660	
1995/01		0.80	1.5812	1.5812		60	33.06	1,748,423	2,094,240	
1995/07		0.80	1.5250	1.5250		60	32.73	1,761,117	2,126,160	
1996/01		0.75	1.7228	1.7228		60	32.73	1,774,659	2,162,820	
1996/07		0.75	1.3294	1.3294		60	32.65	1,785,163	2,191,560	
1997/01		0.70	1.4109	1.4109		60	32.65	1,795,629	2,222,460	
1997/07		0.70	1.0917	1.0917		60	31.62	1,803,518	2,246,700	
1998/01		0.65	1.1663	1.1663		60	31.62	1,811,378	2,272,920	
1998/07	16,644	0.65	1.0794	1.0794		60	34.95	1,836,098	2,297,460	
1999/01		0.60	1.4499	1.4499		60	34.95	1,846,248	2,330,760	
1999/07	30,038	0.60	1.2299	1.2299		60	47.61	1,888,079	2,359,440	
2000/01		0.55	1.3356	1.3356		60	47.61	1,900,085	2,390,940	
2000/07		0.55	1.1129	1.1129		60	45.07	1,909,616	2,417,520	
2001/01		0.50	1.2976	1.2976		60	45.07	1,919,769	2,448,900	



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 200425-00 - 2015/01

264.97

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		0.50	0.9615	0.9615		60	42.27	1,926,863	2,472,420	
2002/01		0.45	1.0301	1.0301		60	45.32	1,934,222	2,497,860	
2002/07		0.45	0.8337	0.8337		60	45.32	1,940,202	2,518,680	
2003/01	307,211	0.40	1.3271	1.3271		60	51.25	2,257,009	2,552,100	
2003/07		0.40	1.1664	1.1664		60	51.25	2,266,822	2,581,860	
2004/01		0.35	1.1103	1.1103		60	51.21	2,275,024	2,610,540	
2004/07		0.35	0.8378	0.8378		60	51.21	2,281,235	2,632,440	
2005/01	12,701	0.30	0.8595	0.8595		60	44.06	2,298,649	2,655,060	
2005/07		0.30	0.7364	0.7364		60	44.06	2,302,717	2,674,620	
2006/01		0.25	0.9068	0.9068		60	44.06	2,306,899	2,698,860	
2006/07		0.25	0.8133	0.8133		60	37.60	2,310,105	2,720,820	
2007/01		0.20	1.0133	1.0133		60	33.07	2,312,921	2,748,360	
2007/07		0.20	1.1050	1.1050		60	33.07	2,315,994	2,778,720	
2008/01		0.15	0.8556	0.8556		60	33.07	2,317,781	2,802,480	
2008/07		0.15	0.6104	0.6104		60	30.76	2,318,968	2,819,580	
2009/01		0.10	1.3268	1.3268		60	30.76	2,320,689	2,857,020	
2009/07		0.10	0.6841	0.6841		60	33.48	2,321,655	2,876,580	
2010/01		0.05	0.8643	0.8643		60	33.48	2,322,266	2,901,420	
2010/07	1,401,240	0.05	0.7107	0.7107		90	29.33	3,723,946	4,383,090	
2011/01		0.00	0.9198	0.9198		90	29.33	3,723,946	4,423,410	
2011/07	21,621	0.00	0.9028	0.9028		90	29.42	3,745,567	4,463,370	
2012/01		0.00	0.3865	0.3865		90	28.61	3,745,567	4,480,650	
2012/07		0.00	0.9417	0.9417		90	30.43	3,745,567	4,522,860	
2013/01		0.00	0.4901	0.4901		90	30.43	3,745,567	4,545,000	
2013/07		0.00	0.6196	0.6196		90	30.43	3,745,567	4,573,170	
2014/01		0.00	0.8564	0.8564		90	30.42	3,745,567	4,612,320	
2014/07	39,593	0.00	1.2383	1.2383		90	37.36	3,785,160	4,669,470	
2015/01		0.00	0.7571	0.7571		90	37.36	3,785,160	4,704,840	

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 200506-00 - 2015/01

248.10

Miami Jewish Health Systems

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
5200 NE 2ND AVENUE	7/1/2013-6/30/2014	Number of Beds: 438	Superior: 0
MIAMI, FL 33137	Days in CR 365	Maximum: 168,294	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 159,870	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 141,352	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 14,907	Inflation
Current Class South Large	Initial CR? False	Medicaid: 95,739	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	67.73091%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.99111%	Cost: 1.03741261
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: 1.22300000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	107.25286%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	5,482,978	10,312,282	7,012,430	1,339,389	56,069	24,203,148	
1a	Audit Adjustments							
2	Cost Per Diem	57.2701	107.7124	73.2453	13.9900	0.5856	252.8034	
3	Cost Per Diem Inflated	59.4127	110.4862	75.9856				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.4127	110.4862	75.9856	13.9900	0.5856	260.4601	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	107.7875		79.9056				
7	Provider Target Rate	111.7348		82.8318				
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	99.8648	65.5807	13.6500	0.5856	236.4230	
12/13	Medical Adjustment Rate		1.9920	1.3082				
14	Prospective Per Diem 11	56.7419	101.8568	66.8889	13.6500	0.5856	239.7232	
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 200506-00 - 2015/01

248.10

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

Miami Jewish Health Systems

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	
	9,999,999.00	Fixed	80% Capital(1):	21,080,964	13.0475
		False	20% ROE(2):	5,270,241	0.8318
		6.4410%	Insurance Cost(3):	56,673	0.4009
		13.0000%	Taxes Cost(3):	4,741	0.0335
		6.4410%	Home Office(3):	0	0.0000
		False	Replacement(3&4):	412,257	0.0000
		1,877,311	Total FRVS PD:		14.3137

- (1) 80% Capital (\$21,080,964) amortized at 6.4410 % for 20 years Principal & Interest of \$1,877,311 divided by annual available days (159870) divided by Occup. Adj. (0.90) = \$13.0475
- (2) 20% ROE (\$5,270,241) times the ROE factor (0.022710) divided by annual available days (159870) divided by Occup. Adj. (0.90) = \$0.8318
- (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	332	Effective PBS Limitation	9,462,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	101.8568	101.8568	1.7721	100.0847
Indirect Care	66.8889	66.8889	1.1637	65.7252
Property	13.6500	14.3137	0.2375	13.4125
ROE	0.5856		0.0102	0.5754
ROE Adjustment				
Quality Assess-Medicaid Share				2.6418
Supplemental Rate Add-on				9.9025
Totals	239.7232	239.8013	4.1707	248.0968

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 200506-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	2,580,387	0.00				332	100.00	2,580,387	3,406,652	
1972/01		0.10	3.9787	3.0000	0.9787	332	100.00	2,588,128	3,542,108	
1972/07		0.10	5.9113	3.0000	2.9113	332	100.00	2,595,892	3,716,740	
1973/01		0.20	8.0622	3.0000	5.0622	332	100.00	2,611,467	3,908,304	
1973/07		0.20	10.7186	3.0000	7.7186	332	100.00	2,627,136	4,129,416	
1974/01		0.30	12.9457	3.0000	9.9457	332	100.00	2,650,780	4,345,216	
1974/07		0.30	13.0494	3.0000	10.0494	332	100.00	2,674,637	4,480,008	
1975/01		0.40	13.1399	3.0000	10.1399	332	100.00	2,706,733	4,618,452	
1975/07		0.40	14.2033	3.0000	11.2033	332	100.00	2,739,214	4,806,364	
1976/01		0.50	15.2478	3.0000	12.2478	332	100.00	2,780,302	5,000,584	
1976/07		0.50	15.7330	3.0000	12.7330	332	100.00	2,822,007	5,174,884	
1977/01	3,181,051	0.60	16.4836	3.0000	13.4836	332	100.00	6,053,854	5,369,104	
1977/07		0.60	18.5412	3.0000	15.5412	332	100.00	6,162,823	5,640,348	
1978/01		0.70	20.2809	3.0000	17.2809	332	100.00	6,292,242	5,907,940	
1978/07		0.70	22.8203	3.0000	19.8203	332	100.00	6,424,379	6,234,960	
1979/01		0.80	24.9476	3.0000	21.9476	332	100.00	6,578,564	6,554,676	
1979/07		0.80	26.1458	3.0000	23.1458	332	100.00	6,736,450	6,829,904	
1980/01	396,847	0.90	29.3115	3.0000	26.3115	332	51.84	7,304,731	7,251,212	
1980/07		0.90	30.1222	3.0000	27.1222	332	51.84	7,490,627	7,527,436	
1981/01		1.00	30.9462	3.0000	27.9462	332	52.10	7,703,497	7,815,280	
1981/07		1.00	30.5350	3.0000	27.5350	332	52.10	7,922,416	8,017,468	
1982/01		1.00	30.2110	3.0000	27.2110	332	51.87	8,146,563	8,232,272	
1982/07		1.00	29.5087	3.0000	26.5087	332	98.70	8,390,960	8,421,180	
1983/04		1.00	29.1375	3.0000	26.1375	332	98.70	8,642,689	8,642,624	
1983/07		1.00	30.0953	3.0000	27.0953	332	54.76	8,900,838	8,984,584	
1984/01		1.00	28.3905	3.0000	25.3905	332	54.76	9,166,698	9,101,116	
1984/07		1.00	27.3084	3.0000	24.3084	332	54.76	9,440,499	9,275,748	
1985/01		1.00	25.4555	3.0000	22.4555	332	54.76	9,722,478	9,381,988	
1985/10		1.00	23.3077	3.0000	20.3077	332	59.92	9,462,000	9,462,000	1
1986/01	3,477,000	1.00	21.1376	3.0000	18.1376	454	61.65	13,222,860	13,046,598	



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 200506-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	454	61.65	13,619,546	13,021,628	
1987/01		1.00	16.4441	3.0000	13.4441	454	59.35	14,028,132	13,254,530	
1987/07		1.00	14.3448	3.0000	11.3448	454	59.35	14,448,976	13,358,042	
1988/01	309,929	1.00	12.2455	3.0000	9.2455	454	56.94	15,192,374	13,466,548	
1988/07		1.00	9.8354	3.0000	6.8354	454	56.94	15,648,145	13,459,284	
1989/01	4,605,047	1.00	7.4253	3.0000	4.4253	454	63.42	20,722,636	13,538,734	
1989/07		1.00	5.0152	3.0000	2.0152	454	63.42	21,344,315	13,630,442	
1990/01		1.00	2.6051	2.6051		454	60.36	21,900,356	13,698,996	
1990/07		1.00	0.5899	0.5899		454	60.36	22,029,546	13,779,808	
1991/01	64,497	1.00	0.5899	0.5899		454	60.20	22,223,995	13,860,620	
1991/07		1.00	1.4932	1.4932		454	60.20	22,555,844	14,067,644	
1992/01		0.95	2.0117	2.0117		454	60.20	22,986,909	14,350,486	
1992/07	274,397	0.95	1.8152	1.8152		454	62.00	23,657,692	14,611,082	
1993/01	135,449	0.90	1.7710	1.7710		454	62.95	24,170,221	14,869,862	
1993/07		0.90	1.5329	1.5329		454	62.95	24,503,673	15,097,770	
1994/01		0.85	1.6983	1.6983		454	62.95	24,857,408	15,354,280	
1994/07	185,173	0.85	1.5991	1.5991		454	67.14	25,380,443	15,599,894	
1995/01		0.80	1.5812	1.5812		462	66.95	25,701,506	16,125,648	
1995/07		0.80	1.5250	1.5250		462	66.95	26,015,064	16,371,432	
1996/01		0.75	1.7228	1.7228		462	65.87	26,351,205	16,653,714	
1996/07		0.75	1.3294	1.3294		462	65.87	26,351,205	16,875,012	3
1997/01		0.70	1.4109	1.4109		462	67.15	26,351,205	17,112,942	3
1997/07		0.70	1.0917	1.0917		462	67.15	26,351,205	17,299,590	3
1998/01		0.65	1.1663	1.1663		462	67.68	26,351,205	17,501,484	3
1998/07		0.65	1.0794	1.0794		462	67.68	26,351,205	17,690,442	3
1999/01		0.60	1.4499	1.4499		462	67.17	26,351,205	17,946,852	3
1999/07		0.60	1.2299	1.2299		462	67.17	26,351,205	18,167,688	3
2000/01		0.55	1.3356	1.3356		462	69.90	26,351,205	18,410,238	3
2000/07		0.55	1.1129	1.1129		462	69.90	26,351,205	18,614,904	3
2001/01		0.50	1.2976	1.2976		462	71.58	26,351,205	18,856,530	3



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 200506-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		462	71.58	26,351,205	19,037,634	3
2002/01		0.45	1.0301	1.0301		462	72.47	26,351,205	19,233,522	3
2002/07		0.45	0.8337	0.8337		462	72.47	26,351,205	19,393,836	3
2003/01		0.40	1.3271	1.3271		462	72.50	26,351,205	19,651,170	3
2003/07		0.40	1.1664	1.1664		462	72.50	26,351,205	19,880,322	3
2004/01		0.35	1.1103	1.1103		462	72.50	26,351,205	20,101,158	3
2004/07		0.35	0.8378	0.8378		462	72.91	26,351,205	20,269,788	3
2005/01		0.30	0.8595	0.8595		462	72.91	26,351,205	20,443,962	3
2005/07		0.30	0.7364	0.7364		462	69.65	26,351,205	20,594,574	3
2006/01		0.25	0.9068	0.9068		462	68.06	26,351,205	20,781,222	3
2006/07		0.25	0.8133	0.8133		462	68.06	26,351,205	20,950,314	3
2007/01		0.20	1.0133	1.0133		462	68.06	26,351,205	21,162,372	3
2007/07		0.20	1.1050	1.1050		462	66.45	26,351,205	21,396,144	3
2008/01		0.15	0.8556	0.8556		462	59.44	26,351,205	21,579,096	3
2008/07		0.15	0.6104	0.6104		462	59.44	26,351,205	21,710,766	3
2009/01		0.10	1.3268	1.3268		462	59.44	26,351,205	21,999,054	3
2009/07		0.10	0.6841	0.6841		462	57.61	26,351,205	22,149,666	3
2010/01		0.05	0.8643	0.8643		462	57.61	26,351,205	22,340,934	3
2010/07	90,814	0.05	0.7107	0.7107		462	59.25	26,351,205	22,499,862	3
2011/01		0.00	0.9198	0.9198		462	59.25	26,351,205	22,706,838	3
2011/07		0.00	0.9028	0.9028		462	59.54	26,351,205	22,911,966	3
2012/01		0.00	0.3865	0.3865		462	59.54	26,351,205	23,000,670	3
2012/07		0.00	0.9417	0.9417		462	57.91	26,351,205	23,217,348	3
2013/01		0.00	0.4901	0.4901		462	61.18	26,351,205	23,331,000	3
2013/07		0.00	0.6196	0.6196		462	61.18	26,351,205	23,475,606	3
2014/01		0.00	0.8564	0.8564		462	63.03	26,351,205	23,676,576	3
2014/07		0.00	1.2383	1.2383		462	63.03	26,351,205	23,969,946	3
2015/01	88,743	0.00	0.7571	0.7571		438	67.73	26,351,205	22,896,888	3

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
3 Index Cost Limitation - January 1996 |
|---|



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 200620-00 - 2015/01

241.73

Pines Nursing Home

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
301 NE 141 STREET	1/1/2013-12/31/2013	Number of Beds: 46	Superior: 0
MIAMI, FL 33161	Days in CR 365	Maximum: 16,790	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 16,790	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 15,998	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 306	Inflation
Current Class South Small	Initial CR? False	Medicaid: 14,260	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	89.13614%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.28291%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1978	Low Occupancy Adjustment Factor:	121.67198%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1978	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	856,456	1,056,967	774,925	189,230		2,877,578	
1a	Audit Adjustments							
2	Cost Per Diem	60.0600	74.1211	54.3426	13.2700		201.7937	
3	Cost Per Diem Inflated	62.6667	76.5305	56.7011				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.6667	76.5305	56.7011	13.2700		209.1683	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.3876		97.1482				
7	Provider Target Rate	74.0019		100.7059				
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	76.5305	56.7011	13.2700		208.6732	
12/13	Medical Adjustment Rate		3.3695	2.4964				
14	Prospective Per Diem 11	62.1716	79.9000	59.1975	13.2700		214.5391	
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 200620-00 - 2015/01

241.73

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

Pines Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	315,414.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	751,958	6.1868
RS to Start Calcs:	1978/01	<60% of Base:	True	20% ROE(2):	187,989	0.2333
Indexed Asset Value	939,947	Interest Rate:	8.0000%	Insurance Cost(3):	18,306	1.1443
FRVS Base Asset:	533,635	Chase Rate:	12.5000%	Taxes Cost(3):	7,292	0.4558
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	15,060	0.0000
		Yearly Payment:	93,489	Total FRVS PD:		8.0202

(1) 80% Capital (\$751,958) amortized at 12.5000 % for 20 years Interest of \$93,489 divided by annual available days (16790) divided by Occup. Adj. (0.90) = \$6.1868

(2) 20% ROE (\$187,989) times the ROE factor (0.018750) divided by annual available days (16790) divided by Occup. Adj. (0.90) = \$0.2333

(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 46	Effective PBS Limitation	1,311,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	79.9000	79.9000	1.3901	78.5099
Indirect Care	59.1975	59.1975	1.0299	58.1676
Property	13.2700	8.0202	0.1395	7.8807
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.1823
Supplemental Rate Add-on				9.9025
Totals	214.5391	209.2893	3.6411	241.7330

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 200620-00 - 2015/01

241.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/01	443,824	0.00	4.7397	3.0000	1.7397	46	100.00	443,824	818,570	
1978/07		0.10	7.2791	3.0000	4.2791	46	100.00	445,155	863,880	
1979/01		0.10	9.4064	3.0000	6.4064	46	100.00	446,490	908,178	
1979/07		0.20	10.6046	3.0000	7.6046	46	100.00	449,169	946,312	
1980/01		0.20	13.7703	3.0000	10.7703	46	40.75	451,166	1,004,686	
1980/07		0.30	14.5810	3.0000	11.5810	46	40.75	454,174	1,042,958	
1981/01		0.30	15.4050	3.0000	12.4050	46	48.85	457,805	1,082,840	
1981/07		0.40	14.9938	3.0000	11.9938	46	48.85	462,684	1,110,854	
1982/01		0.40	14.6698	3.0000	11.6698	46	55.49	468,236	1,140,616	
1982/07		0.50	13.9675	3.0000	10.9675	46	95.20	475,260	1,166,790	
1983/04		0.50	13.5963	3.0000	10.5963	46	95.20	482,389	1,197,472	
1983/07		0.60	14.5541	3.0000	11.5541	46	55.05	491,072	1,244,852	
1984/01		0.60	12.8493	3.0000	9.8493	46	58.35	499,911	1,260,998	
1984/07		0.70	11.7672	3.0000	8.7672	46	100.00	510,409	1,285,194	
1985/01		0.70	9.9143	3.0000	6.9143	46	100.00	521,128	1,299,914	
1985/10		0.80	7.7665	3.0000	4.7665	46	100.00	533,635	1,311,000	
1986/01		0.80	5.5964	3.0000	2.5964	46	56.07	546,442	1,321,902	
1986/07		0.90	2.8938	2.8938		46	100.00	560,674	1,319,372	
1987/01		0.90	1.0091	1.0091		46	100.00	565,766	1,342,970	
1987/07		1.00	0.9007	0.9007		46	70.37	570,862	1,353,458	
1988/01		1.00	0.9007	0.9007		46	70.37	576,004	1,364,452	
1988/07		1.00	0.5899	0.5899		46	75.81	579,402	1,363,716	
1989/01		1.00	0.5899	0.5899		46	75.81	582,820	1,371,766	
1989/07		1.00	0.5899	0.5899		46	82.65	586,258	1,381,058	
1990/01		1.00	0.5899	0.5899		46	82.65	586,258	1,388,004	5
1990/07		1.00	0.5899	0.5899		46	84.34	589,716	1,396,192	5
1991/01		1.00	0.5899	0.5899		46	84.34	596,694	1,404,380	
1991/07		1.00	1.4932	1.4932		46	83.95	605,604	1,425,356	
1992/01		1.00	2.0117	2.0117		46	83.95	617,787	1,454,014	
1992/07		1.00	1.8152	1.8152		46	85.70	629,001	1,480,418	



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 200620-00 - 2015/01

241.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01		1.00	1.7710	1.7710		46	85.70	640,141	1,506,638	
1993/07		1.00	1.5329	1.5329		46	92.15	649,954	1,529,730	
1994/01		1.00	1.6983	1.6983		46	92.15	660,992	1,555,720	
1994/07		1.00	1.5991	1.5991		46	89.38	671,562	1,580,606	
1995/01		1.00	1.5812	1.5812		46	89.38	682,181	1,605,584	
1995/07		1.00	1.5250	1.5250		46	89.84	692,584	1,630,056	
1996/01		1.00	1.7228	1.7228		46	89.84	704,516	1,658,162	
1996/07		1.00	1.3294	1.3294		46	88.14	713,882	1,680,196	
1997/01		1.00	1.4109	1.4109		46	88.14	723,954	1,703,886	
1997/07		1.00	1.0917	1.0917		46	95.16	731,857	1,722,470	
1998/01		1.00	1.1663	1.1663		46	95.16	740,393	1,742,572	
1998/07		0.95	1.0794	1.0794		46	95.72	747,985	1,761,386	
1999/01		0.95	1.4499	1.4499		46	95.72	758,288	1,786,916	
1999/07		0.90	1.2299	1.2299		46	96.94	766,681	1,808,904	
2000/01		0.90	1.3356	1.3356		46	96.94	775,897	1,833,054	
2000/07		0.85	1.1129	1.1129		46	90.24	783,237	1,853,432	
2001/01		0.85	1.2976	1.2976		46	90.24	791,876	1,877,490	
2001/07		0.80	0.9615	0.9615		46	79.41	797,967	1,895,522	
2002/01		0.80	1.0301	1.0301		46	79.41	804,543	1,915,026	
2002/07		0.75	0.8337	0.8337		46	79.41	809,574	1,930,988	
2003/01		0.75	1.3271	1.3271		46	82.05	817,632	1,956,610	
2003/07		0.70	1.1664	1.1664		46	80.32	824,308	1,979,426	
2004/01		0.70	1.1103	1.1103		46	80.32	830,715	2,001,414	
2004/07		0.65	0.8378	0.8378		46	78.98	835,239	2,018,204	
2005/01		0.65	0.8595	0.8595		46	78.98	839,905	2,035,546	
2005/07		0.60	0.7364	0.7364		46	78.68	843,616	2,050,542	
2006/01		0.60	0.9068	0.9068		46	78.68	848,206	2,069,126	
2006/07		0.55	0.8133	0.8133		46	85.82	852,000	2,085,962	
2007/01		0.55	1.0133	1.0133		46	85.82	856,748	2,107,076	
2007/07	13,200	0.50	1.1050	1.1050		46	85.42	874,682	2,130,352	



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 200620-00 - 2015/01

241.73

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		0.50	0.8556	0.8556		46	85.42	878,424	2,148,568	
2008/07		0.45	0.6104	0.6104		46	85.42	880,837	2,161,678	
2009/01		0.45	1.3268	1.3268		46	81.81	886,096	2,190,382	
2009/07		0.40	0.6841	0.6841		46	81.81	888,520	2,205,378	
2010/01	13,801	0.40	0.8643	0.8643		46	85.11	905,393	2,224,422	
2010/07		0.35	0.7107	0.7107		46	85.11	907,645	2,240,246	
2011/01		0.35	0.9198	0.9198		46	89.77	910,567	2,260,854	
2011/07		0.30	0.9028	0.9028		46	89.77	913,033	2,281,278	
2012/01	16,952	0.30	0.3865	0.3865		46	82.05	931,044	2,290,110	
2012/07		0.25	0.9417	0.9417		46	81.04	933,236	2,311,684	
2013/01		0.25	0.4901	0.4901		46	81.04	934,379	2,323,000	
2013/07		0.20	0.6196	0.6196		46	81.04	935,537	2,337,398	
2014/01		0.20	0.8564	0.8564		46	88.42	937,140	2,357,408	
2014/07		0.15	1.2383	1.2383		46	88.42	938,880	2,386,618	
2015/01		0.15	0.7571	0.7571		46	89.14	939,947	2,404,696	

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 200735-00 - 2015/01

235.49

All Saints Catholic Nursing Home & R.C. Inc.

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
5888 BLANDING BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32244	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 42,341	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 2,375	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,559	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	62.72644%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.66895%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	123.44189%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	1,061,917	2,679,387	1,286,528	234,782		5,262,614	
1a	Audit Adjustments							
2	Cost Per Diem	39.9833	100.8843	48.4404	8.8400		198.1480	
3	Cost Per Diem Inflated	41.7186	104.1637	50.5428				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.7186	104.1637	50.5428	8.8400		205.2651	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	44.2609		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	41.7186	96.4319	50.5428	8.8400		197.5333	
12/13	Medical Adjustment Rate		1.3806	0.7236				
14	Prospective Per Diem 11	41.7186	97.8125	51.2664	8.8400		199.6375	
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 200735-00 - 2015/01

235.49

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

All Saints Catholic Nursing Home & R.C. Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,750,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,593,486 11.6961
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,148,371 0.5462
Indexed Asset Value	5,741,857	Interest Rate:	8.0000%	Insurance Cost(3):	25,386 0.5996
FRVS Base Asset:	1,411,227	Chase Rate:	6.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.0000%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	1,790,158 0.0000
		Yearly Payment:	461,061	Total FRVS PD:	12.8419

- (1) 80% Capital (\$4,593,486) amortized at 8.0000 % for 20 years Principal & Interest of \$461,061 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.6961
- (2) 20% ROE (\$1,148,371) 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:	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	41.7186	41.7186	0.7258	40.9928
Direct Care	97.8125	97.8125	1.7017	96.1108
Indirect Care	51.2664	51.2664	0.8919	50.3745
Property	8.8400	12.8419	0.2234	12.6185
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.4861
Supplemental Rate Add-on				9.9025
Totals	199.6375	203.6394	3.5428	235.4852

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 200735-00 - 2015/01

235.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	789,752	0.00				60	100.00	789,752	615,660	
1972/01		0.10	3.9787	3.0000	0.9787	60	100.00	792,121	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	794,497	671,700	
1973/01		0.20	8.0622	3.0000	5.0622	60	100.00	799,264	706,320	
1973/07	18,000	0.20	10.7186	3.0000	7.7186	60	100.00	822,060	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	829,459	785,280	
1974/07	3,470	0.30	13.0494	3.0000	10.0494	60	100.00	840,394	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	850,479	834,660	
1975/07		0.40	14.2033	3.0000	11.2033	60	100.00	860,685	868,620	
1976/01		0.50	15.2478	3.0000	12.2478	60	100.00	873,595	903,720	
1976/07	5,887	0.50	15.7330	3.0000	12.7330	60	100.00	892,586	935,220	
1977/01	3,162	0.60	16.4836	3.0000	13.4836	60	100.00	911,815	970,320	
1977/07	230	0.60	18.5412	3.0000	15.5412	60	100.00	928,458	1,019,340	
1978/01	565	0.70	20.2809	3.0000	17.2809	60	100.00	948,521	1,067,700	
1978/07	1,000	0.70	22.8203	3.0000	19.8203	60	100.00	969,440	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	992,707	1,184,580	
1979/07		0.80	26.1458	3.0000	23.1458	60	100.00	1,016,532	1,234,320	
1980/01		0.90	29.3115	3.0000	26.3115	60	40.03	1,036,508	1,310,460	
1980/07		0.90	30.1222	3.0000	27.1222	60	40.03	1,056,877	1,360,380	
1981/01		1.00	30.9462	3.0000	27.9462	60	44.02	1,082,254	1,412,400	
1981/07	3,290	1.00	30.5350	3.0000	27.5350	60	44.02	1,111,530	1,448,940	
1982/01	5,500	1.00	30.2110	3.0000	27.2110	60	50.39	1,147,581	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	57	100.00	1,182,008	1,445,805	
1983/04	14,455	1.00	29.1375	3.0000	26.1375	57	100.00	1,231,923	1,483,824	
1983/07		1.00	30.0953	3.0000	27.0953	60	49.34	1,265,077	1,623,720	
1984/01	875	1.00	28.3905	3.0000	25.3905	60	51.63	1,301,579	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	49.34	1,336,608	1,676,340	
1985/01		1.00	25.4555	3.0000	22.4555	60	49.34	1,372,580	1,695,540	
1985/10		1.00	23.3077	3.0000	20.3077	60	51.62	1,411,227	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	51.62	1,450,962	1,724,220	



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 200735-00 - 2015/01

235.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	60	49.11	1,489,829	1,720,920	
1987/01		1.00	16.4441	3.0000	13.4441	60	49.11	1,529,737	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	43.61	1,566,125	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	43.61	1,603,379	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	41.90	1,640,023	1,778,760	
1989/01		1.00	7.4253	3.0000	4.4253	60	41.90	1,677,505	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	39.29	1,713,455	1,801,380	
1990/01		1.00	2.6051	2.6051		60	39.29	1,745,342	1,810,440	
1990/07	13,790	1.00	0.5899	0.5899		60	42.26	1,767,043	1,821,120	
1991/01		1.00	0.5899	0.5899		60	42.26	1,775,052	1,831,800	
1991/07	17,620	1.00	1.4932	1.4932		120	40.66	1,812,266	3,718,320	
1992/01	1,953,547	0.95	2.0117	2.0117		120	40.66	3,791,417	3,793,080	
1992/07		0.95	1.8152	1.8152		120	45.09	3,845,016	3,861,960	
1993/01		0.90	1.7710	1.7710		120	45.09	3,895,259	3,930,360	
1993/07		0.90	1.5329	1.5329		120	69.07	3,948,998	3,990,600	
1994/01		0.85	1.6983	1.6983		120	69.07	4,006,006	4,058,400	
1994/07	19,311	0.85	1.5991	1.5991		120	60.08	4,079,767	4,123,320	
1995/01		0.80	1.5812	1.5812		120	60.08	4,131,376	4,188,480	
1995/07	34,580	0.80	1.5250	1.5250		120	60.62	4,216,359	4,252,320	
1996/01		0.75	1.7228	1.7228		120	60.62	4,270,839	4,325,640	
1996/07	64,172	0.75	1.3294	1.3294		120	57.30	4,377,596	4,383,120	
1997/01		0.70	1.4109	1.4109		120	57.30	4,420,829	4,444,920	
1997/07	46,038	0.70	1.0917	1.0917		120	57.52	4,493,400	4,493,400	8
1998/01		0.65	1.1663	1.1663		120	57.52	4,527,464	4,545,840	
1998/07	99,850	0.65	1.0794	1.0794		120	64.70	4,594,920	4,594,920	8
1999/01		0.60	1.4499	1.4499		120	64.70	4,634,891	4,661,520	
1999/07	36,859	0.60	1.2299	1.2299		120	60.82	4,705,951	4,718,880	
2000/01		0.55	1.3356	1.3356		120	60.82	4,740,521	4,781,880	
2000/07	77,159	0.55	1.1129	1.1129		120	58.72	4,835,040	4,835,040	8
2001/01		0.50	1.2976	1.2976		120	58.72	4,866,410	4,897,800	



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 200735-00 - 2015/01

235.49

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	208,509	0.50	0.9615	0.9615		120	55.11	4,944,840	4,944,840	8
2002/01		0.45	1.0301	1.0301		120	55.11	4,967,759	4,995,720	
2002/07	205,215	0.45	0.8337	0.8337		120	59.24	5,037,360	5,037,360	8
2003/01		0.40	1.3271	1.3271		120	59.24	5,064,098	5,104,200	
2003/07	134,021	0.40	1.1664	1.1664		120	62.32	5,163,720	5,163,720	8
2004/01		0.35	1.1103	1.1103		120	62.32	5,183,786	5,221,080	
2004/07	36,993	0.35	0.8378	0.8378		120	60.53	5,235,978	5,264,880	
2005/01		0.30	0.8595	0.8595		120	60.53	5,249,482	5,310,120	
2005/07	56,550	0.30	0.7364	0.7364		120	54.80	5,317,586	5,349,240	
2006/01		0.25	0.9068	0.9068		120	54.80	5,329,597	5,397,720	
2006/07		0.25	0.8133	0.8133		120	54.80	5,340,393	5,441,640	
2007/01	45,803	0.20	1.0133	1.0133		120	54.43	5,396,909	5,496,720	
2007/07	113,960	0.20	1.1050	1.1050		120	55.22	5,522,796	5,557,440	
2008/01		0.15	0.8556	0.8556		120	55.22	5,529,882	5,604,960	
2008/07	37,485	0.15	0.6104	0.6104		120	54.03	5,572,343	5,639,160	
2009/01		0.10	1.3268	1.3268		120	54.03	5,579,607	5,714,040	
2009/07		0.10	0.6841	0.6841		120	54.03	5,583,356	5,753,160	
2010/01	26,242	0.05	0.8643	0.8643		120	54.11	5,611,971	5,802,840	
2010/07	40,527	0.05	0.7107	0.7107		120	64.28	5,654,490	5,844,120	
2011/01		0.00	0.9198	0.9198		120	64.28	5,654,490	5,897,880	
2011/07	21,123	0.00	0.9028	0.9028		120	61.47	5,675,613	5,951,160	
2012/01		0.00	0.3865	0.3865		120	61.47	5,675,613	5,974,200	
2012/07	44,528	0.00	0.9417	0.9417		120	62.10	5,720,141	6,030,480	
2013/01		0.00	0.4901	0.4901		120	62.10	5,720,141	6,060,000	
2013/07	21,716	0.00	0.6196	0.6196		120	63.64	5,741,857	6,097,560	
2014/01		0.00	0.8564	0.8564		120	63.64	5,741,857	6,149,760	
2014/07		0.00	1.2383	1.2383		120	62.73	5,741,857	6,225,960	
2015/01		0.00	0.7571	0.7571		120	62.73	5,741,857	6,273,120	

Message Code:

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 200859-00 - 2015/01

257.86

River Garden Hebrew Home

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
11401 OLD SAINT AUGUSTINE RD	1/1/2013-12/31/2013	Number of Beds: 180	Superior: 243
JACKSONVILLE, FL 32258-1402	Days in CR 365	Maximum: 65,700	Standard: 0
County: Duval [16]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 63,021	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,284	Inflation
Current Class North Large	Initial CR? False	Medicaid: 36,900	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	58.55191%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.92237%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	122.48854%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	2,017,695	3,705,161	2,261,711	502,209		8,486,776	
1a	Audit Adjustments							
2	Cost Per Diem	54.6801	100.4109	61.2930	13.6100		229.9940	
3	Cost Per Diem Inflated	57.0533	103.6749	63.9532				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.0533	103.6749	63.9532	13.6100		238.2914	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	72.4936		71.3438				
7	Provider Target Rate	75.1484		73.9565				
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	96.4319	61.6580	13.6100		223.2677	
12/13	Medical Adjustment Rate		0.9278	0.5932				
14	Prospective Per Diem 11	51.5678	97.3597	62.2512	13.6100		224.7887	
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 200859-00 - 2015/01

257.86

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

River Garden Hebrew Home

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):	7,345,274	15.4443
Indexed Asset Value	9,181,593	<60% of Base:	True	20% ROE(2):	1,836,319	0.5823
FRVS Base Asset:	5,372,016	Interest Rate:	12.5000%	Insurance Cost(3):	160,683	2.5497
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0	0.0000
ROE Factor	0.018750	Amortization Rate:	12.5000%	Home Office(3):	5,543	0.0880
		Interest Only:	True	Replacement(3&4):	47,057	0.0000
		Yearly Payment:	913,219	Total FRVS PD:		18.6643

- (1) 80% Capital (\$7,345,274) amortized at 12.5000 % for 20 years Interest of \$913,219 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$15.4443
- (2) 20% ROE (\$1,836,319) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5823
- (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	51.5678	51.5678	0.8972	50.6706
Direct Care	97.3597	97.3597	1.6938	95.6659
Indirect Care	62.2512	62.2512	1.0830	61.1682
Property	13.6100	18.6643	0.3247	18.3396
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1105
Supplemental Rate Add-on				9.9025
Totals	224.7887	229.8430	3.9987	257.8573

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 200859-00 - 2015/01

257.86

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	2,867,949	0.00				192	100.00	2,867,949	1,970,112	
1972/01		0.10	3.9787	3.0000	0.9787	192	100.00	2,876,553	2,048,448	
1972/07		0.10	5.9113	3.0000	2.9113	192	100.00	2,885,183	2,149,440	
1973/01		0.20	8.0622	3.0000	5.0622	192	100.00	2,902,494	2,260,224	
1973/07		0.20	10.7186	3.0000	7.7186	192	100.00	2,919,909	2,388,096	
1974/01		0.30	12.9457	3.0000	9.9457	192	100.00	2,946,188	2,512,896	
1974/07		0.30	13.0494	3.0000	10.0494	192	100.00	2,972,704	2,590,848	
1975/01		0.40	13.1399	3.0000	10.1399	192	100.00	3,008,376	2,670,912	
1975/07		0.40	14.2033	3.0000	11.2033	192	100.00	3,044,477	2,779,584	
1976/01		0.50	15.2478	3.0000	12.2478	192	100.00	3,090,144	2,891,904	
1976/07		0.50	15.7330	3.0000	12.7330	192	100.00	3,136,496	2,992,704	
1977/01	70,700	0.60	16.4836	3.0000	13.4836	192	100.00	3,263,653	3,105,024	
1977/07		0.60	18.5412	3.0000	15.5412	192	100.00	3,322,399	3,261,888	
1978/01		0.70	20.2809	3.0000	17.2809	192	100.00	3,392,169	3,416,640	
1978/07		0.70	22.8203	3.0000	19.8203	192	100.00	3,463,405	3,605,760	
1979/01		0.80	24.9476	3.0000	21.9476	192	100.00	3,546,527	3,790,656	
1979/07		0.80	26.1458	3.0000	23.1458	192	100.00	3,631,644	3,949,824	
1980/01		0.90	29.3115	3.0000	26.3115	192	56.51	3,729,698	4,193,472	
1980/07		0.90	30.1222	3.0000	27.1222	192	56.51	3,830,400	4,353,216	
1981/01		1.00	30.9462	3.0000	27.9462	192	56.33	3,945,312	4,519,680	
1981/07		1.00	30.5350	3.0000	27.5350	192	56.33	4,063,671	4,636,608	
1982/01		1.00	30.2110	3.0000	27.2110	192	55.12	4,185,581	4,760,832	
1982/07		1.00	29.5087	3.0000	26.5087	192	55.12	4,311,148	4,870,080	
1983/04	195,626	1.00	29.1375	3.0000	26.1375	192	55.12	4,636,108	4,998,144	
1983/07		1.00	30.0953	3.0000	27.0953	192	55.12	4,775,191	5,195,904	
1984/01		1.00	28.3905	3.0000	25.3905	192	55.12	4,918,447	5,263,296	
1984/07		1.00	27.3084	3.0000	24.3084	192	54.90	5,065,732	5,364,288	
1985/01		1.00	25.4555	3.0000	22.4555	192	54.90	5,217,428	5,425,728	
1985/10		1.00	23.3077	3.0000	20.3077	192	54.32	5,372,016	5,472,000	
1986/01		1.00	21.1376	3.0000	18.1376	192	54.32	5,531,184	5,517,504	



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 200859-00 - 2015/01

257.86

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	192	53.24	5,691,810	5,506,944	
1987/01		1.00	16.4441	3.0000	13.4441	192	53.24	5,857,100	5,605,440	
1987/07		1.00	14.3448	3.0000	11.3448	192	53.85	6,029,139	5,649,216	
1988/01		1.00	12.2455	3.0000	9.2455	192	53.85	6,206,231	5,695,104	
1988/07	45,014	1.00	9.8354	3.0000	6.8354	192	54.41	6,435,435	5,692,032	
1989/01		1.00	7.4253	3.0000	4.4253	192	54.41	6,626,427	5,725,632	
1989/07	62,070	1.00	5.0152	3.0000	2.0152	192	51.60	6,875,001	5,764,416	
1990/01		1.00	2.6051	2.6051		192	51.60	7,043,030	5,793,408	
1990/07		1.00	0.5899	0.5899		192	51.60	7,082,008	5,827,584	
1991/01		1.00	0.5899	0.5899		192	50.18	7,120,124	5,861,760	
1991/07		1.00	1.4932	1.4932		192	57.36	7,226,442	5,949,312	
1992/01		0.95	2.0117	2.0117		192	57.36	7,364,547	6,068,928	
1992/07		0.95	1.8152	1.8152		180	63.88	7,491,541	5,792,940	
1993/01		0.90	1.7710	1.7710		180	63.88	7,610,949	5,895,540	
1993/07		0.90	1.5329	1.5329		192	65.27	7,715,950	6,384,960	
1994/01		0.85	1.6983	1.6983		192	65.27	7,827,337	6,493,440	
1994/07		0.85	1.5991	1.5991		192	64.98	7,933,726	6,597,312	
1995/01		0.80	1.5812	1.5812		192	64.98	8,034,088	6,701,568	
1995/07		0.80	1.5250	1.5250		192	65.59	8,132,104	6,803,712	
1996/01		0.75	1.7228	1.7228		192	65.59	8,237,179	6,921,024	
1996/07		0.75	1.3294	1.3294		192	64.87	8,237,179	7,012,992	3
1997/01		0.70	1.4109	1.4109		192	64.87	8,237,179	7,111,872	3
1997/07		0.70	1.0917	1.0917		192	63.30	8,237,179	7,189,440	3
1998/01		0.65	1.1663	1.1663		192	63.30	8,237,179	7,273,344	3
1998/07		0.65	1.0794	1.0794		192	65.12	8,237,179	7,351,872	3
1999/01		0.60	1.4499	1.4499		192	65.12	8,237,179	7,458,432	3
1999/07		0.60	1.2299	1.2299		192	59.90	8,237,179	7,550,208	3
2000/01		0.55	1.3356	1.3356		192	59.90	8,237,179	7,651,008	3
2000/07	53,821	0.55	1.1129	1.1129		180	60.37	8,237,179	7,252,560	3
2001/01		0.50	1.2976	1.2976		180	60.37	8,237,179	7,346,700	3



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 200859-00 - 2015/01

257.86

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	61.07	8,237,179	7,417,260	3
2002/01	23,835	0.45	1.0301	1.0301		180	60.84	8,237,179	7,493,580	3
2002/07		0.45	0.8337	0.8337		180	60.84	8,237,179	7,556,040	3
2003/01		0.40	1.3271	1.3271		180	62.80	8,237,179	7,656,300	3
2003/07		0.40	1.1664	1.1664		180	62.80	8,237,179	7,745,580	3
2004/01	64,421	0.35	1.1103	1.1103		180	63.71	8,237,179	7,831,620	3
2004/07		0.35	0.8378	0.8378		180	63.71	8,237,179	7,897,320	3
2005/01	120,520	0.30	0.8595	0.8595		180	59.91	8,237,179	7,965,180	3
2005/07		0.30	0.7364	0.7364		180	59.91	8,237,179	8,023,860	3
2006/01		0.25	0.9068	0.9068		180	59.91	8,237,179	8,096,580	3
2006/07		0.25	0.8133	0.8133		180	59.91	8,237,179	8,162,460	3
2007/01		0.20	1.0133	1.0133		180	54.49	8,245,080	8,245,080	8
2007/07		0.20	1.1050	1.1050		180	54.49	8,263,133	8,336,160	
2008/01	52,903	0.15	0.8556	0.8556		180	54.28	8,326,499	8,407,440	
2008/07	74,438	0.15	0.6104	0.6104		180	53.43	8,408,346	8,458,740	
2009/01		0.10	1.3268	1.3268		180	53.43	8,419,185	8,571,060	
2009/07	83,751	0.10	0.6841	0.6841		180	54.02	8,508,592	8,629,740	
2010/01		0.05	0.8643	0.8643		180	54.02	8,512,202	8,704,260	
2010/07		0.05	0.7107	0.7107		180	54.02	8,515,170	8,766,180	
2011/01	44,852	0.00	0.9198	0.9198		180	52.97	8,560,022	8,846,820	
2011/07		0.00	0.9028	0.9028		180	52.97	8,560,022	8,926,740	
2012/01	95,633	0.00	0.3865	0.3865		180	52.13	8,655,655	8,961,300	
2012/07		0.00	0.9417	0.9417		180	52.13	8,655,655	9,045,720	
2013/01	39,991	0.00	0.4901	0.4901		180	50.33	8,695,646	9,090,000	
2013/07	3,644,095	0.00	0.6196	0.6196		180	56.63	9,146,340	9,146,340	8
2014/01		0.00	0.8564	0.8564		180	56.63	9,146,340	9,224,640	
2014/07	35,253	0.00	1.2383	1.2383		180	58.55	9,181,593	9,338,940	
2015/01		0.00	0.7571	0.7571		180	58.55	9,181,593	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

0 200913-00 - 2015/01

223.30

Avante at Jacksonville 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
1504 SEABREEZE AVE	6/1/2013-5/31/2014	Number of Beds: 165	Superior: 0
JACKSONVILLE BEACH, FL	Days in CR 365	Maximum: 60,225	Standard: 243
32250	First Used : 2015/01	Max Annualized: 60,225	Conditional: 0
County: Duval [16]	Last Used: 2015/01	Total Patient: 48,272	Total: 243
Region: North Area: 4	Unaudited	Medicare: 6,887	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 33,425	FY Index: 1.31964392
Current Class North Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	69.24304%	Cost: 1.03938564
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	80.15276%	Target: 1.02563464
Open Date: 07/01/1974	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22166521
Acquired Date: 07/01/1974	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 10/01/1980	Weighted Low Occ Adjustment Factor:	102.35146%	DC Inflation: 1.02687299
Med # Active Date: 07/01/1989		100.00000%	PS Target: 1.03662091
Previous Med # 205982			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,317,587	2,767,731	1,704,804	292,803		6,082,925	
1a	Audit Adjustments							
2	Cost Per Diem	39.4192	82.8042	51.0039	8.7600		181.9873	
3	Cost Per Diem Inflated	40.9718	85.0294	53.0127				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.9718	85.0294	53.0127	8.7600		187.7739	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.5625		69.5024				
7	Provider Target Rate	53.4508		72.0476				
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	40.9718	85.0294	53.0127	8.7600		187.7739	
12/13	Medical Adjustment Rate		1.8408	1.1476				
14	Prospective Per Diem 11	40.9718	86.8702	54.1603	8.7600		190.7623	
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 200913-00 - 2015/01

223.30

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

Avante at Jacksonville Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	806,723.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,089,872	9.3812
RS to Start Calcs:	1974/07	<60% of Base:	True	20% ROE(2):	1,022,468	0.4205
Indexed Asset Value	5,112,340	Interest Rate:	13.5000%	Insurance Cost(3):	73,447	1.5215
FRVS Base Asset:	1,747,238	Chase Rate:	12.5000%	Taxes Cost(3):	93,939	1.9460
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	33,248	0.6888
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	63,144	0.0000
		Yearly Payment:	508,483	Total FRVS PD:		13.9580

- (1) 80% Capital (\$4,089,872) amortized at 12.5000 % for 20 years Interest of \$508,483 divided by annual available days (60225) divided by Occup. Adj. (0.90) = \$9.3812
- (2) 20% ROE (\$1,022,468) times the ROE factor (0.022290) divided by annual available days (60225) 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	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.9718	40.9718	0.7128	40.2590
Direct Care	86.8702	86.8702	1.5113	85.3589
Indirect Care	54.1603	54.1603	0.9423	53.2180
Property	8.7600	13.9580	0.2428	13.7152
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.8435
Supplemental Rate Add-on				9.9025
Totals	190.7623	195.9603	3.4092	223.2971

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: 5/31/2014

0 200913-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1974/07	1,099,454	0.00	3.1037	3.0000	0.1037	120	100.00	1,099,454	1,619,280	
1975/01		0.10	3.1942	3.0000	0.1942	120	100.00	1,102,752	1,669,320	
1975/07		0.10	4.2576	3.0000	1.2576	120	100.00	1,106,060	1,737,240	
1976/01		0.20	5.3020	3.0000	2.3020	120	100.00	1,112,696	1,807,440	
1976/07		0.20	5.7873	3.0000	2.7873	120	100.00	1,119,372	1,870,440	
1977/01		0.30	6.5379	3.0000	3.5379	120	100.00	1,129,446	1,940,640	
1977/07		0.30	8.5955	3.0000	5.5955	120	100.00	1,139,611	2,038,680	
1978/01		0.40	10.3352	3.0000	7.3352	120	100.00	1,153,286	2,135,400	
1978/07		0.40	12.8746	3.0000	9.8746	120	100.00	1,167,125	2,253,600	
1979/01		0.50	15.0018	3.0000	12.0018	120	100.00	1,184,632	2,369,160	
1979/07		0.50	16.2001	3.0000	13.2001	120	100.00	1,202,401	2,468,640	
1980/01		0.60	19.3658	3.0000	16.3658	120	55.00	1,224,044	2,620,920	
1980/07	41,248	0.60	20.1764	3.0000	17.1764	120	55.00	1,287,325	2,720,760	
1981/01	1,405	0.70	21.0005	3.0000	18.0005	120	73.12	1,315,764	2,824,800	
1981/07		0.70	20.5893	3.0000	17.5893	120	73.12	1,343,395	2,897,880	
1982/01	19,032	0.80	20.2653	3.0000	17.2653	120	74.23	1,394,668	2,975,520	
1982/07	422	0.80	19.5629	3.0000	16.5629	120	74.23	1,428,562	3,043,800	
1983/04	630	0.90	19.1918	3.0000	16.1918	120	71.78	1,467,763	3,123,840	
1983/07	7,063	0.90	20.1496	3.0000	17.1496	120	71.78	1,514,456	3,247,440	
1984/01	31,231	1.00	18.4448	3.0000	15.4448	120	73.77	1,591,121	3,289,560	
1984/07	139	1.00	17.3627	3.0000	14.3627	120	73.77	1,638,994	3,352,680	
1985/01	8,184	1.00	15.5098	3.0000	12.5098	120	70.97	1,696,348	3,391,080	
1985/10		1.00	13.3620	3.0000	10.3620	120	70.97	1,747,238	3,420,000	
1986/01		1.00	11.1919	3.0000	8.1919	120	70.97	1,799,655	3,448,440	
1986/07		1.00	8.4893	3.0000	5.4893	120	70.97	1,853,645	3,441,840	
1987/01	14,349	1.00	6.4984	3.0000	3.4984	120	68.00	1,923,603	3,503,400	
1987/07		1.00	4.3991	3.0000	1.3991	120	68.00	1,981,311	3,530,760	
1988/01		1.00	2.2998	2.2998		120	66.39	2,026,877	3,559,440	
1988/07		1.00	0.5899	0.5899		120	66.39	2,038,834	3,557,520	
1989/01		1.00	0.5899	0.5899		120	76.31	2,050,861	3,578,520	



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: 5/31/2014

0 200913-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	19,831	1.00	0.5899	0.5899		120	69.19	2,082,790	3,602,760	
1990/01		1.00	0.5899	0.5899		120	69.19	2,095,076	3,620,880	
1990/07		1.00	0.5899	0.5899		120	69.19	2,107,435	3,642,240	
1991/01		1.00	0.5899	0.5899		120	69.19	2,119,867	3,663,600	
1991/07		1.00	1.4932	1.4932		120	69.19	2,151,521	3,718,320	
1992/01		1.00	2.0117	2.0117		120	69.19	2,194,803	3,793,080	
1992/07		1.00	1.8152	1.8152		120	69.19	2,234,643	3,861,960	
1993/01		1.00	1.7710	1.7710		120	73.85	2,274,219	3,930,360	
1993/07		1.00	1.5329	1.5329		120	73.85	2,309,081	3,990,600	
1994/01		1.00	1.6983	1.6983		120	78.03	2,348,296	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.03	2,385,848	4,123,320	
1995/01	1,496,475	0.95	1.5812	1.5812		165	69.35	3,918,161	5,759,160	
1995/07		0.95	1.5250	1.5250		165	69.35	3,974,927	5,846,940	
1996/01	45,828	0.90	1.7228	1.7228		165	64.47	4,082,386	5,947,755	
1996/07		0.90	1.3294	1.3294		165	64.47	4,082,386	6,026,790	5
1997/01	101,693	0.85	1.4109	1.4109		165	68.18	4,232,925	6,111,765	5
1997/07		0.85	1.0917	1.0917		165	68.18	4,322,208	6,178,425	
1998/01	37,515	0.80	1.1663	1.1663		165	71.66	4,400,049	6,250,530	
1998/07		0.80	1.0794	1.0794		165	71.66	4,438,043	6,318,015	
1999/01		0.75	1.4499	1.4499		165	69.17	4,486,302	6,409,590	
1999/07		0.75	1.2299	1.2299		165	69.17	4,527,684	6,488,460	
2000/01	28,542	0.70	1.3356	1.3356		165	70.78	4,598,555	6,575,085	
2000/07		0.70	1.1129	1.1129		165	70.78	4,634,378	6,648,180	
2001/01		0.65	1.2976	1.2976		165	68.20	4,673,464	6,734,475	
2001/07		0.65	0.9615	0.9615		165	68.20	4,702,673	6,799,155	
2002/01		0.60	1.0301	1.0301		165	64.09	4,731,740	6,869,115	
2002/07		0.60	0.8337	0.8337		165	64.09	4,755,408	6,926,370	
2003/01	27,083	0.55	1.3271	1.3271		165	60.08	4,817,201	7,018,275	
2003/07		0.55	1.1664	1.1664		165	60.08	4,848,103	7,100,115	
2004/01		0.50	1.1103	1.1103		165	52.64	4,873,865	7,178,985	



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: 5/31/2014

0 200913-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		0.50	0.8378	0.8378		165	52.64	4,893,406	7,239,210	
2005/01		0.45	0.8595	0.8595		165	48.40	4,910,062	7,301,415	
2005/07		0.45	0.7364	0.7364		165	48.40	4,924,381	7,355,205	
2006/01		0.40	0.9068	0.9068		165	48.63	4,940,173	7,421,865	
2006/07		0.40	0.8133	0.8133		165	48.63	4,954,382	7,482,255	
2007/01		0.35	1.0133	1.0133		165	50.56	4,970,537	7,557,990	
2007/07		0.35	1.1050	1.1050		165	50.56	4,988,211	7,641,480	
2008/01		0.30	0.8556	0.8556		165	51.96	5,000,308	7,706,820	
2008/07		0.30	0.6104	0.6104		165	51.96	5,008,958	7,753,845	
2009/01		0.25	1.3268	1.3268		165	49.40	5,023,881	7,856,805	
2009/07		0.25	0.6841	0.6841		165	49.40	5,031,597	7,910,595	
2010/01		0.20	0.8643	0.8643		165	53.35	5,040,036	7,978,905	
2010/07		0.20	0.7107	0.7107		165	53.35	5,046,983	8,035,665	
2011/01		0.15	0.9198	0.9198		165	55.82	5,053,948	8,109,585	
2011/07		0.15	0.9028	0.9028		165	55.82	5,060,791	8,182,845	
2012/01		0.10	0.3865	0.3865		165	64.30	5,062,750	8,214,525	
2012/07		0.10	0.9417	0.9417		165	64.30	5,067,519	8,291,910	
2013/01	41,995	0.05	0.4901	0.4901		165	72.53	5,110,756	8,332,500	
2013/07		0.05	0.6196	0.6196		165	72.53	5,112,340	8,384,145	
2014/01		0.00	0.8564	0.8564		165	67.81	5,112,340	8,455,920	
2014/07		0.00	1.2383	1.2383		165	67.81	5,112,340	8,560,695	
2015/01		0.00	0.7571	0.7571		165	69.24	5,112,340	8,625,540	

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 200956-00 - 2015/01

245.52

Comprehensive Healthcare of Clearwater

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
2055 PALMETTO ST	9/1/2012-8/31/2013	Number of Beds: 150	Superior: 0
CLEARWATER, FL 33765	Days in CR 365	Maximum: 54,750	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 54,750	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 47,644	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,596	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 33,075	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	69.42112%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.02100%	Cost: 1.05040266
Open Date: 04/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 12/01/1983	Low Occupancy Adjustment Factor:	111.12189%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/1988	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 207616			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,739,073	2,587,024	1,934,109	690,937		6,951,143	
1a	Audit Adjustments							
2	Cost Per Diem	52.5797	78.2169	58.4765	20.8900		210.1631	
3	Cost Per Diem Inflated	55.2299	81.0597	61.4239				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.2299	81.0597	61.4239	20.8900		218.6035	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8781		63.3634				
7	Provider Target Rate	50.6681		65.6838				
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	50.6681	81.0597	61.4239	13.6500		206.8017	
12/13	Medical Adjustment Rate		1.7711	1.3420				
14	Prospective Per Diem 11	50.6681	82.8308	62.7659	13.6500		209.9148	
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 200956-00 - 2015/01

245.52

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

Comprehensive Healthcare of Clearwater

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1996	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):	6,244,812	18.1979
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	1,561,203	0.4984
Indexed Asset Value	7,806,015	Interest Rate:	13.3500%	Insurance Cost(3):	33,632	0.7059
FRVS Base Asset:	3,420,000	Chase Rate:	11.5000%	Taxes Cost(3):	85,480	1.7941
Occup Adj Factor	0.9000	Amortization Rate:	13.3500%	Home Office(3):	33,691	0.7071
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	896,703	Total FRVS PD:		21.9034

- (1) 80% Capital (\$6,244,812) amortized at 13.3500 % for 20 years Principal & Interest of \$896,703 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$18.1979
- (2) 20% ROE (\$1,561,203) times the ROE factor (0.015730) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.4984
- (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	50.6681	50.6681	0.8815	49.7866
Direct Care	82.8308	82.8308	1.4411	81.3897
Indirect Care	62.7659	62.7659	1.0920	61.6739
Property	13.6500	21.9034	0.3811	21.5223
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2496
Supplemental Rate Add-on				9.9025
Totals	209.9148	218.1682	3.7957	245.5246

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: 8/31/2013

0 200956-00 - 2015/01

245.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	3,895,565	0.00	2.6288	2.6288		120		3,895,565	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	55.00	3,907,252	3,247,440	
1984/01		0.10	2.2530	2.2530		120	71.08	3,916,055	3,289,560	
1984/07		0.20	1.9179	1.9179		120	71.08	3,931,077	3,352,680	
1985/01		0.20	1.1471	1.1471		120	55.00	3,940,095	3,391,080	
1985/10		0.30	0.8522	0.8522		120	55.00	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	55.00	3,428,516	3,448,440	
1986/07		0.40	0.2974	0.2974		120	55.00	3,432,596	3,441,840	
1987/01		0.40	1.0091	1.0091		120	73.52	3,446,450	3,503,400	
1987/07		0.50	0.9007	0.9007		120	74.58	3,461,973	3,530,760	
1988/01		0.50	0.9007	0.9007		120	74.58	3,477,566	3,559,440	
1988/07		0.60	0.5899	0.5899		120	78.77	3,489,873	3,557,520	
1989/01	12,002	0.60	0.5899	0.5899		120	78.77	3,514,226	3,578,520	
1989/07		0.70	0.5899	0.5899		120	78.77	3,528,736	3,602,760	
1990/01		0.70	0.5899	0.5899		120	78.77	3,543,306	3,620,880	
1990/07		0.80	0.5899	0.5899		120	78.77	3,543,306	3,642,240	5
1991/01		0.80	0.5899	0.5899		120	78.77	3,560,027	3,663,600	5
1991/07	905,220	0.90	1.4932	1.4932		150	84.05	4,530,116	4,647,900	
1992/01		0.90	2.0117	2.0117		150	84.05	4,612,134	4,741,350	
1992/07	235,771	1.00	1.8152	1.8152		150	76.17	4,931,624	4,827,450	
1993/01		1.00	1.7710	1.7710		150	76.17	5,018,963	4,912,950	
1993/07		1.00	1.5329	1.5329		150	76.17	5,095,899	4,988,250	
1994/01		1.00	1.6983	1.6983		150	74.03	5,182,443	5,073,000	
1994/07		1.00	1.5991	1.5991		150	67.03	5,265,315	5,154,150	
1995/01		1.00	1.5812	1.5812		150	67.03	5,348,570	5,235,600	
1995/07		1.00	1.5250	1.5250		150	56.80	5,430,136	5,315,400	
1996/01		1.00	1.7228	1.7228		150	56.80	5,523,686	5,407,050	
1996/07		1.00	1.3294	1.3294		150	56.80	5,523,686	5,478,900	3
1997/01	649,594	1.00	1.4109	1.4109		150	60.56	5,556,150	5,556,150	8
1997/07		1.00	1.0917	1.0917		150	59.73	5,616,750	5,616,750	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: 8/31/2013

0 200956-00 - 2015/01

245.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		150	59.73	5,682,258	5,682,300	
1998/07	35,574	1.00	1.0794	1.0794		150	57.15	5,743,650	5,743,650	8
1999/01		1.00	1.4499	1.4499		150	57.15	5,826,900	5,826,900	8
1999/07		1.00	1.2299	1.2299		150	60.98	5,898,565	5,898,600	
2000/01		1.00	1.3356	1.3356		150	60.98	5,977,346	5,977,350	
2000/07	61,922	1.00	1.1129	1.1129		150	59.41	6,043,800	6,043,800	8
2001/01		1.00	1.2976	1.2976		150	59.41	6,122,224	6,122,250	
2001/07		1.00	0.9615	0.9615		150	60.05	6,181,050	6,181,050	8
2002/01		1.00	1.0301	1.0301		150	61.73	6,244,650	6,244,650	8
2002/07		1.00	0.8337	0.8337		150	61.73	6,296,700	6,296,700	8
2003/01		1.00	1.3271	1.3271		150	61.56	6,380,250	6,380,250	8
2003/07		0.95	1.1664	1.1664		150	61.56	6,450,950	6,454,650	
2004/01		0.95	1.1103	1.1103		150	62.59	6,518,995	6,526,350	
2004/07		0.90	0.8378	0.8378		150	62.59	6,568,148	6,581,100	
2005/01	24,975	0.90	0.8595	0.8595		150	63.55	6,637,650	6,637,650	8
2005/07		0.85	0.7364	0.7364		150	63.55	6,679,195	6,686,550	
2006/01		0.85	0.9068	0.9068		150	63.55	6,730,678	6,747,150	
2006/07		0.80	0.8133	0.8133		150	72.59	6,774,468	6,802,050	
2007/01		0.80	1.0133	1.0133		150	72.59	6,829,382	6,870,900	
2007/07	51,080	0.75	1.1050	1.1050		150	72.30	6,937,064	6,946,800	
2008/01		0.75	0.8556	0.8556		150	72.30	6,981,579	7,006,200	
2008/07	54,669	0.70	0.6104	0.6104		150	68.81	7,048,950	7,048,950	8
2009/01		0.70	1.3268	1.3268		150	68.81	7,114,421	7,142,550	
2009/07		0.65	0.6841	0.6841		150	70.42	7,146,059	7,191,450	
2010/01		0.65	0.8643	0.8643		150	70.42	7,186,206	7,253,550	
2010/07		0.60	0.7107	0.7107		150	71.69	7,216,848	7,305,150	
2011/01		0.60	0.9198	0.9198		150	71.69	7,256,678	7,372,350	
2011/07		0.55	0.9028	0.9028		150	72.62	7,292,707	7,438,950	
2012/01		0.55	0.3865	0.3865		150	72.62	7,308,211	7,467,750	
2012/07	103,192	0.50	0.9417	0.9417		150	69.35	7,445,817	7,538,100	



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: 8/31/2013

0 200956-00 - 2015/01

245.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		150	69.35	7,464,067	7,575,000	
2013/07	153,683	0.45	0.6196	0.6196		150	71.53	7,621,950	7,621,950	8
2014/01		0.45	0.8564	0.8564		150	71.53	7,651,325	7,687,200	
2014/07	184,522	0.40	1.2383	1.2383		150	69.42	7,782,450	7,782,450	8
2015/01		0.40	0.7571	0.7571		150	69.42	7,806,015	7,841,400	

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

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

Report Printed: 12/23/2014 ID: 200956083120130901201201312014082039



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 201006-00 - 2015/01

241.34

Memorial Manor 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
777 SOUTH DOUGLAS ROAD	5/1/2013-4/30/2014	Number of Beds: 120	Superior: 243
PEMBROKE PINES, FL	Days in CR 365	Maximum: 43,800	Standard: 0
County: Broward [6]	First Used: 2015/01	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 41,777	Total: 243
Control: Government	Unaudited	Medicare: 8,439	Inflation
Current Class South Large	Initial CR? False	Medicaid: 15,793	FY Index: 1.31713889
Class at 1/94: South Large	Medical Utilization	37.80310%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.38128%	Cost: 1.04136242
Open Date: 07/14/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/14/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22033188
Entered Medicaid 07/14/1989	Low Occupancy Adjustment Factor:	121.79759%	DC Sem Index: 1.25449501
Med # Active Date: 07/14/1989	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02799495
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,040,982	1,823,493	1,438,601	283,958		4,587,034	
1a	Audit Adjustments							
2	Cost Per Diem	65.9141	115.4621	91.0911	17.9800		290.4473	
3	Cost Per Diem Inflated	68.6405	118.6945	94.8588				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	68.6405	118.6945	94.8588	17.9800		300.1738	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	84.9029		78.7739				
7	Provider Target Rate	88.0121		81.6587				
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	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
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 201006-00 - 2015/01

241.34

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

Memorial Manor Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/14/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,498,223 11.8978
RS to Start Calcs:	1989/07	<60% of Base:	True	20% ROE(2):	1,124,556 0.6122
Indexed Asset Value	5,622,779	Interest Rate:	10.5000%	Insurance Cost(3):	34,949 0.8366
FRVS Base Asset:	2,534,785	Chase Rate:	10.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	10.5000%	Home Office(3):	0 0.0000
ROE Factor	0.021460	Interest Only:	True	Replacement(3&4):	100,117 0.0000
		Yearly Payment:	469,013	Total FRVS PD:	13.3466

- (1) 80% Capital (\$4,498,223) amortized at 10.5000 % for 20 years Interest of \$469,013 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.8978
- (2) 20% ROE (\$1,124,556) times the ROE factor (0.021460) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6122
- (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	85	Effective PBS Limitation	2,534,785

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	13.3466	0.2322	13.1144
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	235.8374	235.5340	4.0977	241.3388

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

0 201006-00 - 2015/01

241.34

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	5,583,468	0.00	0.5899	0.5899		85	48.30	2,534,785	2,534,785	1
1990/01		0.10	0.5899	0.5899		85	48.30	2,536,098	2,564,790	
1990/07		0.10	0.5899	0.5899		85	48.30	2,537,412	2,579,920	
1991/01		0.20	0.5899	0.5899		85	48.30	2,540,041	2,595,050	
1991/07		0.20	1.4932	1.4932		85	48.30	2,546,702	2,633,810	
1992/01		0.30	2.0117	2.0117		85	54.53	2,561,940	2,686,765	
1992/07	53,761	0.30	1.8152	1.8152		85	54.53	2,629,534	2,735,555	
1993/01		0.40	1.7710	1.7710		85	60.64	2,648,162	2,784,005	
1993/07		0.40	1.5329	1.5329		85	60.64	2,664,401	2,826,675	
1994/01		0.50	1.6983	1.6983		85	65.33	2,687,027	2,874,700	
1994/07		0.50	1.5991	1.5991		85	65.33	2,708,512	2,920,685	
1995/01	63,682	0.60	1.5812	1.5812		85	71.39	2,797,890	2,966,840	
1995/07		0.60	1.5250	1.5250		85	71.39	2,823,491	3,012,060	
1996/01		0.70	1.7228	1.7228		85	70.80	2,857,542	3,063,995	
1996/07		0.70	1.3294	1.3294		85	70.80	2,884,134	3,104,710	
1997/01	1,202,635	0.80	1.4109	1.4109		120	63.66	4,119,322	4,444,920	
1997/07		0.80	1.0917	1.0917		120	63.66	4,155,300	4,493,400	
1998/01		0.90	1.1663	1.1663		120	67.20	4,198,918	4,545,840	
1998/07		0.90	1.0794	1.0794		120	67.20	4,239,710	4,594,920	
1999/01		1.00	1.4499	1.4499		120	67.09	4,301,182	4,661,520	
1999/07		1.00	1.2299	1.2299		120	67.09	4,354,082	4,718,880	
2000/01		1.00	1.3356	1.3356		120	67.09	4,412,235	4,781,880	
2000/07		1.00	1.1129	1.1129		120	64.25	4,461,339	4,835,040	
2001/01		1.00	1.2976	1.2976		120	63.65	4,519,229	4,897,800	
2001/07		1.00	0.9615	0.9615		120	63.65	4,562,681	4,944,840	
2002/01		1.00	1.0301	1.0301		120	67.87	4,609,681	4,995,720	
2002/07		1.00	0.8337	0.8337		120	67.87	4,648,112	5,037,360	
2003/01		1.00	1.3271	1.3271		120	61.80	4,709,797	5,104,200	
2003/07		1.00	1.1664	1.1664		120	61.80	4,764,732	5,163,720	
2004/01		1.00	1.1103	1.1103		120	60.26	4,817,635	5,221,080	



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

0 201006-00 - 2015/01

241.34

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		120	60.26	4,857,997	5,264,880	
2005/01		1.00	0.8595	0.8595		120	66.39	4,899,751	5,310,120	
2005/07		1.00	0.7364	0.7364		120	66.39	4,935,833	5,349,240	
2006/01		1.00	0.9068	0.9068		120	66.13	4,980,591	5,397,720	
2006/07		1.00	0.8133	0.8133		120	66.13	5,021,098	5,441,640	
2007/01		1.00	1.0133	1.0133		120	62.23	5,071,977	5,496,720	
2007/07		1.00	1.1050	1.1050		120	62.23	5,128,022	5,557,440	
2008/01		1.00	0.8556	0.8556		120	56.72	5,171,897	5,604,960	
2008/07		1.00	0.6104	0.6104		120	56.72	5,203,466	5,639,160	
2009/01		1.00	1.3268	1.3268		120	52.18	5,268,966	5,714,040	
2009/07		1.00	0.6841	0.6841		120	52.18	5,303,163	5,753,160	
2010/01		0.95	0.8643	0.8643		120	47.28	5,340,595	5,802,840	
2010/07		0.95	0.7107	0.7107		120	47.28	5,371,593	5,844,120	
2011/01		0.90	0.9198	0.9198		120	49.30	5,411,451	5,897,880	
2011/07		0.90	0.9028	0.9028		120	49.30	5,450,862	5,951,160	
2012/01		0.85	0.3865	0.3865		120	45.00	5,465,512	5,974,200	
2012/07		0.85	0.9417	0.9417		120	45.00	5,501,304	6,030,480	
2013/01		0.80	0.4901	0.4901		120	40.78	5,517,298	6,060,000	
2013/07		0.80	0.6196	0.6196		120	40.78	5,537,576	6,097,560	
2014/01		0.75	0.8564	0.8564		120	40.85	5,563,993	6,149,760	
2014/07		0.75	1.2383	1.2383		120	40.85	5,602,372	6,225,960	
2015/01		0.70	0.7571	0.7571		120	37.80	5,622,779	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 201120-00 - 2015/01
244.33

Gulf Coast Village Care 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	
1333 SANTA BARBARA BLVD	1/1/2013-12/31/2013	Number of Beds:	85	Superior:	0
CAPE CORAL, FL 33991	Days in CR 365	Maximum:	31,025	Standard:	243
County: Lee [36]	First Used : 2014/07	Max Annualized:	31,025	Conditional:	0
Region: South Area: 8	Last Used: 2015/01	Total Patient:	29,656	Total:	243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare:	15,919	Inflation	
Current Class South Small	Initial CR? False	Medicaid:	6,649	FY Index:	1.31456505
Class at 1/94: South Small	Medical Utilization		22.42042%	Semester Index:	1.37161894
Operating Ex > 18 months	Occupancy:		95.58743%	Cost:	1.04340134
Open Date: 08/28/1989	Statewide Low Occupancy Threshold:		78.31130%	Target:	1.02563464
Acquired Date: 08/28/1989	Medicaid Low Occupancy Threshold:		41.41010%	DC FY Index:	1.21500000
Entered Medicaid 08/28/1989	Low Occupancy Adjustment Factor:		122.06084%	DC Sem Index:	1.25449501
Med # Active Date: 08/28/1989	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	263,899	683,441	480,425	86,503		1,514,268	
1a	Audit Adjustments							
2	Cost Per Diem	39.6900	102.7886	72.2552	13.0099		227.7437	
3	Cost Per Diem Inflated	41.4126	106.1299	75.3912				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.4126	106.1299	75.3912	13.0099		235.9436	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		72.9375				
7	Provider Target Rate	61.2252		75.6085				
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	41.4126	106.1299	75.3912	13.0099		235.9436	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.4126	106.1299	75.3912	13.0099		235.9436	
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 201120-00 - 2015/01

244.33

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

Gulf Coast Village Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/28/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,269,266.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable	80% Capital(1):	3,292,829	11.6528
Indexed Asset Value	4,116,036	<60% of Base:	False	20% ROE(2):	823,207	0.5528
FRVS Base Asset:	1,789,260	Interest Rate:	7.7904%	Insurance Cost(3):	66,350	2.2373
Occup Adj Factor	0.9000	Chase Rate:	7.5743%	Taxes Cost(3):	35,716	1.2043
ROE Factor	0.018750	Amortization Rate:	7.7904%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	6,165	0.0000
		Yearly Payment:	325,375	Total FRVS PD:		15.6472

- (1) 80% Capital (\$3,292,829) amortized at 7.7904 % for 20 years Principal & Interest of \$325,375 divided by annual available days (31025) divided by Occup. Adj. (0.90) = \$11.6528
- (2) 20% ROE (\$823,207) times the ROE factor (0.018750) divided by annual available days (31025) divided by Occup. Adj. (0.90) = \$0.5528
- (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	60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.4126	41.4126	0.7205	40.6921
Direct Care	106.1299	106.1299	1.8464	104.2835
Indirect Care	75.3912	75.3912	1.3116	74.0796
Property	13.0099	15.6472	0.2722	15.3750
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	235.9436	238.5809	4.1507	244.3327

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 201120-00 - 2015/01

244.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	1,993,909	0.00	0.5899	0.5899		60	43.66	1,789,260	1,789,260	1
1990/01		0.10	0.5899	0.5899		60	43.66	1,790,098	1,810,440	
1990/07		0.10	0.5899	0.5899		60	43.66	1,790,936	1,821,120	
1991/01		0.20	0.5899	0.5899		60	43.66	1,792,614	1,831,800	
1991/07		0.20	1.4932	1.4932		60	43.66	1,796,863	1,859,160	
1992/01		0.30	2.0117	2.0117		60	43.66	1,805,471	1,896,540	
1992/07		0.30	1.8152	1.8152		60	43.66	1,813,276	1,930,980	
1993/01		0.40	1.7710	1.7710		60	52.58	1,825,556	1,965,180	
1993/07	10,541	0.40	1.5329	1.5329		60	52.58	1,846,799	1,995,300	
1994/01		0.50	1.6983	1.6983		60	52.58	1,861,792	2,029,200	
1994/07	9,079	0.50	1.5991	1.5991		60	55.42	1,885,758	2,061,660	
1995/01		0.60	1.5812	1.5812		60	55.42	1,903,648	2,094,240	
1995/07	22,387	0.60	1.5250	1.5250		60	52.24	1,942,579	2,126,160	
1996/01		0.70	1.7228	1.7228		60	52.24	1,964,831	2,162,820	
1996/07	60,722	0.70	1.3294	1.3294		60	41.14	2,039,230	2,191,560	
1997/01		0.80	1.4109	1.4109		60	41.14	2,056,447	2,222,460	
1997/07	26,316	0.80	1.0917	1.0917		60	43.33	2,096,913	2,246,700	
1998/01		0.90	1.1663	1.1663		60	43.33	2,114,254	2,272,920	
1998/07	50,291	0.90	1.0794	1.0794		60	45.64	2,181,589	2,297,460	
1999/01		1.00	1.4499	1.4499		60	45.64	2,207,837	2,330,760	
1999/07	978,550	1.00	1.2299	1.2299		85	38.68	3,205,484	3,342,540	
2000/01		1.00	1.3356	1.3356		85	38.68	3,235,593	3,387,165	
2000/07		1.00	1.1129	1.1129		85	43.48	3,264,060	3,424,820	
2001/01		1.00	1.2976	1.2976		85	43.48	3,297,543	3,469,275	
2001/07		1.00	0.9615	0.9615		85	44.06	3,322,942	3,502,595	
2002/01		1.00	1.0301	1.0301		85	44.06	3,350,363	3,538,635	
2002/07		1.00	0.8337	0.8337		85	42.12	3,350,363	3,568,130	5
2003/01		1.00	1.3271	1.3271		85	42.12	3,406,022	3,615,475	
2003/07		1.00	1.1664	1.1664		85	38.15	3,433,579	3,657,635	
2004/01		1.00	1.1103	1.1103		85	38.15	3,460,023	3,698,265	



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 201120-00 - 2015/01

244.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		85	41.66	3,481,980	3,729,290	
2005/01		1.00	0.8595	0.8595		85	41.66	3,504,649	3,761,335	
2005/07		1.00	0.7364	0.7364		85	41.66	3,524,198	3,789,045	
2006/01		1.00	0.9068	0.9068		85	35.40	3,544,767	3,823,385	
2006/07		1.00	0.8133	0.8133		85	35.40	3,563,323	3,854,495	
2007/01		1.00	1.0133	1.0133		85	36.52	3,587,298	3,893,510	
2007/07		1.00	1.1050	1.1050		85	36.52	3,613,619	3,936,520	
2008/01		1.00	0.8556	0.8556		85	28.46	3,629,618	3,970,180	
2008/07	21,547	1.00	0.6104	0.6104		85	27.96	3,662,428	3,994,405	
2009/01		1.00	1.3268	1.3268		85	27.96	3,687,131	4,047,445	
2009/07		1.00	0.6841	0.6841		85	27.96	3,699,954	4,075,155	
2010/01	33,269	0.95	0.8643	0.8643		85	26.46	3,747,839	4,110,345	
2010/07		0.95	0.7107	0.7107		85	26.46	3,760,013	4,139,585	
2011/01	29,015	0.90	0.9198	0.9198		85	25.67	3,803,555	4,177,665	
2011/07	113,017	0.90	0.9028	0.9028		85	30.32	3,933,608	4,215,405	
2012/01		0.85	0.3865	0.3865		85	30.32	3,940,731	4,231,725	
2012/07	27,229	0.85	0.9417	0.9417		85	26.19	3,982,980	4,271,590	
2013/01		0.80	0.4901	0.4901		85	26.19	3,990,417	4,292,500	
2013/07		0.80	0.6196	0.6196		85	26.19	3,999,836	4,319,105	
2014/01	35,453	0.75	0.8564	0.8564		85	23.25	4,035,289	4,356,080	
2014/07	80,747	0.75	1.2383	1.2383		85	22.42	4,116,036	4,410,055	
2015/01		0.70	0.7571	0.7571		85	22.42	4,116,036	4,443,460	

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 201545-00 - 2015/01

238.77

Hobe Sound Geriatric Village, 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
9555 SE FEDERAL HWY	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
HOBE SOUND, FL 33455	Days in CR 365	Maximum: 43,800	Standard: 243
County: Martin [43]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 39,444	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,729	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,599	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	64.89960%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.05479%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	114.99591%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	948,602	2,454,389	1,266,864	171,001		4,840,856	
1a	Audit Adjustments							
2	Cost Per Diem	37.0562	95.8783	49.4888	6.6800		189.1033	
3	Cost Per Diem Inflated	38.6645	98.9949	51.6367				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.6645	98.9949	51.6367	6.6800		195.9761	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.6224		56.6225				
7	Provider Target Rate	50.4030		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	38.6645	98.9949	51.6367	6.6800		195.9761	
12/13	Medical Adjustment Rate		1.6594	0.8655				
14	Prospective Per Diem 11	38.6645	100.6543	52.5022	6.6800		198.5010	
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 201545-00 - 2015/01

238.77

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

Hobe Sound Geriatric Village, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	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):	3,750,726 11.5916
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	937,682 0.4460
Indexed Asset Value	4,688,408	Interest Rate:	10.7500%	Insurance Cost(3):	78,254 1.9839
FRVS Base Asset:	2,482,470	Chase Rate:	13.0000%	Taxes Cost(3):	70,488 1.7870
Occup Adj Factor	0.9000	Amortization Rate:	10.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	135,145 0.0000
		Yearly Payment:	456,942	Total FRVS PD:	15.8085

(1) 80% Capital (\$3,750,726) amortized at 10.7500 % for 20 years Principal & Interest of \$456,942 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.5916

(2) 20% ROE (\$937,682) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4460

(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	38.6645	38.6645	0.6727	37.9918
Direct Care	100.6543	100.6543	1.7511	98.9032
Indirect Care	52.5022	52.5022	0.9134	51.5888
Property	6.6800	15.8085	0.2750	15.5335
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.8452
Supplemental Rate Add-on				9.9025
Totals	198.5010	207.6295	3.6122	238.7650

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 201545-00 - 2015/01

238.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	366,639	0.00				120	100.00	366,639	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	367,739	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	368,842	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	371,055	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	373,281	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	376,641	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	380,031	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	384,591	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	389,206	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	395,044	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	400,970	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	408,187	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	415,534	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	424,260	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	433,169	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	443,565	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	454,211	2,468,640	
1980/01	1,337,699	0.90	29.3115	3.0000	26.3115	120	63.09	1,804,174	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	63.09	1,852,887	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	64.76	1,908,474	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	64.76	1,965,728	2,897,880	
1982/01	3,753	1.00	30.2110	3.0000	27.2110	120	64.76	2,028,453	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	100.00	2,089,307	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	100.00	2,151,986	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	69.24	2,216,546	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	97.75	2,283,042	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	97.75	2,351,533	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	50.35	2,416,115	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	50.35	2,482,470	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	42.54	2,540,072	3,448,440	



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 201545-00 - 2015/01

238.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	42.54	2,599,011	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	45.67	2,663,755	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	45.67	2,730,112	3,530,760	
1988/01	52,002	1.00	12.2455	3.0000	9.2455	120	36.75	2,836,840	3,559,440	
1988/07	130,933	1.00	9.8354	3.0000	6.8354	120	32.08	3,017,413	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	32.08	3,070,212	3,578,520	
1989/07	87,337	1.00	5.0152	3.0000	2.0152	120	37.31	3,220,031	3,602,760	
1990/01		1.00	2.6051	2.6051		120	37.31	3,276,936	3,620,880	
1990/07		1.00	0.5899	0.5899		120	37.31	3,290,049	3,642,240	
1991/01		1.00	0.5899	0.5899		120	36.43	3,302,904	3,663,600	
1991/07		1.00	1.4932	1.4932		120	36.43	3,335,571	3,718,320	
1992/01		0.95	2.0117	2.0117		120	39.66	3,381,538	3,793,080	
1992/07		0.95	1.8152	1.8152		120	39.74	3,423,671	3,861,960	
1993/01		0.90	1.7710	1.7710		120	39.74	3,463,100	3,930,360	
1993/07		0.90	1.5329	1.5329		120	39.74	3,497,621	3,990,600	
1994/01		0.85	1.6983	1.6983		120	42.47	3,536,610	4,058,400	
1994/07	33,381	0.85	1.5991	1.5991		120	41.73	3,606,463	4,123,320	
1995/01		0.80	1.5812	1.5812		120	41.73	3,641,077	4,188,480	
1995/07		0.80	1.5250	1.5250		120	40.47	3,673,763	4,252,320	
1996/01		0.75	1.7228	1.7228		120	40.47	3,708,691	4,325,640	
1996/07		0.75	1.3294	1.3294		120	40.47	3,735,901	4,383,120	
1997/01	48,900	0.70	1.4109	1.4109		120	47.61	3,816,739	4,444,920	
1997/07		0.70	1.0917	1.0917		120	47.61	3,841,987	4,493,400	
1998/01	201,972	0.65	1.1663	1.1663		120	45.62	4,068,118	4,545,840	
1998/07		0.65	1.0794	1.0794		120	45.62	4,091,792	4,594,920	
1999/01	30,950	0.60	1.4499	1.4499		120	47.85	4,153,709	4,661,520	
1999/07		0.60	1.2299	1.2299		120	47.85	4,180,375	4,718,880	
2000/01		0.55	1.3356	1.3356		120	52.38	4,209,621	4,781,880	
2000/07		0.55	1.1129	1.1129		120	52.74	4,234,329	4,835,040	
2001/01		0.50	1.2976	1.2976		120	52.74	4,260,672	4,897,800	



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 201545-00 - 2015/01

238.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	51.73	4,260,672	4,944,840	5
2002/01		0.45	1.0301	1.0301		120	51.73	4,298,597	4,995,720	
2002/07		0.45	0.8337	0.8337		120	51.73	4,313,766	5,037,360	
2003/01		0.40	1.3271	1.3271		120	48.68	4,334,032	5,104,200	
2003/07		0.40	1.1664	1.1664		120	54.07	4,353,913	5,163,720	
2004/01		0.35	1.1103	1.1103		120	54.07	4,370,546	5,221,080	
2004/07		0.35	0.8378	0.8378		120	54.07	4,383,144	5,264,880	
2005/01		0.30	0.8595	0.8595		120	58.63	4,394,448	5,310,120	
2005/07		0.30	0.7364	0.7364		120	59.73	4,404,155	5,349,240	
2006/01		0.25	0.9068	0.9068		120	59.73	4,414,139	5,397,720	
2006/07		0.25	0.8133	0.8133		120	59.73	4,423,113	5,441,640	
2007/01		0.20	1.0133	1.0133		120	61.62	4,432,079	5,496,720	
2007/07		0.20	1.1050	1.1050		120	61.62	4,441,874	5,557,440	
2008/01		0.15	0.8556	0.8556		120	64.86	4,447,573	5,604,960	
2008/07		0.15	0.6104	0.6104		120	64.86	4,451,647	5,639,160	
2009/01		0.10	1.3268	1.3268		120	62.37	4,457,554	5,714,040	
2009/07		0.10	0.6841	0.6841		120	62.37	4,460,603	5,753,160	
2010/01		0.05	0.8643	0.8643		120	60.58	4,462,530	5,802,840	
2010/07		0.05	0.7107	0.7107		120	65.92	4,464,114	5,844,120	
2011/01		0.00	0.9198	0.9198		120	65.92	4,464,114	5,897,880	
2011/07		0.00	0.9028	0.9028		120	65.92	4,464,114	5,951,160	
2012/01	64,130	0.00	0.3865	0.3865		120	68.46	4,528,244	5,974,200	
2012/07		0.00	0.9417	0.9417		120	68.46	4,528,244	6,030,480	
2013/01		0.00	0.4901	0.4901		120	69.36	4,528,244	6,060,000	
2013/07	160,164	0.00	0.6196	0.6196		120	66.61	4,688,408	6,097,560	
2014/01		0.00	0.8564	0.8564		120	66.61	4,688,408	6,149,760	
2014/07		0.00	1.2383	1.2383		120	64.90	4,688,408	6,225,960	
2015/01		0.00	0.7571	0.7571		120	64.90	4,688,408	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 201588-00 - 2015/01

230.69

The Gardens at DePugh Nursing Center

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
550 W MORSE BLVD	1/1/2013-12/31/2013	Number of Beds: 40	Superior: 0
WINTER PARK, FL 32789	Days in CR 365	Maximum: 14,600	Standard: 243
County: Orange [48]	First Used : 2014/07	Max Annualized: 14,600	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 13,760	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 1,531	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 10,155	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	73.80087%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.24658%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	120.34863%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	591,888	778,009	647,566	241,689		2,259,152	
1a	Audit Adjustments							
2	Cost Per Diem	58.2854	76.6134	63.7682	23.8000		222.4670	
3	Cost Per Diem Inflated	60.8151	79.1038	66.5358				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.8151	79.1038	66.5358	23.8000		230.2547	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	55.7133		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	55.7133	79.1038	65.6657	13.6500		214.1328	
12/13	Medical Adjustment Rate		2.1181	1.7583				
14	Prospective Per Diem 11	55.7133	81.2219	67.4240	13.6500		218.0092	
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 201588-00 - 2015/01

230.69

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

The Gardens at DePugh Nursing 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:	125,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	1,543,858 14.6076
Indexed Asset Value	1,929,822	<60% of Base:	True	20% ROE(2):	385,964 0.5507
FRVS Base Asset:	1,037,356	Interest Rate:	9.0000%	Insurance Cost(3):	71,311 5.1825
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.018750	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
		Interest Only:	True	Replacement(3&4):	142,661 0.0000
		Yearly Payment:	191,944	Total FRVS PD:	20.3408

(1) 80% Capital (\$1,543,858) amortized at 12.5000 % for 20 years Interest of \$191,944 divided by annual available days (14600) divided by Occup. Adj. (0.90) = \$14.6076

(2) 20% ROE (\$385,964) times the ROE factor (0.018750) divided by annual available days (14600) divided by Occup. Adj. (0.90) = \$0.5507

(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	40	Effective PBS Limitation	1,140,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.7133	55.7133	0.9693	54.7440
Direct Care	81.2219	81.2219	1.4131	79.8088
Indirect Care	67.4240	67.4240	1.1730	66.2510
Property	13.6500	20.3408	0.3539	19.9869
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	218.0092	224.7000	3.9093	230.6932

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 201588-00 - 2015/01

230.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	40,008	0.00				40	100.00	40,008	410,440	
1972/01		0.10	3.9787	3.0000	0.9787	40	100.00	40,128	426,760	
1972/07		0.10	5.9113	3.0000	2.9113	40	100.00	40,248	447,800	
1973/01		0.20	8.0622	3.0000	5.0622	40	100.00	40,489	470,880	
1973/07		0.20	10.7186	3.0000	7.7186	40	100.00	40,732	497,520	
1974/01		0.30	12.9457	3.0000	9.9457	40	100.00	41,099	523,520	
1974/07		0.30	13.0494	3.0000	10.0494	40	100.00	41,469	539,760	
1975/01		0.40	13.1399	3.0000	10.1399	40	100.00	41,967	556,440	
1975/07		0.40	14.2033	3.0000	11.2033	40	100.00	42,471	579,080	
1976/01	559,581	0.50	15.2478	3.0000	12.2478	40	100.00	602,689	602,480	
1976/07	9,558	0.50	15.7330	3.0000	12.7330	40	100.00	621,287	623,480	
1977/01	5,388	0.60	16.4836	3.0000	13.4836	40	100.00	637,858	646,880	
1977/07	1,648	0.60	18.5412	3.0000	15.5412	40	100.00	650,987	679,560	
1978/01		0.70	20.2809	3.0000	17.2809	40	100.00	664,658	711,800	
1978/07		0.70	22.8203	3.0000	19.8203	40	100.00	678,616	751,200	
1979/01		0.80	24.9476	3.0000	21.9476	40	100.00	694,903	789,720	
1979/07		0.80	26.1458	3.0000	23.1458	40	100.00	711,581	822,880	
1980/01		0.90	29.3115	3.0000	26.3115	40	55.00	730,794	873,640	
1980/07		0.90	30.1222	3.0000	27.1222	40	55.00	750,525	906,920	
1981/01		1.00	30.9462	3.0000	27.9462	40	55.00	773,041	941,600	
1981/07	5,715	1.00	30.5350	3.0000	27.5350	40	55.00	801,947	965,960	
1982/01		1.00	30.2110	3.0000	27.2110	40	93.72	826,005	991,840	
1982/07		1.00	29.5087	3.0000	26.5087	40	100.00	850,785	1,014,600	
1983/04		1.00	29.1375	3.0000	26.1375	40	100.00	876,309	1,041,280	
1983/07		1.00	30.0953	3.0000	27.0953	40	93.93	902,598	1,082,480	
1984/01		1.00	28.3905	3.0000	25.3905	40	88.05	929,676	1,096,520	
1984/07	20,242	1.00	27.3084	3.0000	24.3084	40	93.93	977,808	1,117,560	
1985/01		1.00	25.4555	3.0000	22.4555	40	93.93	1,007,142	1,130,360	
1985/10		1.00	23.3077	3.0000	20.3077	40	88.05	1,037,356	1,140,000	
1986/01		1.00	21.1376	3.0000	18.1376	40	88.05	1,068,477	1,149,480	



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 201588-00 - 2015/01

230.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	40	80.24	1,100,531	1,147,280	
1987/01		1.00	16.4441	3.0000	13.4441	40	80.24	1,133,547	1,167,800	
1987/07	5,992	1.00	14.3448	3.0000	11.3448	40	79.44	1,173,545	1,176,920	
1988/01		1.00	12.2455	3.0000	9.2455	40	79.44	1,208,751	1,186,480	
1988/07		1.00	9.8354	3.0000	6.8354	40	85.23	1,245,014	1,185,840	
1989/01		1.00	7.4253	3.0000	4.4253	40	85.23	1,282,364	1,192,840	
1989/07		1.00	5.0152	3.0000	2.0152	40	92.64	1,320,835	1,200,920	
1990/01		1.00	2.6051	2.6051		40	92.64	1,355,244	1,206,960	
1990/07		1.00	0.5899	0.5899		40	92.64	1,363,239	1,214,080	
1991/01	90,060	1.00	0.5899	0.5899		40	89.42	1,461,341	1,221,200	
1991/07	6,313	1.00	1.4932	1.4932		40	93.31	1,489,475	1,239,440	
1992/01		0.95	2.0117	2.0117		40	93.31	1,517,940	1,264,360	
1992/07		0.95	1.8152	1.8152		40	92.67	1,544,115	1,287,320	
1993/01		0.90	1.7710	1.7710		40	92.67	1,568,727	1,310,120	
1993/07		0.90	1.5329	1.5329		40	96.98	1,330,200	1,330,200	5
1994/01		0.85	1.6983	1.6983		40	96.98	1,613,328	1,352,800	
1994/07		0.85	1.5991	1.5991		40	98.68	1,635,256	1,374,440	
1995/01		0.80	1.5812	1.5812		40	98.68	1,655,942	1,396,160	
1995/07	56,220	0.80	1.5250	1.5250		40	98.50	1,732,364	1,417,440	
1996/01		0.75	1.7228	1.7228		40	98.50	1,754,748	1,441,880	
1996/07		0.75	1.3294	1.3294		40	97.51	1,754,748	1,461,040	3
1997/01		0.70	1.4109	1.4109		40	97.51	1,754,748	1,481,640	3
1997/07		0.70	1.0917	1.0917		40	95.66	1,754,748	1,497,800	3
1998/01		0.65	1.1663	1.1663		40	95.66	1,754,748	1,515,280	3
1998/07		0.65	1.0794	1.0794		40	96.49	1,754,748	1,531,640	3
1999/01		0.60	1.4499	1.4499		40	96.49	1,754,748	1,553,840	3
1999/07		0.60	1.2299	1.2299		40	97.52	1,754,748	1,572,960	3
2000/01		0.55	1.3356	1.3356		40	97.52	1,754,748	1,593,960	3
2000/07		0.55	1.1129	1.1129		40	98.80	1,754,748	1,611,680	3
2001/01		0.50	1.2976	1.2976		40	98.80	1,754,748	1,632,600	3



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 201588-00 - 2015/01

230.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		40	97.91	1,754,748	1,648,280	3
2002/01		0.45	1.0301	1.0301		40	97.91	1,754,748	1,665,240	3
2002/07		0.45	0.8337	0.8337		40	97.91	1,754,748	1,679,120	3
2003/01	1,458,420	0.40	1.3271	1.3271		40	94.96	1,754,748	1,701,400	3
2003/07		0.40	1.1664	1.1664		40	94.96	1,754,748	1,721,240	3
2004/01	2,500,000	0.35	1.1103	1.1103		40	89.97	1,754,748	1,740,360	3
2004/07	6,396	0.35	0.8378	0.8378		40	91.26	1,754,960	1,754,960	8
2005/01		0.30	0.8595	0.8595		40	91.26	1,759,486	1,770,040	
2005/07	21,277	0.30	0.7364	0.7364		40	87.94	1,783,080	1,783,080	8
2006/01		0.25	0.9068	0.9068		40	87.94	1,787,122	1,799,240	
2006/07		0.25	0.8133	0.8133		40	87.94	1,790,755	1,813,880	
2007/01		0.20	1.0133	1.0133		40	87.94	1,790,755	1,832,240	5
2007/07		0.20	1.1050	1.1050		40	77.21	1,798,351	1,852,480	
2008/01		0.15	0.8556	0.8556		40	76.10	1,800,658	1,868,320	
2008/07		0.15	0.6104	0.6104		40	76.10	1,802,307	1,879,720	
2009/01		0.10	1.3268	1.3268		40	74.68	1,804,699	1,904,680	
2009/07		0.10	0.6841	0.6841		40	74.68	1,805,933	1,917,720	
2010/01		0.05	0.8643	0.8643		40	73.64	1,806,713	1,934,280	
2010/07		0.05	0.7107	0.7107		40	79.81	1,807,354	1,948,040	
2011/01		0.00	0.9198	0.9198		40	79.81	1,807,354	1,965,960	
2011/07		0.00	0.9028	0.9028		40	79.81	1,807,354	1,983,720	
2012/01	77,743	0.00	0.3865	0.3865		40	66.13	1,885,097	1,991,400	
2012/07	36,290	0.00	0.9417	0.9417		40	70.59	1,921,387	2,010,160	
2013/01		0.00	0.4901	0.4901		40	70.59	1,921,387	2,020,000	
2013/07		0.00	0.6196	0.6196		40	74.92	1,921,387	2,032,520	
2014/01		0.00	0.8564	0.8564		40	74.92	1,921,387	2,049,920	
2014/07	8,435	0.00	1.2383	1.2383		40	73.80	1,929,822	2,075,320	
2015/01		0.00	0.7571	0.7571		40	73.80	1,929,822	2,091,040	

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 201651-00 - 2015/01

253.62

Guardian Care Nursing & Rehabilitation Center

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
2500 W CHURCH STREET	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
ORLANDO, FL 32805	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: 39,607	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 4,412	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 31,655	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	79.92274%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.42694%	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:	115.47113%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,900,737	2,627,026	1,892,977	314,334		6,735,074	
1a	Audit Adjustments							
2	Cost Per Diem	60.0454	82.9893	59.8003	9.9300		212.7650	
3	Cost Per Diem Inflated	63.4127	86.1478	63.1538				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	63.4127	86.1478	63.1538	9.9300		222.6443	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.1517		59.4984				
7	Provider Target Rate	66.5010		61.6773				
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	86.1478	61.6773	9.9300		211.9100	
12/13	Medical Adjustment Rate		2.9000	2.0762				
14	Prospective Per Diem 11	54.1549	89.0478	63.7535	9.9300		216.8862	
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 201651-00 - 2015/01

253.62

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

Guardian Care Nursing & Rehabilitation 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):	4,421,520	13.9451
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,105,380	0.4032
Indexed Asset Value	5,526,900	Interest Rate:	12.5000%	Insurance Cost(3):	73,774	1.8627
FRVS Base Asset:	1,168,156	Chase Rate:	12.5000%	Taxes Cost(3):	2,133	0.0539
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	471,196	0.0000
		Yearly Payment:	549,716	Total FRVS PD:		16.2649

- (1) 80% Capital (\$4,421,520) amortized at 12.5000 % for 20 years Interest of \$549,716 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.9451
- (2) 20% ROE (\$1,105,380) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4032
- (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	76	Effective PBS Limitation	2,166,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	89.0478	89.0478	1.5492	87.4986
Indirect Care	63.7535	63.7535	1.1092	62.6443
Property	9.9300	16.2649	0.2830	15.9819
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3823
Supplemental Rate Add-on				9.9025
Totals	216.8862	223.2211	3.8836	253.6223

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 201651-00 - 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
1971/07	503,390	0.00				76	100.00	503,390	779,836	
1972/01		0.10	3.9787	3.0000	0.9787	76	100.00	504,900	810,844	
1972/07		0.10	5.9113	3.0000	2.9113	76	100.00	506,415	850,820	
1973/01		0.20	8.0622	3.0000	5.0622	76	100.00	509,453	894,672	
1973/07		0.20	10.7186	3.0000	7.7186	76	100.00	512,510	945,288	
1974/01		0.30	12.9457	3.0000	9.9457	76	100.00	517,123	994,688	
1974/07		0.30	13.0494	3.0000	10.0494	76	100.00	521,777	1,025,544	
1975/01		0.40	13.1399	3.0000	10.1399	76	100.00	528,038	1,057,236	
1975/07	268	0.40	14.2033	3.0000	11.2033	76	100.00	534,642	1,100,252	
1976/01		0.50	15.2478	3.0000	12.2478	76	100.00	542,662	1,144,712	
1976/07		0.50	15.7330	3.0000	12.7330	76	100.00	550,802	1,184,612	
1977/01		0.60	16.4836	3.0000	13.4836	76	100.00	560,716	1,229,072	
1977/07		0.60	18.5412	3.0000	15.5412	76	100.00	570,809	1,291,164	
1978/01		0.70	20.2809	3.0000	17.2809	76	100.00	582,796	1,352,420	
1978/07	465	0.70	22.8203	3.0000	19.8203	76	100.00	595,500	1,427,280	
1979/01		0.80	24.9476	3.0000	21.9476	76	100.00	609,792	1,500,468	
1979/07	1,641	0.80	26.1458	3.0000	23.1458	76	100.00	626,068	1,563,472	
1980/01	11,057	0.90	29.3115	3.0000	26.3115	76	99.96	654,029	1,659,916	
1980/07	19,196	0.90	30.1222	3.0000	27.1222	76	99.96	690,884	1,723,148	
1981/01	8,440	1.00	30.9462	3.0000	27.9462	76	98.20	720,051	1,789,040	
1981/07	38,604	1.00	30.5350	3.0000	27.5350	76	98.20	780,257	1,835,324	
1982/01	36,615	1.00	30.2110	3.0000	27.2110	76	97.57	840,280	1,884,496	
1982/07	24,129	1.00	29.5087	3.0000	26.5087	76	100.00	889,617	1,927,740	
1983/04	10,891	1.00	29.1375	3.0000	26.1375	76	100.00	927,197	1,978,432	
1983/07	26,175	1.00	30.0953	3.0000	27.0953	76	100.00	981,188	2,056,712	
1984/01	17,528	1.00	28.3905	3.0000	25.3905	76	100.00	1,028,152	2,083,388	
1984/07	11,778	1.00	27.3084	3.0000	24.3084	76	94.56	1,070,775	2,123,364	
1985/01	20,415	1.00	25.4555	3.0000	22.4555	76	94.56	1,123,313	2,147,684	
1985/10	11,144	1.00	23.3077	3.0000	20.3077	76	95.40	1,168,156	2,166,000	
1986/01		1.00	21.1376	3.0000	18.1376	76	95.40	1,203,201	2,184,012	



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 201651-00 - 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
1986/07	1,706,852	1.00	18.4350	3.0000	15.4350	120	97.23	2,946,149	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	97.23	3,034,533	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	96.89	3,125,569	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	96.89	3,219,336	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	96.89	3,315,916	3,557,520	
1989/01	85,097	1.00	7.4253	3.0000	4.4253	120	96.89	3,500,490	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	96.89	3,605,505	3,602,760	
1990/01		1.00	2.6051	2.6051		120	96.89	3,699,432	3,620,880	
1990/07		1.00	0.5899	0.5899		120	96.89	3,721,255	3,642,240	
1991/01		1.00	0.5899	0.5899		120	97.40	3,743,207	3,663,600	
1991/07		1.00	1.4932	1.4932		120	97.40	3,799,101	3,718,320	
1992/01	48,428	0.95	2.0117	2.0117		120	98.03	3,920,134	3,793,080	
1992/07		0.95	1.8152	1.8152		120	98.03	3,987,733	3,861,960	
1993/01	161,521	0.90	1.7710	1.7710		120	98.57	4,212,814	3,930,360	
1993/07		0.90	1.5329	1.5329		120	98.57	4,270,934	3,990,600	
1994/01	84,367	0.85	1.6983	1.6983		120	100.00	4,416,956	4,058,400	
1994/07		0.85	1.5991	1.5991		120	100.00	4,476,991	4,123,320	
1995/01	32,414	0.80	1.5812	1.5812		120	96.49	4,566,039	4,188,480	
1995/07		0.80	1.5250	1.5250		120	96.49	4,621,745	4,252,320	
1996/01	449,287	0.75	1.7228	1.7228		120	94.04	5,130,750	4,325,640	
1996/07		0.75	1.3294	1.3294		120	94.04	5,130,750	4,383,120	3
1997/01	40,171	0.70	1.4109	1.4109		120	95.45	5,130,750	4,444,920	3
1997/07		0.70	1.0917	1.0917		120	95.45	5,130,750	4,493,400	3
1998/01	36,207	0.65	1.1663	1.1663		120	94.70	5,130,750	4,545,840	3
1998/07		0.65	1.0794	1.0794		120	94.70	5,130,750	4,594,920	3
1999/01		0.60	1.4499	1.4499		120	95.35	5,130,750	4,661,520	3
1999/07		0.60	1.2299	1.2299		120	95.35	5,130,750	4,718,880	3
2000/01	285,142	0.55	1.3356	1.3356		120	94.06	5,130,750	4,781,880	3
2000/07		0.55	1.1129	1.1129		120	94.06	5,130,750	4,835,040	3
2001/01	49,656	0.50	1.2976	1.2976		120	93.02	5,130,750	4,897,800	3



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 201651-00 - 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
2001/07		0.50	0.9615	0.9615		120	93.02	5,130,750	4,944,840	3
2002/01	49,917	0.45	1.0301	1.0301		120	96.02	5,130,750	4,995,720	3
2002/07		0.45	0.8337	0.8337		120	96.02	5,130,750	5,037,360	3
2003/01		0.40	1.3271	1.3271		120	93.75	5,130,750	5,104,200	3
2003/07		0.40	1.1664	1.1664		120	93.75	5,154,690	5,163,720	
2004/01		0.35	1.1103	1.1103		120	92.73	5,174,721	5,221,080	
2004/07		0.35	0.8378	0.8378		120	92.73	5,189,893	5,264,880	
2005/01		0.30	0.8595	0.8595		120	92.73	5,203,278	5,310,120	
2005/07		0.30	0.7364	0.7364		120	89.35	5,214,772	5,349,240	
2006/01		0.25	0.9068	0.9068		120	89.35	5,226,594	5,397,720	
2006/07	25,955	0.25	0.8133	0.8133		120	84.84	5,263,175	5,441,640	
2007/01	124,312	0.20	1.0133	1.0133		120	81.60	5,398,155	5,496,720	
2007/07		0.20	1.1050	1.1050		120	81.60	5,410,085	5,557,440	
2008/01		0.15	0.8556	0.8556		120	74.92	5,417,026	5,604,960	
2008/07		0.15	0.6104	0.6104		120	74.92	5,421,988	5,639,160	
2009/01		0.10	1.3268	1.3268		120	78.45	5,429,183	5,714,040	
2009/07		0.10	0.6841	0.6841		120	78.45	5,432,897	5,753,160	
2010/01		0.05	0.8643	0.8643		120	78.45	5,435,244	5,802,840	
2010/07	26,543	0.05	0.7107	0.7107		120	77.22	5,463,717	5,844,120	
2011/01	19,675	0.00	0.9198	0.9198		120	78.40	5,483,392	5,897,880	
2011/07		0.00	0.9028	0.9028		120	78.40	5,483,392	5,951,160	
2012/01		0.00	0.3865	0.3865		120	79.90	5,483,392	5,974,200	
2012/07		0.00	0.9417	0.9417		120	79.90	5,483,392	6,030,480	
2013/01		0.00	0.4901	0.4901		120	79.90	5,483,392	6,060,000	
2013/07		0.00	0.6196	0.6196		120	83.30	5,483,392	6,097,560	
2014/01	43,508	0.00	0.8564	0.8564		120	79.92	5,526,900	6,149,760	
2014/07		0.00	1.2383	1.2383		120	79.92	5,526,900	6,225,960	
2015/01		0.00	0.7571	0.7571		120	79.92	5,526,900	6,273,120	

Message Code:

3 Index Cost Limitation - January 1996



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 202011-00 - 2015/01

244.05

Westchester Gardens Rehabilitation & Care 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
3301 N MCMULLEN BOOTH RD	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33761	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: 38,110	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 11,118	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,563	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	56.58095%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.00913%	Cost: 1.05607860
Open Date: 07/01/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 09/01/1989	Low Occupancy Adjustment Factor:	111.10674%	DC Sem Index: 1.25449501
Med # Active Date: 01/05/1990	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 201201			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,333	1,981,546	1,314,202	293,688		4,574,769
1a	Audit Adjustments						
2	Cost Per Diem	45.6955	91.8957	60.9471	13.6200		212.1583
3	Cost Per Diem Inflated	48.2580	95.3932	64.3649			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2580	95.3932	64.3649	13.6200		221.6361
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2664		54.4474			
7	Provider Target Rate	59.3635		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	48.2580	95.3932	56.4413	13.6200		213.7125
12/13	Medical Adjustment Rate		0.7063	0.4179			
14	Prospective Per Diem 11	48.2580	96.0995	56.8592	13.6200		214.8367
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 202011-00 - 2015/01

244.05

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

Westchester Gardens Rehabilitation & Care 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:	4,320,000.00	Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Fixed	80% Capital(1):	4,991,815 16.2052
Indexed Asset Value	6,239,769	<60% of Base:	False	20% ROE(2):	1,247,954 0.4552
FRVS Base Asset:	3,578,520	Interest Rate:	11.5000%	Insurance Cost(3):	49,964 1.3110
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	65,154 1.7096
ROE Factor	0.014380	Amortization Rate:	11.5000%	Home Office(3):	28,111 0.7376
		Interest Only:	False	Replacement(3&4):	25,612 0.0000
		Yearly Payment:	638,810	Total FRVS PD:	20.4186

- (1) 80% Capital (\$4,991,815) amortized at 11.5000 % for 20 years Principal & Interest of \$638,810 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$16.2052
- (2) 20% ROE (\$1,247,954) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4552
- (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	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.2580	48.2580	0.8396	47.4184
Direct Care	96.0995	96.0995	1.6719	94.4276
Indirect Care	56.8592	56.8592	0.9892	55.8700
Property	13.6200	20.4186	0.3552	20.0634
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.3727
Supplemental Rate Add-on				9.9025
Totals	214.8367	221.6353	3.8559	244.0546

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 202011-00 - 2015/01

244.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,713,700	0.00	0.5899	0.5899		120	55.79	3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120	55.79	3,580,631	3,620,880	
1990/07		0.10	0.5899	0.5899		120	55.79	3,582,744	3,642,240	
1991/01		0.20	0.5899	0.5899		120	55.79	3,582,744	3,663,600	5
1991/07		0.20	1.4932	1.4932		120	55.79	3,586,972	3,718,320	5
1992/01		0.30	2.0117	2.0117		120	55.79	3,619,395	3,793,080	
1992/07		0.30	1.8152	1.8152		120	55.79	3,639,106	3,861,960	
1993/01	44,711	0.40	1.7710	1.7710		120	74.00	3,709,596	3,930,360	
1993/07		0.40	1.5329	1.5329		120	74.00	3,732,343	3,990,600	
1994/01	38,138	0.50	1.6983	1.6983		120	74.72	3,802,176	4,058,400	
1994/07		0.50	1.5991	1.5991		120	74.72	3,832,578	4,123,320	
1995/01	94,134	0.60	1.5812	1.5812		120	73.00	3,963,072	4,188,480	
1995/07		0.60	1.5250	1.5250		120	73.00	3,999,334	4,252,320	
1996/01	40,083	0.70	1.7228	1.7228		120	64.03	4,087,649	4,325,640	
1996/07		0.70	1.3294	1.3294		120	64.03	4,125,689	4,383,120	
1997/01	37,877	0.80	1.4109	1.4109		120	65.62	4,210,133	4,444,920	
1997/07		0.80	1.0917	1.0917		120	65.62	4,246,904	4,493,400	
1998/01	860,846	0.90	1.1663	1.1663		120	62.67	4,545,840	4,545,840	8
1998/07		0.90	1.0794	1.0794		120	62.67	4,590,003	4,594,920	
1999/01	37,233	1.00	1.4499	1.4499		120	59.92	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	59.92	4,718,852	4,718,880	
2000/01	42,817	1.00	1.3356	1.3356		120	52.68	4,781,880	4,781,880	8
2000/07		1.00	1.1129	1.1129		120	52.68	4,832,853	4,835,040	
2001/01	53,488	1.00	1.2976	1.2976		120	51.26	4,897,800	4,897,800	8
2001/07		1.00	0.9615	0.9615		120	51.26	4,941,690	4,944,840	
2002/01		1.00	1.0301	1.0301		120	45.33	4,983,644	4,995,720	
2002/07		1.00	0.8337	0.8337		120	45.33	5,017,888	5,037,360	
2003/01		1.00	1.3271	1.3271		120	42.01	5,068,752	5,104,200	
2003/07		1.00	1.1664	1.1664		120	42.01	5,113,910	5,163,720	
2004/01		1.00	1.1103	1.1103		120	49.20	5,164,702	5,221,080	



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 202011-00 - 2015/01

244.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		120	49.20	5,203,409	5,264,880	
2005/01		1.00	0.8595	0.8595		120	49.20	5,243,416	5,310,120	
2005/07		1.00	0.7364	0.7364		120	49.81	5,278,385	5,349,240	
2006/01	25,590	1.00	0.9068	0.9068		120	51.57	5,348,854	5,397,720	
2006/07		1.00	0.8133	0.8133		120	51.57	5,389,643	5,441,640	
2007/01	38,137	1.00	1.0133	1.0133		120	48.47	5,475,909	5,496,720	
2007/07		1.00	1.1050	1.1050		120	48.47	5,529,234	5,557,440	
2008/01		1.00	0.8556	0.8556		120	48.47	5,570,925	5,604,960	
2008/07		1.00	0.6104	0.6104		120	43.61	5,597,888	5,639,160	
2009/01		1.00	1.3268	1.3268		120	43.61	5,656,780	5,714,040	
2009/07		1.00	0.6841	0.6841		120	49.47	5,691,587	5,753,160	
2010/01		0.95	0.8643	0.8643		120	49.47	5,733,622	5,802,840	
2010/07		0.95	0.7107	0.7107		120	51.41	5,769,808	5,844,120	
2011/01	99,087	0.90	0.9198	0.9198		120	50.25	5,897,880	5,897,880	8
2011/07		0.90	0.9028	0.9028		120	50.25	5,941,662	5,951,160	
2012/01		0.85	0.3865	0.3865		120	49.07	5,959,076	5,974,200	
2012/07		0.85	0.9417	0.9417		120	49.07	6,001,630	6,030,480	
2013/01		0.80	0.4901	0.4901		120	49.07	6,022,625	6,060,000	
2013/07	39,633	0.80	0.6196	0.6196		120	52.19	6,090,587	6,097,560	
2014/01	27,744	0.75	0.8564	0.8564		120	56.58	6,149,760	6,149,760	8
2014/07		0.75	1.2383	1.2383		120	56.58	6,206,873	6,225,960	
2015/01		0.70	0.7571	0.7571		120	56.58	6,239,769	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 202533-00 - 2015/01

266.61

The Rohr 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
2120 MARSHALL EDWARDS DR	10/1/2012-9/30/2013	Number of Beds: 60	Superior: 243
BARTOW, FL 33830	Days in CR 365	Maximum: 21,900	Standard: 0
County: Polk [53]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 19,695	Total: 243
Control: Government	Unaudited	Medicare: 2,404	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 14,540	FY Index: 1.30932625
Class at 1/94: South Small	Medical Utilization	73.82584%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.93151%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	114.83848%	DC Sem Index: 1.25449501
Med # Active Date: 10/10/1970	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	956,877	1,411,208	849,126	83,169		3,300,380	
1a	Audit Adjustments							
2	Cost Per Diem	65.8100	97.0570	58.3993	5.7200		226.9863	
3	Cost Per Diem Inflated	68.9410	100.5015	61.1777				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	68.9410	100.5015	61.1777	5.7200		236.3402	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.2746		67.0043				
7	Provider Target Rate	57.2988		69.4581				
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	57.2988	100.5015	61.1777	5.7200		224.6980	
12/13	Medical Adjustment Rate		2.6938	1.6398				
14	Prospective Per Diem 11	57.2988	103.1953	62.8175	5.7200		229.0316	
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 202533-00 - 2015/01

266.61

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

The Rohr Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	2,099,336	13.2423
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	524,834	0.4439
Indexed Asset Value	2,624,170	Interest Rate:	12.5000%	Insurance Cost(3):	0	0.0000
FRVS Base Asset:	570,712	Chase Rate:	12.5000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	5,558	0.0000
		Yearly Payment:	261,005	Total FRVS PD:		13.6862

(1) 80% Capital (\$2,099,336) amortized at 12.5000 % for 20 years Interest of \$261,005 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$13.2423

(2) 20% ROE (\$524,834) times the ROE factor (0.016670) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4439

(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	57.2988	57.2988	0.9969	56.3019
Direct Care	103.1953	103.1953	1.7954	101.3999
Indirect Care	62.8175	62.8175	1.0929	61.7246
Property	5.7200	13.6862	0.2381	13.4481
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8302
Supplemental Rate Add-on				9.9025
Totals	229.0316	236.9978	4.1233	266.6072

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: 9/30/2013

0 202533-00 - 2015/01

266.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	325,000	0.00				60	100.00	325,000	615,660	
1972/01		0.10	3.9787	3.0000	0.9787	60	100.00	325,975	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	326,953	671,700	
1973/01		0.20	8.0622	3.0000	5.0622	60	100.00	328,915	706,320	
1973/07		0.20	10.7186	3.0000	7.7186	60	100.00	330,888	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	333,866	785,280	
1974/07		0.30	13.0494	3.0000	10.0494	60	100.00	336,871	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	340,913	834,660	
1975/07		0.40	14.2033	3.0000	11.2033	60	100.00	345,004	868,620	
1976/01		0.50	15.2478	3.0000	12.2478	60	100.00	350,179	903,720	
1976/07		0.50	15.7330	3.0000	12.7330	60	100.00	355,432	935,220	
1977/01		0.60	16.4836	3.0000	13.4836	60	100.00	361,830	970,320	
1977/07		0.60	18.5412	3.0000	15.5412	60	100.00	368,343	1,019,340	
1978/01		0.70	20.2809	3.0000	17.2809	60	100.00	376,078	1,067,700	
1978/07		0.70	22.8203	3.0000	19.8203	60	100.00	383,976	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	393,191	1,184,580	
1979/07		0.80	26.1458	3.0000	23.1458	60	100.00	402,628	1,234,320	
1980/01		0.90	29.3115	3.0000	26.3115	60	85.29	413,499	1,310,460	
1980/07		0.90	30.1222	3.0000	27.1222	60	85.29	424,663	1,360,380	
1981/01		1.00	30.9462	3.0000	27.9462	60	81.46	437,403	1,412,400	
1981/07		1.00	30.5350	3.0000	27.5350	60	81.46	450,525	1,448,940	
1982/01		1.00	30.2110	3.0000	27.2110	60	80.41	464,041	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	60	100.00	477,962	1,521,900	
1983/04		1.00	29.1375	3.0000	26.1375	60	100.00	492,301	1,561,920	
1983/07		1.00	30.0953	3.0000	27.0953	60	77.86	507,070	1,623,720	
1984/01		1.00	28.3905	3.0000	25.3905	60	73.92	522,282	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	77.86	537,950	1,676,340	
1985/01		1.00	25.4555	3.0000	22.4555	60	77.86	554,089	1,695,540	
1985/10		1.00	23.3077	3.0000	20.3077	60	100.00	570,712	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	100.00	587,833	1,724,220	



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: 9/30/2013

0 202533-00 - 2015/01

266.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	60	100.00	605,468	1,720,920	
1987/01		1.00	16.4441	3.0000	13.4441	60	100.00	623,632	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	69.92	642,341	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	69.92	661,611	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	74.78	681,459	1,778,760	
1989/01		1.00	7.4253	3.0000	4.4253	60	74.78	701,903	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	79.68	722,960	1,801,380	
1990/01		1.00	2.6051	2.6051		60	79.68	741,794	1,810,440	
1990/07	10,771	1.00	0.5899	0.5899		60	89.11	756,941	1,821,120	
1991/01		1.00	0.5899	0.5899		60	89.11	761,406	1,831,800	
1991/07		1.00	1.4932	1.4932		60	90.50	772,775	1,859,160	
1992/01		0.95	2.0117	2.0117		60	90.50	787,544	1,896,540	
1992/07		0.95	1.8152	1.8152		60	92.64	801,124	1,930,980	
1993/01		0.90	1.7710	1.7710		60	92.64	813,893	1,965,180	
1993/07		0.90	1.5329	1.5329		60	95.39	825,121	1,995,300	
1994/01		0.85	1.6983	1.6983		60	95.39	837,032	2,029,200	
1994/07		0.85	1.5991	1.5991		60	94.52	848,409	2,061,660	
1995/01		0.80	1.5812	1.5812		60	94.52	859,141	2,094,240	
1995/07		0.80	1.5250	1.5250		60	92.32	859,141	2,126,160	5
1996/01		0.75	1.7228	1.7228		60	92.32	869,623	2,162,820	5
1996/07		0.75	1.3294	1.3294		60	89.85	889,642	2,191,560	
1997/01		0.70	1.4109	1.4109		60	89.85	898,428	2,222,460	
1997/07		0.70	1.0917	1.0917		60	94.15	905,294	2,246,700	
1998/01		0.65	1.1663	1.1663		60	94.15	912,157	2,272,920	
1998/07		0.65	1.0794	1.0794		60	88.25	918,557	2,297,460	
1999/01		0.60	1.4499	1.4499		60	88.25	926,548	2,330,760	
1999/07	27,481	0.60	1.2299	1.2299		60	91.90	960,866	2,359,440	
2000/01		0.55	1.3356	1.3356		60	91.90	967,925	2,390,940	
2000/07		0.55	1.1129	1.1129		60	85.60	973,850	2,417,520	
2001/01		0.50	1.2976	1.2976		60	85.60	980,168	2,448,900	



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: 9/30/2013

0 202533-00 - 2015/01

266.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	14,572	0.50	0.9615	0.9615		60	82.21	999,453	2,472,420	
2002/01		0.45	1.0301	1.0301		60	82.21	1,004,085	2,497,860	
2002/07	14,625	0.45	0.8337	0.8337		60	81.49	1,022,477	2,518,680	
2003/01		0.40	1.3271	1.3271		60	81.49	1,027,904	2,552,100	
2003/07		0.40	1.1664	1.1664		60	82.69	1,032,700	2,581,860	
2004/01		0.35	1.1103	1.1103		60	82.69	1,036,713	2,610,540	
2004/07		0.35	0.8378	0.8378		60	82.66	1,039,753	2,632,440	
2005/01		0.30	0.8595	0.8595		60	82.66	1,042,435	2,655,060	
2005/07		0.30	0.7364	0.7364		60	81.47	1,044,738	2,674,620	
2006/01		0.25	0.9068	0.9068		60	81.47	1,047,106	2,698,860	
2006/07		0.25	0.8133	0.8133		60	87.68	1,049,235	2,720,820	
2007/01		0.20	1.0133	1.0133		60	87.68	1,051,362	2,748,360	
2007/07	1,533,729	0.20	1.1050	1.1050		60	83.50	2,587,415	2,778,720	
2008/01		0.15	0.8556	0.8556		60	83.50	2,590,735	2,802,480	
2008/07	10,005	0.15	0.6104	0.6104		60	79.82	2,603,113	2,819,580	
2009/01		0.10	1.3268	1.3268		60	79.82	2,606,567	2,857,020	
2009/07		0.10	0.6841	0.6841		60	82.95	2,608,350	2,876,580	
2010/01		0.05	0.8643	0.8643		60	82.95	2,609,477	2,901,420	
2010/07		0.05	0.7107	0.7107		60	76.69	2,610,403	2,922,060	
2011/01		0.00	0.9198	0.9198		60	76.69	2,610,403	2,948,940	
2011/07		0.00	0.9028	0.9028		60	75.18	2,610,403	2,975,580	
2012/01		0.00	0.3865	0.3865		60	75.18	2,610,403	2,987,100	
2012/07		0.00	0.9417	0.9417		60	70.32	2,610,403	3,015,240	
2013/01		0.00	0.4901	0.4901		60	70.32	2,610,403	3,030,000	
2013/07		0.00	0.6196	0.6196		60	70.82	2,610,403	3,048,780	
2014/01		0.00	0.8564	0.8564		60	70.82	2,610,403	3,074,880	
2014/07	13,767	0.00	1.2383	1.2383		60	73.83	2,624,170	3,112,980	
2015/01		0.00	0.7571	0.7571		60	73.83	2,624,170	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 202606-00 - 2015/01

238.65

Samantha R. Wilson at Bay View

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
161A MARINE STREET	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
SAINT AUGUSTINE, FL 32084	Days in CR 365	Maximum: 43,800	Standard: 243
County: St Johns [55]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 41,750	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 10,662	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,784	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	40.20120%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.31963%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	121.71887%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	810,845	1,529,376	896,435	295,063		3,531,719	
1a	Audit Adjustments							
2	Cost Per Diem	48.3106	91.1211	53.4101	17.5800		210.4218	
3	Cost Per Diem Inflated	50.6090	94.3549	55.9511				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.6090	94.3549	55.9511	17.5800		218.4950	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.1678		58.3678				
7	Provider Target Rate	59.2613		60.5053				
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	50.6090	94.3549	55.9511	13.6500		214.5650	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.6090	94.3549	55.9511	13.6500		214.5650	
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 202606-00 - 2015/01

238.65

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

Samantha R. Wilson at Bay View

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,079,538.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,277,718 10.1742
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,069,429 0.4522
Indexed Asset Value	5,347,147	Interest Rate:	7.1000%	Insurance Cost(3):	80,020 1.9166
FRVS Base Asset:	337,836	Chase Rate:	8.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	7.1000%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	222,692 0.0000
		Yearly Payment:	401,068	Total FRVS PD:	12.5430

- (1) 80% Capital (\$4,277,718) amortized at 7.1000 % for 20 years Principal & Interest of \$401,068 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.1742
- (2) 20% ROE (\$1,069,429) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4522
- (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	51	Effective PBS Limitation	1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.6090	50.6090	0.8805	49.7285
Direct Care	94.3549	94.3549	1.6415	92.7134
Indirect Care	55.9511	55.9511	0.9734	54.9777
Property	13.6500	12.5430	0.2182	12.3248
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.0006
Supplemental Rate Add-on				9.9025
Totals	214.5650	213.4580	3.7136	238.6475

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: 9/30/2013

0 202606-00 - 2015/01

238.65

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	197,523	0.00				51	100.00	197,523	523,311	
1972/01		0.10	3.9787	3.0000	0.9787	51	100.00	198,116	544,119	
1972/07		0.10	5.9113	3.0000	2.9113	51	100.00	198,710	570,945	
1973/01		0.20	8.0622	3.0000	5.0622	51	100.00	199,902	600,372	
1973/07		0.20	10.7186	3.0000	7.7186	51	100.00	201,101	634,338	
1974/01		0.30	12.9457	3.0000	9.9457	51	100.00	202,911	667,488	
1974/07		0.30	13.0494	3.0000	10.0494	51	100.00	204,737	688,194	
1975/01		0.40	13.1399	3.0000	10.1399	51	100.00	207,194	709,461	
1975/07		0.40	14.2033	3.0000	11.2033	51	100.00	209,680	738,327	
1976/01		0.50	15.2478	3.0000	12.2478	51	100.00	212,825	768,162	
1976/07		0.50	15.7330	3.0000	12.7330	51	100.00	216,017	794,937	
1977/01		0.60	16.4836	3.0000	13.4836	51	100.00	219,905	824,772	
1977/07		0.60	18.5412	3.0000	15.5412	51	100.00	223,863	866,439	
1978/01		0.70	20.2809	3.0000	17.2809	51	100.00	228,564	907,545	
1978/07		0.70	22.8203	3.0000	19.8203	51	100.00	233,364	957,780	
1979/01		0.80	24.9476	3.0000	21.9476	51	100.00	238,965	1,006,893	
1979/07		0.80	26.1458	3.0000	23.1458	51	100.00	244,700	1,049,172	
1980/01		0.90	29.3115	3.0000	26.3115	51	62.75	251,307	1,113,891	
1980/07		0.90	30.1222	3.0000	27.1222	51	62.75	258,092	1,156,323	
1981/01		1.00	30.9462	3.0000	27.9462	51	56.97	265,835	1,200,540	
1981/07		1.00	30.5350	3.0000	27.5350	51	56.97	273,810	1,231,599	
1982/01		1.00	30.2110	3.0000	27.2110	51	49.40	281,188	1,264,596	
1982/07		1.00	29.5087	3.0000	26.5087	51	49.40	288,765	1,293,615	
1983/04		1.00	29.1375	3.0000	26.1375	51	50.24	296,678	1,327,632	
1983/07		1.00	30.0953	3.0000	27.0953	51	50.24	304,808	1,380,162	
1984/01		1.00	28.3905	3.0000	25.3905	51	43.79	312,088	1,398,063	
1984/07		1.00	27.3084	3.0000	24.3084	51	43.79	319,542	1,424,889	
1985/01		1.00	25.4555	3.0000	22.4555	51	49.44	328,159	1,441,209	
1985/10		1.00	23.3077	3.0000	20.3077	51	54.06	337,836	1,453,500	
1986/01		1.00	21.1376	3.0000	18.1376	51	54.06	347,798	1,465,587	



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: 9/30/2013

0 202606-00 - 2015/01

238.65

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	51	54.06	358,054	1,462,782	
1987/01		1.00	16.4441	3.0000	13.4441	51	54.06	368,612	1,488,945	
1987/07		1.00	14.3448	3.0000	11.3448	51	49.98	378,661	1,500,573	
1988/01		1.00	12.2455	3.0000	9.2455	51	49.98	388,984	1,512,762	
1988/07		1.00	9.8354	3.0000	6.8354	51	45.85	398,712	1,511,946	
1989/01		1.00	7.4253	3.0000	4.4253	51	45.85	408,683	1,520,871	
1989/07		1.00	5.0152	3.0000	2.0152	51	54.21	420,767	1,531,173	
1990/01		1.00	2.6051	2.6051		51	54.21	431,571	1,538,874	
1990/07	19,237	1.00	0.5899	0.5899		51	55.77	453,354	1,547,952	
1991/01		1.00	0.5899	0.5899		51	55.77	456,028	1,557,030	
1991/07		1.00	1.4932	1.4932		51	65.89	462,837	1,580,286	
1992/01		0.95	2.0117	2.0117		51	65.89	471,682	1,612,059	
1992/07		0.95	1.8152	1.8152		51	66.25	479,816	1,641,333	
1993/01		0.90	1.7710	1.7710		51	66.25	487,464	1,670,403	
1993/07		0.90	1.5329	1.5329		51	72.03	494,189	1,696,005	
1994/01		0.85	1.6983	1.6983		51	72.03	501,323	1,724,820	
1994/07		0.85	1.5991	1.5991		51	73.62	508,137	1,752,411	
1995/01		0.80	1.5812	1.5812		51	73.62	514,565	1,780,104	
1995/07		0.80	1.5250	1.5250		51	69.54	520,843	1,807,236	
1996/01		0.75	1.7228	1.7228		51	69.54	527,573	1,838,397	
1996/07		0.75	1.3294	1.3294		51	76.08	532,833	1,862,826	
1997/01		0.70	1.4109	1.4109		51	76.08	538,095	1,889,091	
1997/07		0.70	1.0917	1.0917		51	82.77	542,207	1,909,695	
1998/01		0.65	1.1663	1.1663		51	82.77	546,317	1,931,982	
1998/07		0.65	1.0794	1.0794		51	73.41	550,150	1,952,841	
1999/01		0.60	1.4499	1.4499		51	73.41	554,936	1,981,146	
1999/07	3,934,369	0.60	1.2299	1.2299		120	71.45	4,493,400	4,718,880	
2000/01		0.55	1.3356	1.3356		120	71.45	4,526,409	4,781,880	
2000/07		0.55	1.1129	1.1129		120	68.12	4,554,115	4,835,040	
2001/01		0.50	1.2976	1.2976		120	68.12	4,583,662	4,897,800	



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: 9/30/2013

0 202606-00 - 2015/01
238.65

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	147,231	0.50	0.9615	0.9615		120	68.12	4,752,931	4,944,840	
2002/01		0.45	1.0301	1.0301		120	62.59	4,774,961	4,995,720	
2002/07		0.45	0.8337	0.8337		120	62.59	4,792,877	5,037,360	
2003/01		0.40	1.3271	1.3271		120	62.59	4,818,318	5,104,200	
2003/07	20,844	0.40	1.1664	1.1664		120	65.68	4,861,644	5,163,720	
2004/01	125,302	0.35	1.1103	1.1103		120	61.76	5,005,838	5,221,080	
2004/07		0.35	0.8378	0.8378		120	61.76	5,020,515	5,264,880	
2005/01	71,655	0.30	0.8595	0.8595		120	54.34	5,104,963	5,310,120	
2005/07		0.30	0.7364	0.7364		120	54.34	5,116,105	5,349,240	
2006/01	45,153	0.25	0.9068	0.9068		120	47.04	5,171,178	5,397,720	
2006/07		0.25	0.8133	0.8133		120	47.04	5,180,169	5,441,640	
2007/01		0.20	1.0133	1.0133		120	47.04	5,189,150	5,496,720	
2007/07	30,043	0.20	1.1050	1.1050		120	46.84	5,228,960	5,557,440	
2008/01		0.15	0.8556	0.8556		120	46.84	5,234,673	5,604,960	
2008/07		0.15	0.6104	0.6104		120	45.46	5,238,636	5,639,160	
2009/01		0.10	1.3268	1.3268		120	45.46	5,244,382	5,714,040	
2009/07		0.10	0.6841	0.6841		120	46.84	5,247,437	5,753,160	
2010/01		0.05	0.8643	0.8643		120	46.84	5,249,368	5,802,840	
2010/07	27,998	0.05	0.7107	0.7107		120	52.02	5,279,129	5,844,120	
2011/01	40,184	0.00	0.9198	0.9198		120	49.12	5,319,313	5,897,880	
2011/07		0.00	0.9028	0.9028		120	49.12	5,319,313	5,951,160	
2012/01		0.00	0.3865	0.3865		120	49.12	5,319,313	5,974,200	
2012/07	27,834	0.00	0.9417	0.9417		120	54.26	5,347,147	6,030,480	5
2013/01		0.00	0.4901	0.4901		120	54.26	5,347,147	6,060,000	
2013/07		0.00	0.6196	0.6196		120	50.87	5,347,147	6,097,560	
2014/01		0.00	0.8564	0.8564		120	50.87	5,347,147	6,149,760	
2014/07		0.00	1.2383	1.2383		120	40.20	5,347,147	6,225,960	
2015/01		0.00	0.7571	0.7571		120	40.20	5,347,147	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 202703-00 - 2015/01

270.92

Pines of Sarasota

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
1501 N ORANGE AVE	8/1/2012-7/31/2013	Number of Beds: 204	Superior: 0
SARASOTA, FL 34236	Days in CR 365	Maximum: 74,460	Standard: 243
County: Sarasota [58]	First Used : 2014/07	Max Annualized: 74,460	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 70,009	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 8,395	Inflation
Current Class South Large	Initial CR? False	Medicaid: 48,814	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	69.72532%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.02229%	Cost: 1.05323681
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: 1.20949917
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	120.06223%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,589,088	5,069,183	3,223,701	1,156,404		12,038,376	
1a	Audit Adjustments							
2	Cost Per Diem	53.0399	103.8469	66.0405	23.6900		246.6173	
3	Cost Per Diem Inflated	55.8636	107.7102	69.5563				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.8636	107.7102	69.5563	23.6900		256.8201	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.2480		75.5657				
7	Provider Target Rate	65.5642		78.3330				
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	55.8636	99.8648	65.5807	13.6500		234.9591	
12/13	Medical Adjustment Rate		2.2161	1.4553				
14	Prospective Per Diem 11	55.8636	102.0809	67.0360	13.6500		238.6305	
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 202703-00 - 2015/01

270.92

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

Pines of Sarasota

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):	8,108,120 15.0426
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	2,027,030 0.4537
Indexed Asset Value	10,135,150	Interest Rate:	12.5000%	Insurance Cost(3):	125,210 1.7885
FRVS Base Asset:	3,497,793	Chase Rate:	12.5000%	Taxes Cost(3):	41,694 0.5956
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
ROE Factor	0.015000	Interest Only:	True	Replacement(3&4):	372,165 0.0000
		Yearly Payment:	1,008,062	Total FRVS PD:	17.8804

- (1) 80% Capital (\$8,108,120) amortized at 12.5000 % for 20 years Interest of \$1,008,062 divided by annual available days (74460) divided by Occup. Adj. (0.90) = \$15.0426
 (2) 20% ROE (\$2,027,030) times the ROE factor (0.015000) divided by annual available days (74460) divided by Occup. Adj. (0.90) = \$0.4537
 (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	204	Effective PBS Limitation	5,814,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8636	55.8636	0.9719	54.8917
Direct Care	102.0809	102.0809	1.7760	100.3049
Indirect Care	67.0360	67.0360	1.1663	65.8697
Property	13.6500	17.8804	0.3111	17.5693
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.3819
Supplemental Rate Add-on				9.9025
Totals	238.6305	242.8609	4.2253	270.9200

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: 7/31/2013

0 202703-00 - 2015/01

270.92

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	1,160,003	0.00				204	100.00	1,160,003	2,093,244	
1972/01	29,938	0.10	3.9787	3.0000	0.9787	204	100.00	1,193,421	2,176,476	
1972/07		0.10	5.9113	3.0000	2.9113	204	100.00	1,197,001	2,283,780	
1973/01	148,919	0.20	8.0622	3.0000	5.0622	204	100.00	1,353,102	2,401,488	
1973/07		0.20	10.7186	3.0000	7.7186	204	100.00	1,361,221	2,537,352	
1974/01	35,550	0.30	12.9457	3.0000	9.9457	204	100.00	1,409,022	2,669,952	
1974/07		0.30	13.0494	3.0000	10.0494	204	100.00	1,421,703	2,752,776	
1975/01	40,382	0.40	13.1399	3.0000	10.1399	204	100.00	1,479,145	2,837,844	
1975/07		0.40	14.2033	3.0000	11.2033	204	100.00	1,496,895	2,953,308	
1976/01	112,586	0.50	15.2478	3.0000	12.2478	204	100.00	1,631,934	3,072,648	
1976/07		0.50	15.7330	3.0000	12.7330	204	100.00	1,656,413	3,179,748	
1977/01		0.60	16.4836	3.0000	13.4836	204	100.00	1,686,228	3,299,088	
1977/07		0.60	18.5412	3.0000	15.5412	204	100.00	1,716,580	3,465,756	
1978/01	12,908	0.70	20.2809	3.0000	17.2809	204	100.00	1,765,536	3,630,180	
1978/07		0.70	22.8203	3.0000	19.8203	204	100.00	1,802,612	3,831,120	
1979/01		0.80	24.9476	3.0000	21.9476	204	100.00	1,845,875	4,027,572	
1979/07		0.80	26.1458	3.0000	23.1458	204	100.00	1,890,176	4,196,688	
1980/01	44,631	0.90	29.3115	3.0000	26.3115	204	86.23	1,985,842	4,455,564	
1980/07		0.90	30.1222	3.0000	27.1222	204	86.23	2,039,460	4,625,292	
1981/01	6,635	1.00	30.9462	3.0000	27.9462	204	86.64	2,107,279	4,802,160	
1981/07		1.00	30.5350	3.0000	27.5350	204	86.64	2,170,497	4,926,396	
1982/01	485,258	1.00	30.2110	3.0000	27.2110	204	88.98	2,720,870	5,058,384	
1982/07		1.00	29.5087	3.0000	26.5087	204	100.00	2,802,496	5,174,460	
1983/04	130,657	1.00	29.1375	3.0000	26.1375	204	100.00	3,017,228	5,310,528	
1983/07		1.00	30.0953	3.0000	27.0953	204	89.89	3,107,745	5,520,648	
1984/01		1.00	28.3905	3.0000	25.3905	204	100.00	3,200,977	5,592,252	
1984/07		1.00	27.3084	3.0000	24.3084	204	100.00	3,297,006	5,699,556	
1985/01		1.00	25.4555	3.0000	22.4555	204	100.00	3,395,916	5,764,836	
1985/10		1.00	23.3077	3.0000	20.3077	204	100.00	3,497,793	5,814,000	
1986/01		1.00	21.1376	3.0000	18.1376	204	89.28	3,602,727	5,862,348	



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: 7/31/2013

0 202703-00 - 2015/01

270.92

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	204	89.28	3,710,809	5,851,128	
1987/01		1.00	16.4441	3.0000	13.4441	204	88.57	3,822,133	5,955,780	
1987/07	21,514	1.00	14.3448	3.0000	11.3448	204	88.57	3,958,311	6,002,292	
1988/01		1.00	12.2455	3.0000	9.2455	204	100.00	4,077,060	6,051,048	
1988/07		1.00	9.8354	3.0000	6.8354	204	100.00	4,199,372	6,047,784	
1989/01		1.00	7.4253	3.0000	4.4253	204	84.63	4,325,353	6,083,484	
1989/07		1.00	5.0152	3.0000	2.0152	204	84.63	4,455,114	6,124,692	
1990/01	41,835	1.00	2.6051	2.6051		204	85.74	4,613,009	6,155,496	
1990/07		1.00	0.5899	0.5899		204	85.74	4,640,221	6,191,808	
1991/01	6,455	1.00	0.5899	0.5899		204	89.25	4,674,049	6,228,120	
1991/07		1.00	1.4932	1.4932		204	89.25	4,743,842	6,321,144	
1992/01	64,217	0.95	2.0117	2.0117		204	90.57	4,898,719	6,448,236	
1992/07		0.95	1.8152	1.8152		204	90.57	4,983,193	6,565,332	
1993/01	1,246,969	0.90	1.7710	1.7710		204	90.47	6,309,589	6,681,612	
1993/07		0.90	1.5329	1.5329		204	90.47	6,396,636	6,784,020	
1994/01	32,717	0.85	1.6983	1.6983		204	88.31	6,521,695	6,899,280	
1994/07		0.85	1.5991	1.5991		204	88.31	6,610,338	7,009,644	
1995/01	38,603	0.80	1.5812	1.5812		204	84.09	6,732,562	7,120,416	
1995/07		0.80	1.5250	1.5250		204	84.09	6,814,699	7,228,944	
1996/01	552,808	0.75	1.7228	1.7228		204	89.57	7,455,560	7,353,588	
1996/07		0.75	1.3294	1.3294		204	89.57	7,455,560	7,451,304	3
1997/01	635,937	0.70	1.4109	1.4109		204	92.31	7,556,364	7,556,364	8
1997/07		0.70	1.0917	1.0917		204	92.31	7,614,110	7,638,780	
1998/01	50,078	0.65	1.1663	1.1663		204	90.79	7,721,911	7,727,928	
1998/07		0.65	1.0794	1.0794		204	90.79	7,776,088	7,811,364	
1999/01	96,658	0.60	1.4499	1.4499		204	88.04	7,924,584	7,924,584	8
1999/07		0.60	1.2299	1.2299		204	88.04	7,983,060	8,022,096	
2000/01		0.55	1.3356	1.3356		204	88.04	8,041,704	8,129,196	
2000/07	505,618	0.55	1.1129	1.1129		204	85.34	8,219,568	8,219,568	8
2001/01		0.50	1.2976	1.2976		204	85.34	8,272,897	8,326,260	



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: 7/31/2013

0 202703-00 - 2015/01

270.92

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	53,891	0.50	0.9615	0.9615		204	88.76	8,366,564	8,406,228	
2002/01		0.45	1.0301	1.0301		204	87.75	8,405,343	8,492,724	
2002/07		0.45	0.8337	0.8337		204	87.75	8,436,880	8,563,512	
2003/01	53,501	0.40	1.3271	1.3271		204	85.03	8,535,164	8,677,140	
2003/07		0.40	1.1664	1.1664		204	85.03	8,574,989	8,778,324	
2004/01	78,090	0.35	1.1103	1.1103		204	81.03	8,686,401	8,875,836	
2004/07		0.35	0.8378	0.8378		204	81.03	8,711,870	8,950,296	
2005/01		0.30	0.8595	0.8595		204	81.03	8,734,338	9,027,204	
2005/07	31,224	0.30	0.7364	0.7364		204	79.87	8,784,856	9,093,708	
2006/01		0.25	0.9068	0.9068		204	79.87	8,804,771	9,176,124	
2006/07		0.25	0.8133	0.8133		204	74.35	8,822,671	9,250,788	
2007/01	41,033	0.20	1.0133	1.0133		204	72.79	8,881,588	9,344,424	
2007/07		0.20	1.1050	1.1050		204	72.79	8,901,216	9,447,648	
2008/01	1,939,134	0.15	0.8556	0.8556		204	69.75	9,528,432	9,528,432	8
2008/07		0.15	0.6104	0.6104		204	69.75	9,537,160	9,586,572	
2009/01		0.10	1.3268	1.3268		204	69.75	9,549,816	9,713,868	
2009/07	296,281	0.10	0.6841	0.6841		204	66.14	9,780,372	9,780,372	8
2010/01	205,737	0.05	0.8643	0.8643		204	68.29	9,864,828	9,864,828	8
2010/07		0.05	0.7107	0.7107		204	68.29	9,868,330	9,935,004	
2011/01		0.00	0.9198	0.9198		204	68.29	9,868,330	10,026,396	
2011/07	59,202	0.00	0.9028	0.9028		204	69.82	9,927,532	10,116,972	
2012/01		0.00	0.3865	0.3865		204	69.82	9,927,532	10,156,140	
2012/07	169,276	0.00	0.9417	0.9417		204	69.86	10,096,808	10,251,816	
2013/01		0.00	0.4901	0.4901		204	69.86	10,096,808	10,302,000	
2013/07	38,342	0.00	0.6196	0.6196		204	69.95	10,135,150	10,365,852	
2014/01		0.00	0.8564	0.8564		204	69.95	10,135,150	10,454,592	
2014/07		0.00	1.2383	1.2383		204	69.73	10,135,150	10,584,132	
2015/01		0.00	0.7571	0.7571		204	69.73	10,135,150	10,664,304	

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

0 202711-00 - 2015/01

273.54

Sunnyside Nursing Home

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
5201 BAHIA VISTA STREET	7/1/2013-6/30/2014	Number of Beds: 60	Superior: 243
SARASOTA, FL 34232	Days in CR 365	Maximum: 21,900	Standard: 0
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 20,684	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 2,247	Inflation
Current Class South Small	Initial CR? False	Medicaid: 9,595	FY Index: 1.32215372
Class at 1/94: South Small	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy: 94.44749%	46.38851%	Cost: 1.03741261
Open Date: 08/01/1977	Statewide Low Occupancy Threshold: 78.31130%		Target: 1.02563464
Acquired Date: 08/01/1977	Medicaid Low Occupancy Threshold: 41.41010%		DC FY Index: 1.22300000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor: 120.60519%		DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	802,910	1,136,429	548,823	101,515		2,589,677	
1a	Audit Adjustments							
2	Cost Per Diem	83.6800	118.4397	57.1989	10.5800		269.8986	
3	Cost Per Diem Inflated	86.8107	121.4898	59.3389				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	86.8107	121.4898	59.3389	10.5800		278.2194	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	82.0748		69.5442				
7	Provider Target Rate	85.0805		72.0910				
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	107.6155	59.3389	10.5800		239.7060	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	107.6155	59.3389	10.5800		239.7060	
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 202711-00 - 2015/01

273.54

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

Sunnyside Nursing Home

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:	2,418,670.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed	80% Capital(1):	2,305,394	11.7402
Indexed Asset Value	2,881,743	<60% of Base:	False	20% ROE(2):	576,349	0.6641
FRVS Base Asset:	706,660	Interest Rate:	8.0000%	Insurance Cost(3):	52,276	2.5274
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	0	0.0000
ROE Factor	0.022710	Amortization Rate:	8.0000%	Home Office(3):	9,070	0.4385
		Interest Only:	False	Replacement(3&4):	11,728	0.0000
		Yearly Payment:	231,399	Total FRVS PD:		15.3702

- (1) 80% Capital (\$2,305,394) amortized at 8.0000 % for 20 years Principal & Interest of \$231,399 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$11.7402
- (2) 20% ROE (\$576,349) times the ROE factor (0.022710) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6641
- (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	62.1716	62.1716	1.0816	61.0900
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	59.3389	59.3389	1.0324	58.3065
Property	10.5800	15.3702	0.2674	15.1028
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3956
Supplemental Rate Add-on				9.9025
Totals	239.7060	244.4962	4.2537	273.5406

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 202711-00 - 2015/01

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
1977/07	571,336	0.00	5.0576	3.0000	2.0576	60	100.00	571,336	1,019,340	
1978/01	66,200	0.10	6.7973	3.0000	3.7973	60	100.00	639,250	1,067,700	
1978/07		0.10	9.3367	3.0000	6.3367	60	100.00	641,168	1,126,800	
1979/01		0.20	11.4640	3.0000	8.4640	60	100.00	645,015	1,184,580	
1979/07		0.20	12.6622	3.0000	9.6622	60	100.00	648,885	1,234,320	
1980/01		0.30	15.8279	3.0000	12.8279	60	29.92	652,062	1,310,460	
1980/07		0.30	16.6385	3.0000	13.6385	60	29.92	655,254	1,360,380	
1981/01		0.40	17.4626	3.0000	14.4626	60	29.15	659,421	1,412,400	
1981/07		0.40	17.0514	3.0000	14.0514	60	29.15	663,615	1,448,940	
1982/01		0.50	16.7274	3.0000	13.7274	60	23.97	663,615	1,487,760	
1982/07		0.50	16.0251	3.0000	13.0251	60	23.97	663,615	1,521,900	
1983/04		0.60	15.6539	3.0000	12.6539	60	25.80	669,218	1,561,920	
1983/07		0.60	16.6117	3.0000	13.6117	60	25.80	674,869	1,623,720	
1984/01		0.70	14.9069	3.0000	11.9069	60	28.97	682,334	1,644,780	
1984/07		0.70	13.8248	3.0000	10.8248	60	28.97	689,881	1,676,340	
1985/01		0.80	11.9719	3.0000	8.9719	60	27.70	698,220	1,695,540	
1985/10		0.80	9.8241	3.0000	6.8241	60	27.70	706,660	1,710,000	
1986/01		0.90	7.6540	3.0000	4.6540	60	27.70	716,269	1,724,220	
1986/07		0.90	4.9514	3.0000	1.9514	60	27.70	726,009	1,720,920	
1987/01		1.00	2.9605	2.9605		60	23.62	726,009	1,751,700	
1987/07	7,499	1.00	0.9007	0.9007		60	23.62	733,508	1,765,380	
1988/01		1.00	0.9007	0.9007		60	31.76	737,323	1,779,720	
1988/07	6,380	1.00	0.5899	0.5899		60	31.76	746,215	1,778,760	
1989/01		1.00	0.5899	0.5899		60	34.73	748,995	1,789,260	
1989/07		1.00	0.5899	0.5899		60	34.73	751,785	1,801,380	
1990/01		1.00	0.5899	0.5899		60	32.44	754,401	1,810,440	
1990/07		1.00	0.5899	0.5899		60	32.44	757,026	1,821,120	
1991/01		1.00	0.5899	0.5899		60	32.44	759,660	1,831,800	
1991/07	85,534	1.00	1.4932	1.4932		60	35.40	852,495	1,859,160	
1992/01	993,311	1.00	2.0117	2.0117		60	42.83	1,859,161	1,896,540	



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 202711-00 - 2015/01

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
1992/07		1.00	1.8152	1.8152		60	42.83	1,885,441	1,930,980	
1993/01		1.00	1.7710	1.7710		60	46.20	1,913,490	1,965,180	
1993/07		1.00	1.5329	1.5329		60	46.20	1,913,490	1,995,300	5
1994/01		1.00	1.6983	1.6983		60	46.20	1,938,129	2,029,200	5
1994/07		1.00	1.5991	1.5991		60	45.56	1,991,817	2,061,660	
1995/01		1.00	1.5812	1.5812		60	41.70	2,015,696	2,094,240	
1995/07		1.00	1.5250	1.5250		60	41.70	2,039,002	2,126,160	
1996/01		1.00	1.7228	1.7228		60	44.35	2,067,328	2,162,820	
1996/07		1.00	1.3294	1.3294		60	44.35	2,089,489	2,191,560	
1997/01		1.00	1.4109	1.4109		60	51.83	2,117,270	2,222,460	
1997/07		1.00	1.0917	1.0917		60	51.83	2,139,052	2,246,700	
1998/01	22,496	0.95	1.1663	1.1663		60	48.00	2,182,232	2,272,920	
1998/07		0.95	1.0794	1.0794		60	48.00	2,201,761	2,297,460	
1999/01		0.90	1.4499	1.4499		60	44.79	2,225,158	2,330,760	
1999/07		0.90	1.2299	1.2299		60	44.79	2,245,216	2,359,440	
2000/01	32,970	0.85	1.3356	1.3356		60	48.49	2,300,659	2,390,940	
2000/07		0.85	1.1129	1.1129		60	48.49	2,319,847	2,417,520	
2001/01		0.80	1.2976	1.2976		60	47.60	2,340,689	2,448,900	
2001/07		0.80	0.9615	0.9615		60	47.60	2,356,271	2,472,420	
2002/01	10,798	0.75	1.0301	1.0301		60	50.05	2,383,635	2,497,860	
2002/07		0.75	0.8337	0.8337		60	50.05	2,397,198	2,518,680	
2003/01		0.70	1.3271	1.3271		60	49.60	2,417,281	2,552,100	
2003/07		0.70	1.1664	1.1664		60	49.60	2,435,080	2,581,860	
2004/01		0.65	1.1103	1.1103		60	48.37	2,450,536	2,610,540	
2004/07		0.65	0.8378	0.8378		60	48.37	2,462,273	2,632,440	
2005/01	19,858	0.60	0.8595	0.8595		60	49.67	2,493,598	2,655,060	
2005/07		0.60	0.7364	0.7364		60	49.67	2,503,547	2,674,620	
2006/01		0.55	0.9068	0.9068		60	48.90	2,514,647	2,698,860	
2006/07		0.55	0.8133	0.8133		60	48.90	2,524,648	2,720,820	
2007/01	13,481	0.50	1.0133	1.0133		60	42.58	2,548,033	2,748,360	



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 202711-00 - 2015/01

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
2007/07		0.50	1.1050	1.1050		60	42.58	2,558,932	2,778,720	
2008/01		0.45	0.8556	0.8556		60	37.26	2,565,606	2,802,480	
2008/07		0.45	0.6104	0.6104		60	37.26	2,570,381	2,819,580	
2009/01	15,050	0.40	1.3268	1.3268		60	32.59	2,593,514	2,857,020	
2009/07		0.40	0.6841	0.6841		60	32.59	2,597,719	2,876,580	
2010/01	90,528	0.35	0.8643	0.8643		60	36.94	2,693,525	2,901,420	
2010/07		0.35	0.7107	0.7107		60	36.94	2,698,024	2,922,060	
2011/01	40,350	0.30	0.9198	0.9198		60	42.63	2,744,144	2,948,940	
2011/07		0.30	0.9028	0.9028		60	42.63	2,749,904	2,975,580	
2012/01		0.25	0.3865	0.3865		60	42.63	2,751,963	2,987,100	
2012/07	46,817	0.25	0.9417	0.9417		60	48.96	2,804,547	3,015,240	
2013/01		0.20	0.4901	0.4901		60	48.96	2,806,994	3,030,000	
2013/07	14,902	0.20	0.6196	0.6196		60	42.33	2,824,573	3,048,780	
2014/01		0.15	0.8564	0.8564		60	42.33	2,827,366	3,074,880	
2014/07		0.15	1.2383	1.2383		60	49.03	2,832,047	3,112,980	
2015/01	47,888	0.10	0.7571	0.7571		60	46.39	2,881,743	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 202789-00 - 2015/01

198.21

Center for Health Care of The Alliance Community

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
130 W ARMSTRONG AVENUE	7/1/2012-6/30/2013	Number of Beds: 130	Superior: 0
DELAND, FL 32720	Days in CR 365	Maximum: 47,450	Standard: 243
County: Volusia [64]	First Used : 2014/01	Max Annualized: 47,450	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 41,026	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 3,567	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,275	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	64.04475%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.46154%	Cost: 1.05607860
Open Date: 08/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 08/01/1971	Low Occupancy Adjustment Factor:	110.40749%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/1971	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,121,073	2,107,864	1,257,449	275,888		4,762,274	
1a	Audit Adjustments							
2	Cost Per Diem	42.6669	80.2232	47.8572	10.5000		181.2473	
3	Cost Per Diem Inflated	45.0596	83.2765	50.5410				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.0596	83.2765	50.5410	10.5000		189.3771	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.4557		54.8154				
7	Provider Target Rate	48.1570		56.8228				
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	45.0596	83.2765	50.5410	10.5000		189.3771	
12/13	Medical Adjustment Rate		1.3158	0.7986				
14	Prospective Per Diem 11	45.0596	84.5923	51.3396	10.5000		191.4915	
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 202789-00 - 2015/01

198.21

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

Center for Health Care of The Alliance Community

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:	11,015,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	4,386,897 8.4310
Indexed Asset Value	5,483,621	<60% of Base:	False	20% ROE(2):	1,096,724 0.3693
FRVS Base Asset:	458,153	Interest Rate:	5.4300%	Insurance Cost(3):	67,896 1.6550
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	7,847 0.1913
ROE Factor	0.014380	Amortization Rate:	5.4300%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	70,249 0.0000
		Yearly Payment:	360,045	Total FRVS PD:	10.6466

- (1) 80% Capital (\$4,386,897) amortized at 5.4300 % for 20 years Principal & Interest of \$360,045 divided by annual available days (47450) divided by Occup. Adj. (0.90) = \$8.4310
- (2) 20% ROE (\$1,096,724) times the ROE factor (0.014380) divided by annual available days (47450) divided by Occup. Adj. (0.90) = \$0.3693
- (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	45.0596	45.0596	0.7839	44.2757
Direct Care	84.5923	84.5923	1.4717	83.1206
Indirect Care	51.3396	51.3396	0.8932	50.4464
Property	10.5000	10.6466	0.1852	10.4614
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	191.4915	191.6381	3.3340	198.2066

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 202789-00 - 2015/01

198.21

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	244,475	0.00				60	100.00	244,475	615,660	
1972/01		0.10	3.9787	3.0000	0.9787	60	100.00	245,208	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	245,944	671,700	
1973/01		0.20	8.0622	3.0000	5.0622	60	100.00	247,420	706,320	
1973/07	20,728	0.20	10.7186	3.0000	7.7186	60	100.00	269,633	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	272,060	785,280	
1974/07		0.30	13.0494	3.0000	10.0494	60	100.00	274,509	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	277,803	834,660	
1975/07		0.40	14.2033	3.0000	11.2033	60	100.00	281,137	868,620	
1976/01		0.50	15.2478	3.0000	12.2478	60	100.00	285,354	903,720	
1976/07		0.50	15.7330	3.0000	12.7330	60	100.00	289,634	935,220	
1977/01		0.60	16.4836	3.0000	13.4836	60	100.00	294,847	970,320	
1977/07		0.60	18.5412	3.0000	15.5412	60	100.00	300,154	1,019,340	
1978/01		0.70	20.2809	3.0000	17.2809	60	100.00	306,457	1,067,700	
1978/07		0.70	22.8203	3.0000	19.8203	60	100.00	312,893	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	320,402	1,184,580	
1979/07		0.80	26.1458	3.0000	23.1458	60	100.00	328,092	1,234,320	
1980/01		0.90	29.3115	3.0000	26.3115	60	55.21	336,950	1,310,460	
1980/07		0.90	30.1222	3.0000	27.1222	60	55.21	346,048	1,360,380	
1981/01		1.00	30.9462	3.0000	27.9462	60	55.42	356,429	1,412,400	
1981/07		1.00	30.5350	3.0000	27.5350	60	55.42	367,122	1,448,940	
1982/01		1.00	30.2110	3.0000	27.2110	60	57.43	378,136	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	60	57.43	389,480	1,521,900	
1983/04		1.00	29.1375	3.0000	26.1375	60	51.41	400,402	1,561,920	
1983/07		1.00	30.0953	3.0000	27.0953	60	51.41	411,630	1,623,720	
1984/01	209	1.00	28.3905	3.0000	25.3905	60	48.36	422,697	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	48.36	433,847	1,676,340	
1985/01	368	1.00	25.4555	3.0000	22.4555	60	51.41	446,381	1,695,540	
1985/10		1.00	23.3077	3.0000	20.3077	60	48.35	458,153	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	48.35	470,236	1,724,220	



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 202789-00 - 2015/01

198.21

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	60	48.05	482,560	1,720,920	
1987/01		1.00	16.4441	3.0000	13.4441	60	48.05	495,207	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	53.99	509,790	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	53.99	524,803	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	49.04	538,841	1,778,760	
1989/01		1.00	7.4253	3.0000	4.4253	60	49.04	553,255	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	42.71	566,144	1,801,380	
1990/01		1.00	2.6051	2.6051		60	42.71	577,597	1,810,440	
1990/07		1.00	0.5899	0.5899		60	41.74	580,183	1,821,120	
1991/01		1.00	0.5899	0.5899		60	41.74	582,780	1,831,800	
1991/07	49,010	1.00	1.4932	1.4932		60	48.01	639,386	1,859,160	
1992/01		0.95	2.0117	2.0117		60	48.01	650,052	1,896,540	
1992/07		0.95	1.8152	1.8152		60	49.97	660,236	1,930,980	
1993/01		0.90	1.7710	1.7710		60	49.97	669,797	1,965,180	
1993/07		0.90	1.5329	1.5329		60	50.94	678,355	1,995,300	
1994/01		0.85	1.6983	1.6983		60	50.94	687,425	2,029,200	
1994/07		0.85	1.5991	1.5991		60	54.00	696,599	2,061,660	
1995/01		0.80	1.5812	1.5812		60	54.00	705,251	2,094,240	
1995/07		0.80	1.5250	1.5250		60	55.32	713,855	2,126,160	
1996/01		0.75	1.7228	1.7228		60	55.32	723,079	2,162,820	
1996/07	14,128	0.75	1.3294	1.3294		60	60.45	744,417	2,191,560	
1997/01	2,779,127	0.70	1.4109	1.4109		130	59.05	3,530,896	4,815,330	
1997/07		0.70	1.0917	1.0917		130	59.05	3,557,879	4,867,850	
1998/01	1,135,972	0.65	1.1663	1.1663		130	54.04	4,720,352	4,924,660	
1998/07	44,782	0.65	1.0794	1.0794		130	59.01	4,765,134	4,977,830	5
1999/01		0.60	1.4499	1.4499		130	59.01	4,839,992	5,049,980	
1999/07	38,448	0.60	1.2299	1.2299		130	61.91	4,878,440	5,112,120	5
2000/01		0.55	1.3356	1.3356		130	61.91	4,950,253	5,180,370	
2000/07	41,086	0.55	1.1129	1.1129		130	62.65	5,021,639	5,237,960	
2001/01		0.50	1.2976	1.2976		130	62.65	5,054,219	5,305,950	



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 202789-00 - 2015/01

198.21

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	30,960	0.50	0.9615	0.9615		130	64.13	5,109,480	5,356,910	
2002/01		0.45	1.0301	1.0301		130	64.13	5,133,162	5,412,030	
2002/07		0.45	0.8337	0.8337		130	66.77	5,152,422	5,457,140	
2003/01		0.40	1.3271	1.3271		130	66.77	5,179,771	5,529,550	
2003/07	32,183	0.40	1.1664	1.1664		130	69.86	5,236,123	5,594,030	
2004/01		0.35	1.1103	1.1103		130	69.86	5,256,471	5,656,170	
2004/07		0.35	0.8378	0.8378		130	59.52	5,271,883	5,703,620	
2005/01		0.30	0.8595	0.8595		130	59.52	5,285,479	5,752,630	
2005/07		0.30	0.7364	0.7364		130	59.52	5,297,155	5,795,010	
2006/01		0.25	0.9068	0.9068		130	57.79	5,309,164	5,847,530	
2006/07		0.25	0.8133	0.8133		130	57.79	5,319,958	5,895,110	
2007/01		0.20	1.0133	1.0133		130	57.79	5,330,742	5,954,780	
2007/07		0.20	1.1050	1.1050		130	54.87	5,342,495	6,020,560	
2008/01	57,009	0.15	0.8556	0.8556		130	48.73	5,405,577	6,072,040	
2008/07		0.15	0.6104	0.6104		130	48.73	5,409,964	6,109,090	
2009/01		0.10	1.3268	1.3268		130	48.73	5,416,325	6,190,210	
2009/07	32,580	0.10	0.6841	0.6841		130	54.92	5,452,604	6,232,590	
2010/01		0.05	0.8643	0.8643		130	54.92	5,454,956	6,286,410	
2010/07		0.05	0.7107	0.7107		130	55.96	5,456,893	6,331,130	
2011/01		0.00	0.9198	0.9198		130	59.45	5,456,893	6,389,370	
2011/07		0.00	0.9028	0.9028		130	59.45	5,456,893	6,447,090	
2012/01		0.00	0.3865	0.3865		130	59.45	5,456,893	6,472,050	
2012/07	26,728	0.00	0.9417	0.9417		130	59.27	5,483,621	6,533,020	
2013/01		0.00	0.4901	0.4901		130	65.37	5,483,621	6,565,000	
2013/07		0.00	0.6196	0.6196		130	65.37	5,483,621	6,605,690	
2014/01		0.00	0.8564	0.8564		130	64.04	5,483,621	6,662,240	
2014/07		0.00	1.2383	1.2383		130	64.04	5,483,621	6,744,790	
2015/01		0.00	0.7571	0.7571		130	64.04	5,483,621	6,795,880	

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 202941-00 - 2015/01

216.82

MIRACLE HILL NURSING AND REHABILITATION CENTERS, 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
1329 ABRAHAM STREET	7/1/2012-6/30/2013	Number of Beds: 120	Superior: 0
TALLAHASSEE , FL 32304	Days in CR 365	Maximum: 43,800	Standard: 241
County: Leon [37]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 2
Region: North Area: 2	Last Used: 2015/01	Total Patient: 42,582	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,873	Inflation
Current Class North Large	Initial CR? False	Medicaid: 34,597	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	81.24795%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	97.21918%	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:	124.14451%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,454,987	2,590,789	1,488,682	494,391		6,028,849	
1a	Audit Adjustments							
2	Cost Per Diem	42.0553	74.8848	43.0292	14.2900		174.2593	
3	Cost Per Diem Inflated	44.4137	77.7349	45.4422				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.4137	77.7349	45.4422	14.2900		181.8808	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.7058		52.2722				
7	Provider Target Rate	48.4162		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	44.4137	77.7349	45.4422	13.6500		181.2408	
12/13	Medical Adjustment Rate		2.7102	1.5843				
14	Prospective Per Diem 11	44.4137	80.4451	47.0265	13.6500		185.5353	
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 202941-00 - 2015/01

216.82

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

MIRACLE HILL NURSING AND REHABILITATION CENTERS, 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:	5,759,900.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	4,483,615 13.4073
Indexed Asset Value	5,604,519	<60% of Base:	False	20% ROE(2):	1,120,904 0.4089
FRVS Base Asset:	835,478	Interest Rate:	10.2600%	Insurance Cost(3):	24,491 0.5751
Occup Adj Factor	0.9000	Chase Rate:	8.7400%	Taxes Cost(3):	0 0.0000
ROE Factor	0.014380	Amortization Rate:	10.2600%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	60,941 0.0000
		Yearly Payment:	528,516	Total FRVS PD:	14.3913

- (1) 80% Capital (\$4,483,615) amortized at 10.2600 % for 20 years Principal & Interest of \$528,516 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.4073
- (2) 20% ROE (\$1,120,904) times the ROE factor (0.014380) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4089
- (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	44.4137	44.4137	0.7727	43.6410
Direct Care	80.4451	80.4451	1.3996	79.0455
Indirect Care	47.0265	47.0265	0.8181	46.2084
Property	13.6500	14.3913	0.2504	14.1409
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8783
Supplemental Rate Add-on				9.9025
Totals	185.5353	186.2766	3.2408	216.8166

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 202941-00 - 2015/01

216.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	409,113	0.00				60	100.00	409,113	615,660	
1972/01		0.10	3.9787	3.0000	0.9787	60	100.00	410,340	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	411,571	671,700	
1973/01	1,975	0.20	8.0622	3.0000	5.0622	60	100.00	416,015	706,320	
1973/07		0.20	10.7186	3.0000	7.7186	60	100.00	418,511	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	422,278	785,280	
1974/07	20,231	0.30	13.0494	3.0000	10.0494	60	100.00	446,310	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	451,666	834,660	
1975/07	6,854	0.40	14.2033	3.0000	11.2033	60	100.00	463,940	868,620	
1976/01	3,715	0.50	15.2478	3.0000	12.2478	60	100.00	474,614	903,720	
1976/07		0.50	15.7330	3.0000	12.7330	60	100.00	481,733	935,220	
1977/01		0.60	16.4836	3.0000	13.4836	60	100.00	490,404	970,320	
1977/07		0.60	18.5412	3.0000	15.5412	60	100.00	499,231	1,019,340	
1978/01	9,176	0.70	20.2809	3.0000	17.2809	60	100.00	518,891	1,067,700	
1978/07		0.70	22.8203	3.0000	19.8203	60	100.00	529,788	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	542,503	1,184,580	
1979/07	3,523	0.80	26.1458	3.0000	23.1458	60	100.00	559,046	1,234,320	
1980/01		0.90	29.3115	3.0000	26.3115	60	98.25	574,140	1,310,460	
1980/07	4,163	0.90	30.1222	3.0000	27.1222	60	98.25	593,805	1,360,380	
1981/01	3,519	1.00	30.9462	3.0000	27.9462	60	98.16	615,138	1,412,400	
1981/07		1.00	30.5350	3.0000	27.5350	60	98.16	633,592	1,448,940	
1982/01	5,675	1.00	30.2110	3.0000	27.2110	60	96.05	658,275	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	60	100.00	678,023	1,521,900	
1983/04	10,828	1.00	29.1375	3.0000	26.1375	60	100.00	709,192	1,561,920	
1983/07		1.00	30.0953	3.0000	27.0953	60	100.00	730,468	1,623,720	
1984/01	3,388	1.00	28.3905	3.0000	25.3905	60	100.00	755,770	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	94.97	778,443	1,676,340	
1985/01		1.00	25.4555	3.0000	22.4555	60	94.97	801,796	1,695,540	
1985/10	9,628	1.00	23.3077	3.0000	20.3077	60	98.33	835,478	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	98.33	860,542	1,724,220	



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 202941-00 - 2015/01

216.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	60	98.33	886,358	1,720,920	
1987/01		1.00	16.4441	3.0000	13.4441	60	95.83	912,949	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	95.83	940,337	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	93.70	968,547	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	93.70	997,603	1,778,760	
1989/01	9,362	1.00	7.4253	3.0000	4.4253	60	93.78	1,036,893	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	93.78	1,068,000	1,801,380	
1990/01	50,499	1.00	2.6051	2.6051		60	94.17	1,146,321	1,810,440	
1990/07		1.00	0.5899	0.5899		60	94.17	1,153,083	1,821,120	
1991/01	7,445	1.00	0.5899	0.5899		60	93.41	1,167,330	1,831,800	
1991/07		1.00	1.4932	1.4932		60	93.41	1,184,761	1,859,160	
1992/01	11,397	0.95	2.0117	2.0117		60	93.71	1,218,800	1,896,540	
1992/07		0.95	1.8152	1.8152		60	93.71	1,239,817	1,930,980	
1993/01		0.90	1.7710	1.7710		60	94.99	1,259,578	1,965,180	
1993/07		0.90	1.5329	1.5329		60	94.99	1,276,955	1,995,300	
1994/01		0.85	1.6983	1.6983		60	96.52	1,295,389	2,029,200	
1994/07		0.85	1.5991	1.5991		60	96.52	1,312,996	2,061,660	
1995/01	14,354	0.80	1.5812	1.5812		60	90.13	1,343,959	2,094,240	
1995/07		0.80	1.5250	1.5250		60	90.13	1,360,355	2,126,160	
1996/01		0.75	1.7228	1.7228		60	90.53	1,377,932	2,162,820	
1996/07		0.75	1.3294	1.3294		60	90.53	1,391,671	2,191,560	
1997/01		0.70	1.4109	1.4109		60	93.04	1,405,415	2,222,460	
1997/07		0.70	1.0917	1.0917		60	93.04	1,416,155	2,246,700	
1998/01		0.65	1.1663	1.1663		60	93.91	1,426,891	2,272,920	
1998/07		0.65	1.0794	1.0794		60	93.91	1,436,902	2,297,460	
1999/01	3,927,866	0.60	1.4499	1.4499		120	94.75	4,661,520	4,661,520	8
1999/07	880,680	0.60	1.2299	1.2299		120	94.85	5,576,597	4,718,880	6
2000/01	75,339	0.55	1.3356	1.3356		120	90.93	5,576,597	4,781,880	3
2000/07		0.55	1.1129	1.1129		120	90.93	5,576,597	4,835,040	3
2001/01	251,557	0.50	1.2976	1.2976		120	89.87	5,576,597	4,897,800	3



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 202941-00 - 2015/01

216.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	89.87	5,576,597	4,944,840	3
2002/01		0.45	1.0301	1.0301		120	90.08	5,576,597	4,995,720	3
2002/07		0.45	0.8337	0.8337		120	90.08	5,576,597	5,037,360	3
2003/01	362,281	0.40	1.3271	1.3271		120	92.03	5,576,597	5,104,200	3
2003/07		0.40	1.1664	1.1664		120	92.03	5,576,597	5,163,720	3
2004/01		0.35	1.1103	1.1103		120	92.97	5,576,597	5,221,080	3
2004/07		0.35	0.8378	0.8378		120	92.97	5,576,597	5,264,880	3
2005/01		0.30	0.8595	0.8595		120	94.70	5,576,597	5,310,120	3
2005/07		0.30	0.7364	0.7364		120	94.70	5,576,597	5,349,240	3
2006/01		0.25	0.9068	0.9068		120	94.70	5,576,597	5,397,720	3
2006/07		0.25	0.8133	0.8133		120	90.76	5,576,597	5,441,640	3
2007/01		0.20	1.0133	1.0133		120	90.76	5,576,597	5,496,720	3
2007/07		0.20	1.1050	1.1050		120	91.08	5,576,597	5,557,440	3
2008/01		0.15	0.8556	0.8556		120	80.33	5,583,752	5,604,960	
2008/07		0.15	0.6104	0.6104		120	80.33	5,588,867	5,639,160	
2009/01		0.10	1.3268	1.3268		120	80.33	5,596,283	5,714,040	
2009/07		0.10	0.6841	0.6841		120	81.74	5,600,111	5,753,160	
2010/01		0.05	0.8643	0.8643		120	81.74	5,602,530	5,802,840	
2010/07		0.05	0.7107	0.7107		120	85.36	5,604,519	5,844,120	
2011/01		0.00	0.9198	0.9198		120	85.36	5,604,519	5,897,880	
2011/07		0.00	0.9028	0.9028		120	86.68	5,604,519	5,951,160	
2012/01		0.00	0.3865	0.3865		120	86.68	5,604,519	5,974,200	
2012/07		0.00	0.9417	0.9417		120	82.03	5,604,519	6,030,480	
2013/01		0.00	0.4901	0.4901		120	82.03	5,604,519	6,060,000	
2013/07		0.00	0.6196	0.6196		120	79.14	5,604,519	6,097,560	
2014/01		0.00	0.8564	0.8564		120	79.14	5,604,519	6,149,760	
2014/07		0.00	1.2383	1.2383		120	81.25	5,604,519	6,225,960	5
2015/01		0.00	0.7571	0.7571		120	81.25	5,604,519	6,273,120	

Message Code:

- | |
|---|
| 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 203122-00 - 2015/01

240.66

Avante at Leesburg

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
2000 EDGEWOOD AVE	6/1/2013-5/31/2014	Number of Beds: 116	Superior: 0
LEESBURG, FL 34748	Days in CR 365	Maximum: 42,340	Standard: 243
County: Lake [35]	First Used : 2015/01	Max Annualized: 42,340	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 33,443	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,918	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,193	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	69.35084%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	78.98677%	Cost: 1.03938564
Open Date: 09/01/1965	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1965	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 04/01/1980	Low Occupancy Adjustment Factor:	100.86254%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 206016			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,001,284	2,016,749	1,381,521	146,580		4,546,134	
1a	Audit Adjustments							
2	Cost Per Diem	43.1718	86.9551	59.5663	6.3200		196.0132	
3	Cost Per Diem Inflated	44.8721	89.2918	61.9124				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.8721	89.2918	61.9124	6.3200		202.3963	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.3465		71.1656				
7	Provider Target Rate	55.3001		73.7717				
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	44.8721	89.2918	61.6580	6.3200		202.1419	
12/13	Medical Adjustment Rate		1.9439	1.3423				
14	Prospective Per Diem 11	44.8721	91.2357	63.0003	6.3200		205.4281	
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 203122-00 - 2015/01

240.66

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

Avante at Leesburg

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	3,324,768	10.8476
Indexed Asset Value	4,155,960	<60% of Base:	True	20% ROE(2):	831,192	0.4862
FRVS Base Asset:	1,850,668	Interest Rate:	6.5000%	Insurance Cost(3):	46,300	1.3844
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	27,384	0.8188
ROE Factor	0.022290	Amortization Rate:	12.5000%	Home Office(3):	24,922	0.7452
		Interest Only:	True	Replacement(3&4):	52,234	0.0000
		Yearly Payment:	413,360	Total FRVS PD:		14.2822

(1) 80% Capital (\$3,324,768) amortized at 12.5000 % for 20 years Interest of \$413,360 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$10.8476

(2) 20% ROE (\$831,192) times the ROE factor (0.022290) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.4862

(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	116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.8721	44.8721	0.7807	44.0914
Direct Care	91.2357	91.2357	1.5873	89.6484
Indirect Care	63.0003	63.0003	1.0961	61.9042
Property	6.3200	14.2822	0.2485	14.0337
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0798
Supplemental Rate Add-on				9.9025
Totals	205.4281	213.3903	3.7126	240.6600

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: 5/31/2014

0 203122-00 - 2015/01

240.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	946,558	0.00				116	100.00	946,558	1,190,276	
1972/01		0.10	3.9787	3.0000	0.9787	116	100.00	949,398	1,237,604	
1972/07		0.10	5.9113	3.0000	2.9113	116	100.00	952,246	1,298,620	
1973/01		0.20	8.0622	3.0000	5.0622	116	100.00	957,959	1,365,552	
1973/07		0.20	10.7186	3.0000	7.7186	116	100.00	963,707	1,442,808	
1974/01	9,112	0.30	12.9457	3.0000	9.9457	116	100.00	981,492	1,518,208	
1974/07		0.30	13.0494	3.0000	10.0494	116	100.00	990,325	1,565,304	
1975/01		0.40	13.1399	3.0000	10.1399	116	100.00	1,002,209	1,613,676	
1975/07		0.40	14.2033	3.0000	11.2033	116	100.00	1,014,236	1,679,332	
1976/01		0.50	15.2478	3.0000	12.2478	116	100.00	1,029,450	1,747,192	
1976/07	1,471	0.50	15.7330	3.0000	12.7330	116	100.00	1,046,363	1,808,092	
1977/01		0.60	16.4836	3.0000	13.4836	116	100.00	1,065,198	1,875,952	
1977/07		0.60	18.5412	3.0000	15.5412	116	100.00	1,084,372	1,970,724	
1978/01		0.70	20.2809	3.0000	17.2809	116	100.00	1,107,144	2,064,220	
1978/07		0.70	22.8203	3.0000	19.8203	116	100.00	1,130,394	2,178,480	
1979/01		0.80	24.9476	3.0000	21.9476	116	100.00	1,157,523	2,290,188	
1979/07		0.80	26.1458	3.0000	23.1458	116	100.00	1,185,304	2,386,352	
1980/01	29,135	0.90	29.3115	3.0000	26.3115	116	55.00	1,246,442	2,533,556	
1980/07	9,328	0.90	30.1222	3.0000	27.1222	116	55.00	1,289,424	2,630,068	
1981/01	27,511	1.00	30.9462	3.0000	27.9462	116	76.96	1,355,618	2,730,640	
1981/07		1.00	30.5350	3.0000	27.5350	116	76.96	1,396,287	2,801,284	
1982/01	1,111	1.00	30.2110	3.0000	27.2110	116	77.80	1,439,287	2,876,336	
1982/07		1.00	29.5087	3.0000	26.5087	116	77.80	1,482,466	2,942,340	
1983/04	12,710	1.00	29.1375	3.0000	26.1375	116	79.50	1,539,650	3,019,712	
1983/07	4,554	1.00	30.0953	3.0000	27.0953	116	79.50	1,590,394	3,139,192	
1984/01	29,093	1.00	28.3905	3.0000	25.3905	116	81.97	1,667,199	3,179,908	
1984/07	10,834	1.00	27.3084	3.0000	24.3084	116	81.97	1,728,049	3,240,924	
1985/01	16,875	1.00	25.4555	3.0000	22.4555	116	87.92	1,796,765	3,278,044	
1985/10		1.00	23.3077	3.0000	20.3077	116	81.97	1,850,668	3,306,000	
1986/01		1.00	21.1376	3.0000	18.1376	116	87.92	1,906,188	3,333,492	



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: 5/31/2014

0 203122-00 - 2015/01

240.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	116	87.92	1,963,374	3,327,112	
1987/01	15,414	1.00	16.4441	3.0000	13.4441	116	86.86	2,037,689	3,386,620	
1987/07		1.00	14.3448	3.0000	11.3448	116	86.86	2,098,820	3,413,068	
1988/01		1.00	12.2455	3.0000	9.2455	116	86.37	2,161,785	3,440,792	
1988/07		1.00	9.8354	3.0000	6.8354	116	86.37	2,226,639	3,438,936	
1989/01		1.00	7.4253	3.0000	4.4253	116	86.33	2,293,438	3,459,236	
1989/07		1.00	5.0152	3.0000	2.0152	116	86.33	2,362,241	3,482,668	
1990/01		1.00	2.6051	2.6051		116	82.79	2,423,780	3,500,184	
1990/07		1.00	0.5899	0.5899		116	82.79	2,438,078	3,520,832	
1991/01		1.00	0.5899	0.5899		116	85.21	2,452,460	3,541,480	
1991/07		1.00	1.4932	1.4932		116	85.21	2,489,080	3,594,376	
1992/01	43,750	0.95	2.0117	2.0117		116	85.21	2,580,399	3,666,644	
1992/07		0.95	1.8152	1.8152		116	85.21	2,624,895	3,733,228	
1993/01		0.90	1.7710	1.7710		116	85.21	2,666,733	3,799,348	
1993/07		0.90	1.5329	1.5329		116	85.21	2,703,523	3,857,580	
1994/01	25,413	0.85	1.6983	1.6983		116	86.72	2,767,964	3,923,120	
1994/07		0.85	1.5991	1.5991		116	86.72	2,805,586	3,985,876	
1995/01	28,048	0.80	1.5812	1.5812		116	81.48	2,869,125	4,048,864	
1995/07		0.80	1.5250	1.5250		116	81.48	2,904,128	4,110,576	
1996/01		0.75	1.7228	1.7228		116	68.38	2,941,652	4,181,452	
1996/07		0.75	1.3294	1.3294		116	68.38	2,970,983	4,237,016	
1997/01	38,090	0.70	1.4109	1.4109		116	62.97	3,038,414	4,296,756	
1997/07		0.70	1.0917	1.0917		116	62.97	3,061,634	4,343,620	
1998/01	346,586	0.65	1.1663	1.1663		116	56.03	3,431,430	4,394,312	
1998/07		0.65	1.0794	1.0794		116	56.03	3,455,505	4,441,756	
1999/01		0.60	1.4499	1.4499		116	49.50	3,482,558	4,506,136	
1999/07		0.60	1.2299	1.2299		116	49.50	3,505,686	4,561,584	
2000/01	54,994	0.55	1.3356	1.3356		116	51.66	3,584,869	4,622,484	
2000/07		0.55	1.1129	1.1129		116	51.66	3,605,479	4,673,872	
2001/01	55,252	0.50	1.2976	1.2976		116	57.63	3,684,123	4,734,540	



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: 5/31/2014

0 203122-00 - 2015/01

240.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		116	57.63	3,701,836	4,780,012	
2002/01	49,797	0.45	1.0301	1.0301		116	51.16	3,767,593	4,829,196	
2002/07		0.45	0.8337	0.8337		116	51.16	3,780,742	4,869,448	
2003/01	23,810	0.40	1.3271	1.3271		116	48.25	3,822,157	4,934,060	
2003/07		0.40	1.1664	1.1664		116	48.25	3,837,802	4,991,596	
2004/01		0.35	1.1103	1.1103		116	46.71	3,850,468	5,047,044	
2004/07		0.35	0.8378	0.8378		116	46.71	3,860,056	5,089,384	
2005/01		0.30	0.8595	0.8595		116	42.57	3,867,761	5,133,116	
2005/07		0.30	0.7364	0.7364		116	42.57	3,874,374	5,170,932	
2006/01		0.25	0.9068	0.9068		116	40.96	3,880,915	5,217,796	
2006/07		0.25	0.8133	0.8133		116	40.96	3,886,791	5,260,252	
2007/01		0.20	1.0133	1.0133		116	46.06	3,893,389	5,313,496	
2007/07		0.20	1.1050	1.1050		116	46.06	3,900,595	5,372,192	
2008/01		0.15	0.8556	0.8556		116	42.60	3,904,471	5,418,128	
2008/07		0.15	0.6104	0.6104		116	42.60	3,907,241	5,451,188	
2009/01		0.10	1.3268	1.3268		116	37.14	3,910,742	5,523,572	
2009/07		0.10	0.6841	0.6841		116	37.14	3,912,548	5,561,388	
2010/01	47,860	0.05	0.8643	0.8643		116	46.98	3,961,852	5,609,412	
2010/07		0.05	0.7107	0.7107		116	46.98	3,963,053	5,649,316	
2011/01		0.00	0.9198	0.9198		116	53.62	3,963,053	5,701,284	
2011/07		0.00	0.9028	0.9028		116	53.62	3,963,053	5,752,788	
2012/01		0.00	0.3865	0.3865		116	63.12	3,963,053	5,775,060	
2012/07		0.00	0.9417	0.9417		116	63.12	3,963,053	5,829,464	
2013/01	33,985	0.00	0.4901	0.4901		116	70.38	3,997,038	5,858,000	
2013/07		0.00	0.6196	0.6196		116	70.38	3,997,038	5,894,308	
2014/01		0.00	0.8564	0.8564		116	69.30	3,997,038	5,944,768	
2014/07		0.00	1.2383	1.2383		116	69.30	3,997,038	6,018,428	
2015/01	158,922	0.00	0.7571	0.7571		116	69.35	4,155,960	6,064,016	

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 203165-00 - 2015/01

267.57

Villa Maria Nursing & Rehabilitation

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
1050 NE 125TH STREET	10/1/2012-9/30/2013	Number of Beds: 212	Superior: 0
NORTH MIAMI, FL 33161	Days in CR 365	Maximum: 77,380	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 77,380	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 73,231	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 5,715	Inflation
Current Class South Large	Initial CR? False	Medicaid: 50,931	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	69.54842%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.63815%	Cost: 1.04757614
Open Date: 12/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 12/01/1970	Low Occupancy Adjustment Factor:	120.84865%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1970	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	2,615,305	4,855,387	3,275,915	1,126,084	18,804	11,891,495	
1a	Audit Adjustments							
2	Cost Per Diem	51.3500	95.3327	64.3206	22.1100	0.3692	233.4825	
3	Cost Per Diem Inflated	53.7930	98.7160	67.3807				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.7930	98.7160	67.3807	22.1100	0.3692	242.3689	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.8454		83.2944				
7	Provider Target Rate	64.1102		86.3447				
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	53.7930	98.7160	65.5807	13.6500	0.3692	232.1089	
12/13	Medical Adjustment Rate		2.1710	1.4422				
14	Prospective Per Diem 11	53.7930	100.8870	67.0229	13.6500	0.3692	235.7221	
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 203165-00 - 2015/01

267.57

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

Villa Maria Nursing & Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/2010	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,375,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	8,714,395 14.0163
Indexed Asset Value	10,892,994	<60% of Base:	False	20% ROE(2):	2,178,599 0.5215
FRVS Base Asset:	5,676,585	Interest Rate:	9.5200%	Insurance Cost(3):	195,626 2.6714
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	9.5200%	Home Office(3):	72,411 0.9888
		Interest Only:	False	Replacement(3&4):	548,178 0.0000
		Yearly Payment:	976,121	Total FRVS PD:	18.1980

- (1) 80% Capital (\$8,714,395) amortized at 9.5200 % for 20 years Principal & Interest of \$976,121 divided by annual available days (77380) divided by Occup. Adj. (0.90) = \$14.0163
- (2) 20% ROE (\$2,178,599) times the ROE factor (0.016670) divided by annual available days (77380) divided by Occup. Adj. (0.90) = \$0.5215
- (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	212	Effective PBS Limitation	6,042,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.7930	53.7930	0.9359	52.8571
Direct Care	100.8870	100.8870	1.7552	99.1318
Indirect Care	67.0229	67.0229	1.1660	65.8569
Property	13.6500	18.1980	0.3166	17.8814
ROE	0.3692	0.2779	0.0048	0.2731
ROE Adjustment	-0.2779	-0.2779	-0.0048	-0.2731
Quality Assess-Medicaid Share				21.9372
Supplemental Rate Add-on				9.9025
Totals	235.4442	239.9009	4.1737	267.5669

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: 9/30/2013

0 203165-00 - 2015/01

267.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	2,805,652	0.00				212	100.00	2,805,652	2,175,332	
1972/01	10,187	0.10	3.9787	3.0000	0.9787	212	100.00	2,824,256	2,261,828	
1972/07		0.10	5.9113	3.0000	2.9113	212	100.00	2,832,729	2,373,340	
1973/01	36,301	0.20	8.0622	3.0000	5.0622	212	100.00	2,886,026	2,495,664	
1973/07		0.20	10.7186	3.0000	7.7186	212	100.00	2,903,342	2,636,856	
1974/01	10,605	0.30	12.9457	3.0000	9.9457	212	100.00	2,940,077	2,774,656	
1974/07		0.30	13.0494	3.0000	10.0494	212	100.00	2,966,538	2,860,728	
1975/01	35,304	0.40	13.1399	3.0000	10.1399	212	100.00	3,037,440	2,949,132	
1975/07		0.40	14.2033	3.0000	11.2033	212	100.00	3,073,889	3,069,124	
1976/01		0.50	15.2478	3.0000	12.2478	212	100.00	3,119,997	3,193,144	
1976/07		0.50	15.7330	3.0000	12.7330	212	100.00	3,166,797	3,304,444	
1977/01		0.60	16.4836	3.0000	13.4836	212	100.00	3,223,799	3,428,464	
1977/07		0.60	18.5412	3.0000	15.5412	212	100.00	3,281,827	3,601,668	
1978/01	2,929	0.70	20.2809	3.0000	17.2809	212	100.00	3,353,674	3,772,540	
1978/07		0.70	22.8203	3.0000	19.8203	212	100.00	3,424,101	3,981,360	
1979/01	21,226	0.80	24.9476	3.0000	21.9476	212	100.00	3,527,505	4,185,516	
1979/07		0.80	26.1458	3.0000	23.1458	212	100.00	3,612,165	4,361,264	
1980/01		0.90	29.3115	3.0000	26.3115	212	12.10	3,612,165	4,630,292	
1980/07		0.90	30.1222	3.0000	27.1222	212	12.10	3,612,165	4,806,676	
1981/01	5,000	1.00	30.9462	3.0000	27.9462	212	12.10	3,617,165	4,990,480	
1981/07		1.00	30.5350	3.0000	27.5350	212	12.10	3,617,165	5,119,588	
1982/01	1,148,021	1.00	30.2110	3.0000	27.2110	212	12.10	4,765,186	5,256,752	
1982/07		1.00	29.5087	3.0000	26.5087	272	67.37	4,908,142	6,899,280	
1983/04	285,914	1.00	29.1375	3.0000	26.1375	272	67.37	5,341,300	7,080,704	
1983/07		1.00	30.0953	3.0000	27.0953	272	67.37	5,501,539	7,360,864	
1984/01		1.00	28.3905	3.0000	25.3905	272	67.37	5,666,585	7,456,336	
1984/07		1.00	27.3084	3.0000	24.3084	272	12.48	5,666,585	7,599,408	
1985/01	10,000	1.00	25.4555	3.0000	22.4555	272	12.48	5,676,585	7,686,448	
1985/10		1.00	23.3077	3.0000	20.3077	212	14.69	5,676,585	6,042,000	
1986/01		1.00	21.1376	3.0000	18.1376	212	14.69	5,676,585	6,092,244	



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: 9/30/2013

0 203165-00 - 2015/01

267.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	212	16.85	5,676,585	6,080,584	
1987/01		1.00	16.4441	3.0000	13.4441	212	16.85	5,676,585	6,189,340	
1987/07		1.00	14.3448	3.0000	11.3448	212	19.25	5,676,585	6,237,676	
1988/01		1.00	12.2455	3.0000	9.2455	212	19.25	5,676,585	6,288,344	
1988/07		1.00	9.8354	3.0000	6.8354	212	19.25	5,676,585	6,284,952	
1989/01	628,306	1.00	7.4253	3.0000	4.4253	212	16.27	6,304,891	6,322,052	
1989/07	446,374	1.00	5.0152	3.0000	2.0152	212	13.47	6,751,265	6,364,876	
1990/01		1.00	2.6051	2.6051		212	13.47	6,751,265	6,396,888	
1990/07	698,348	1.00	0.5899	0.5899		212	12.70	7,449,613	6,434,624	
1991/01		1.00	0.5899	0.5899		212	12.70	7,449,613	6,472,360	
1991/07	383,310	1.00	1.4932	1.4932		212	15.57	7,832,923	6,569,032	
1992/01		0.95	2.0117	2.0117		212	15.57	7,832,923	6,701,108	
1992/07	79,367	0.95	1.8152	1.8152		212	22.00	7,912,290	6,822,796	
1993/01		0.90	1.7710	1.7710		212	22.00	7,912,290	6,943,636	
1993/07		0.90	1.5329	1.5329		212	24.40	7,912,290	7,050,060	
1994/01		0.85	1.6983	1.6983		212	24.40	7,912,290	7,169,840	
1994/07		0.85	1.5991	1.5991		212	30.03	7,971,009	7,284,532	
1995/01		0.80	1.5812	1.5812		212	30.03	8,026,064	7,399,648	
1995/07	82,883	0.80	1.5250	1.5250		212	37.79	8,176,226	7,512,432	
1996/01		0.75	1.7228	1.7228		212	37.79	8,248,814	7,641,964	
1996/07		0.75	1.3294	1.3294		212	46.01	8,248,814	7,743,512	3
1997/01		0.70	1.4109	1.4109		212	46.01	8,248,814	7,852,692	3
1997/07	59,882	0.70	1.0917	1.0917		212	58.45	8,248,814	7,938,340	3
1998/01		0.65	1.1663	1.1663		212	58.45	8,248,814	8,030,984	3
1998/07	37,905	0.65	1.0794	1.0794		212	63.11	8,248,814	8,117,692	3
1999/01		0.60	1.4499	1.4499		212	63.11	8,248,814	8,235,352	3
1999/07	399,818	0.60	1.2299	1.2299		212	66.78	8,336,688	8,336,688	8
2000/01		0.55	1.3356	1.3356		212	66.78	8,397,929	8,447,988	
2000/07	38,061	0.55	1.1129	1.1129		212	71.63	8,487,394	8,541,904	
2001/01		0.50	1.2976	1.2976		212	71.63	8,542,460	8,652,780	



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: 9/30/2013

0 203165-00 - 2015/01

267.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	360,358	0.50	0.9615	0.9615		212	68.54	8,735,884	8,735,884	8
2002/01		0.45	1.0301	1.0301		212	68.54	8,776,375	8,825,772	
2002/07	109,957	0.45	0.8337	0.8337		212	58.82	8,899,336	8,899,336	8
2003/01		0.40	1.3271	1.3271		212	58.82	8,946,574	9,017,420	
2003/07	76,271	0.40	1.1664	1.1664		212	60.15	9,064,590	9,122,572	
2004/01		0.35	1.1103	1.1103		212	60.15	9,099,815	9,223,908	
2004/07		0.35	0.8378	0.8378		212	59.64	9,126,496	9,301,288	
2005/01		0.30	0.8595	0.8595		212	59.64	9,150,033	9,381,212	
2005/07		0.30	0.7364	0.7364		212	56.63	9,170,245	9,450,324	
2006/01		0.25	0.9068	0.9068		212	56.63	9,191,034	9,535,972	
2006/07		0.25	0.8133	0.8133		212	56.12	9,209,719	9,613,564	
2007/01		0.20	1.0133	1.0133		212	56.12	9,228,387	9,710,872	
2007/07	64,066	0.20	1.1050	1.1050		212	55.49	9,312,848	9,818,144	
2008/01		0.15	0.8556	0.8556		212	55.49	9,324,796	9,902,096	
2008/07	75,029	0.15	0.6104	0.6104		212	58.83	9,408,367	9,962,516	
2009/01		0.10	1.3268	1.3268		212	58.83	9,420,852	10,094,804	
2009/07		0.10	0.6841	0.6841		212	54.47	9,427,234	10,163,916	
2010/01		0.05	0.8643	0.8643		212	54.47	9,431,267	10,251,684	
2010/07	66,387	0.05	0.7107	0.7107		212	54.47	9,500,970	10,324,612	
2011/01		0.00	0.9198	0.9198		212	56.71	9,500,970	10,419,588	
2011/07	77,967	0.00	0.9028	0.9028		212	61.02	9,578,937	10,513,716	
2012/01		0.00	0.3865	0.3865		212	61.02	9,578,937	10,554,420	
2012/07		0.00	0.9417	0.9417		212	66.32	9,578,937	10,653,848	
2013/01		0.00	0.4901	0.4901		212	66.32	9,578,937	10,706,000	
2013/07	375,510	0.00	0.6196	0.6196		212	72.26	9,954,447	10,772,356	
2014/01		0.00	0.8564	0.8564		212	72.26	9,954,447	10,864,576	
2014/07	938,547	0.00	1.2383	1.2383		212	69.55	10,892,994	10,999,196	
2015/01		0.00	0.7571	0.7571		212	69.55	10,892,994	11,082,512	

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

0 203203-00 - 2015/01

259.88

Glades Health Care 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
230 SOUTH BARFIELD HIGHWAY	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
PAHOKEE, FL 33476	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: 32,739	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,831	Inflation
Current Class South Large	Initial CR? False	Medicaid: 27,243	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization	83.21268%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	74.74658%	Cost: 1.04336242
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: 1.21766521
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	95.44801%	DC Sem Index: 1.25449501
Med # Active Date: 10/15/1990	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 200158			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,409,368	2,621,923	1,469,906	389,847	624	5,891,668	
1a	Audit Adjustments							
2	Cost Per Diem	51.7332	96.2421	53.9554	14.3100	0.0229	216.2636	
3	Cost Per Diem Inflated	53.9765	99.1531	56.2950				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.9765	99.1531	56.2950	14.3100	0.0229	223.7575	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.0934		62.8723				
7	Provider Target Rate	57.1110		65.1747				
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	53.9765	99.1531	56.2950	13.6500	0.0229	223.0975	
12/13	Medical Adjustment Rate		3.7048	2.1034				
14	Prospective Per Diem 11	53.9765	102.8579	58.3984	13.6500	0.0229	228.9057	
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 203203-00 - 2015/01

259.88

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

Glades Health 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		Calculation of FRVS Per Diem	
		Amount:		Total Amount	Per Diem
		475,000.00	Fixed	80% Capital(1):	2,665,002 6.7102
	1984/07	Type:	Fixed	20% ROE(2):	666,250 0.3397
	3,331,252	<60% of Base:	True	Insurance Cost(3):	73,288 2.2386
	1,991,976	Interest Rate:	10.4400%	Taxes Cost(3):	14,067 0.4297
	0.9000	Chase Rate:	10.0000%	Home Office(3):	759 0.0232
	0.020100	Amortization Rate:	10.0000%	Replacement(3&4):	25,483 0.0000
		Interest Only:	True	Total FRVS PD:	9.7414
		Yearly Payment:	264,515		

(1) 80% Capital (\$2,665,002) amortized at 10.0000 % for 20 years Interest of \$264,515 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.7102

(2) 20% ROE (\$666,250) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3397

(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	53.9765	53.9765	0.9391	53.0374
Direct Care	102.8579	102.8579	1.7895	101.0684
Indirect Care	58.3984	58.3984	1.0160	57.3824
Property	13.6500	9.7414	0.2375	13.4125
ROE	0.0229	0.1925	0.0004	0.0225
ROE Adjustment	-0.0229	-0.1925	-0.0004	-0.0225
Quality Assess-Medicaid Share				25.0725
Supplemental Rate Add-on				9.9025
Totals	228.8828	224.9742	3.9821	259.8757

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 203203-00 - 2015/01

259.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	1,988,000	0.00	1.9179	1.9179		120	70.00	1,988,000	3,352,680	
1985/01		0.10	1.1471	1.1471		120	70.00	1,990,280	3,391,080	
1985/10		0.10	0.8522	0.8522		120	70.00	1,991,976	3,420,000	
1986/01		0.20	0.8299	0.8299		120	70.00	1,995,283	3,448,440	
1986/07		0.20	0.2974	0.2974		120	70.00	1,996,470	3,441,840	
1987/01		0.30	1.0091	1.0091		120	83.89	2,002,513	3,503,400	
1987/07		0.30	0.9007	0.9007		120	83.89	2,007,924	3,530,760	
1988/01		0.40	0.9007	0.9007		120	86.86	2,015,159	3,559,440	
1988/07		0.40	0.5899	0.5899		120	90.56	2,019,915	3,557,520	
1989/01		0.50	0.5899	0.5899		120	90.56	2,025,874	3,578,520	
1989/07		0.50	0.5899	0.5899		120	95.66	2,031,850	3,602,760	
1990/01		0.60	0.5899	0.5899		120	95.66	2,039,041	3,620,880	
1990/07		0.60	0.5899	0.5899		120	90.22	2,046,257	3,642,240	
1991/01		0.70	0.5899	0.5899		120	90.22	2,046,257	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	90.22	2,054,706	3,718,320	5
1992/01		0.80	2.0117	2.0117		120	90.22	2,109,596	3,793,080	
1992/07		0.80	1.8152	1.8152		120	90.22	2,140,232	3,861,960	
1993/01		0.90	1.7710	1.7710		120	90.22	2,174,345	3,930,360	
1993/07		0.90	1.5329	1.5329		120	95.90	2,204,342	3,990,600	
1994/01		1.00	1.6983	1.6983		120	95.90	2,241,778	4,058,400	
1994/07		1.00	1.5991	1.5991		120	95.90	2,277,626	4,123,320	
1995/01		1.00	1.5812	1.5812		120	97.41	2,313,640	4,188,480	
1995/07		1.00	1.5250	1.5250		120	97.41	2,348,923	4,252,320	
1996/01		1.00	1.7228	1.7228		120	96.49	2,389,390	4,325,640	
1996/07		1.00	1.3294	1.3294		120	94.20	2,421,155	4,383,120	
1997/01		1.00	1.4109	1.4109		120	94.20	2,455,315	4,444,920	
1997/07		1.00	1.0917	1.0917		120	88.93	2,482,120	4,493,400	
1998/01		1.00	1.1663	1.1663		120	88.93	2,511,069	4,545,840	
1998/07		1.00	1.0794	1.0794		120	91.88	2,538,173	4,594,920	
1999/01		1.00	1.4499	1.4499		120	91.88	2,574,974	4,661,520	



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 203203-00 - 2015/01

259.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	91.88	2,606,644	4,718,880	
2000/01		1.00	1.3356	1.3356		120	93.34	2,641,458	4,781,880	
2000/07		1.00	1.1129	1.1129		120	93.34	2,670,855	4,835,040	
2001/01		1.00	1.2976	1.2976		120	99.21	2,705,512	4,897,800	
2001/07		1.00	0.9615	0.9615		120	99.21	2,731,525	4,944,840	
2002/01		1.00	1.0301	1.0301		120	96.04	2,759,662	4,995,720	
2002/07		1.00	0.8337	0.8337		120	96.04	2,782,669	5,037,360	
2003/01		1.00	1.3271	1.3271		120	98.29	2,819,598	5,104,200	
2003/07		1.00	1.1664	1.1664		120	98.29	2,852,486	5,163,720	
2004/01	28,728	1.00	1.1103	1.1103		120	89.25	2,912,885	5,221,080	
2004/07		1.00	0.8378	0.8378		120	89.25	2,937,289	5,264,880	
2005/01		0.95	0.8595	0.8595		120	90.36	2,961,272	5,310,120	
2005/07		0.95	0.7364	0.7364		120	90.36	2,981,989	5,349,240	
2006/01		0.90	0.9068	0.9068		120	89.96	3,006,325	5,397,720	
2006/07		0.90	0.8133	0.8133		120	87.78	3,028,331	5,441,640	
2007/01		0.85	1.0133	1.0133		120	87.78	3,054,414	5,496,720	
2007/07		0.85	1.1050	1.1050		120	84.29	3,083,104	5,557,440	
2008/01		0.80	0.8556	0.8556		120	84.29	3,104,208	5,604,960	
2008/07		0.80	0.6104	0.6104		120	84.29	3,119,366	5,639,160	
2009/01		0.75	1.3268	1.3268		120	85.27	3,150,407	5,714,040	
2009/07		0.75	0.6841	0.6841		120	85.27	3,166,572	5,753,160	
2010/01		0.70	0.8643	0.8643		120	86.62	3,185,730	5,802,840	
2010/07		0.70	0.7107	0.7107		120	86.62	3,201,579	5,844,120	
2011/01		0.65	0.9198	0.9198		120	84.40	3,220,721	5,897,880	
2011/07		0.65	0.9028	0.9028		120	84.28	3,239,620	5,951,160	
2012/01		0.60	0.3865	0.3865		120	84.28	3,247,133	5,974,200	
2012/07		0.60	0.9417	0.9417		120	83.55	3,265,479	6,030,480	
2013/01		0.55	0.4901	0.4901		120	83.55	3,274,283	6,060,000	
2013/07		0.55	0.6196	0.6196		120	83.55	3,285,442	6,097,560	
2014/01		0.50	0.8564	0.8564		120	85.30	3,299,510	6,149,760	



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 203203-00 - 2015/01

259.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	83.21	3,319,941	6,225,960	
2015/01		0.45	0.7571	0.7571		120	83.21	3,331,252	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: 203203022820140301201304282014125344



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 203220-00 - 2015/01

221.97

Avante at Inverness

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
304 S CITRUS AVE	6/1/2013-5/31/2014	Number of Beds: 104	Superior: 0
INVERNESS, FL 34452	Days in CR 365	Maximum: 37,960	Standard: 243
County: Citrus [9]	First Used : 2015/01	Max Annualized: 37,960	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 31,792	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,133	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,601	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	74.23566%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.75132%	Cost: 1.03938564
Open Date: 03/01/1968	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1968	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 01/01/1981	Low Occupancy Adjustment Factor:	106.94666%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 205991			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	995,935	1,796,950	1,230,105	150,102		4,173,092	
1a	Audit Adjustments							
2	Cost Per Diem	42.1988	76.1387	52.1209	6.3600		176.8184	
3	Cost Per Diem Inflated	43.8608	78.1848	54.1737				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.8608	78.1848	54.1737	6.3600		182.5793	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.2548		64.3648				
7	Provider Target Rate	63.4980		66.7219				
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	43.8608	78.1848	54.1737	6.3600		182.5793	
12/13	Medical Adjustment Rate		2.1317	1.4771				
14	Prospective Per Diem 11	43.8608	80.3165	55.6508	6.3600		186.1881	
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 203220-00 - 2015/01

221.97

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

Avante at Inverness

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	785,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	2,637,081	9.5967
Indexed Asset Value	3,296,351	<60% of Base:	True	20% ROE(2):	659,270	0.4301
FRVS Base Asset:	1,729,808	Interest Rate:	9.7500%	Insurance Cost(3):	39,509	1.2427
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	54,150	1.7033
ROE Factor	0.022290	Amortization Rate:	12.5000%	Home Office(3):	21,047	0.6620
		Interest Only:	True	Replacement(3&4):	10,556	0.0000
		Yearly Payment:	327,861	Total FRVS PD:		13.6348

(1) 80% Capital (\$2,637,081) amortized at 12.5000 % for 20 years Interest of \$327,861 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$9.5967

(2) 20% ROE (\$659,270) times the ROE factor (0.022290) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.4301

(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	43.8608	43.8608	0.7631	43.0977
Direct Care	80.3165	80.3165	1.3973	78.9192
Indirect Care	55.6508	55.6508	0.9682	54.6826
Property	6.3600	13.6348	0.2372	13.3976
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9750
Supplemental Rate Add-on				9.9025
Totals	186.1881	193.4629	3.3658	221.9746

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: 5/31/2014

0 203220-00 - 2015/01

221.97

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	879,981	0.00				104	100.00	879,981	1,067,144	
1972/01		0.10	3.9787	3.0000	0.9787	104	100.00	882,621	1,109,576	
1972/07	155	0.10	5.9113	3.0000	2.9113	104	100.00	885,424	1,164,280	
1973/01		0.20	8.0622	3.0000	5.0622	104	100.00	890,737	1,224,288	
1973/07		0.20	10.7186	3.0000	7.7186	104	100.00	896,081	1,293,552	
1974/01		0.30	12.9457	3.0000	9.9457	104	100.00	904,146	1,361,152	
1974/07		0.30	13.0494	3.0000	10.0494	104	100.00	912,283	1,403,376	
1975/01		0.40	13.1399	3.0000	10.1399	104	100.00	923,230	1,446,744	
1975/07		0.40	14.2033	3.0000	11.2033	104	100.00	934,309	1,505,608	
1976/01		0.50	15.2478	3.0000	12.2478	104	100.00	948,324	1,566,448	
1976/07		0.50	15.7330	3.0000	12.7330	104	100.00	962,549	1,621,048	
1977/01		0.60	16.4836	3.0000	13.4836	104	100.00	979,875	1,681,888	
1977/07		0.60	18.5412	3.0000	15.5412	104	100.00	997,513	1,766,856	
1978/01		0.70	20.2809	3.0000	17.2809	104	100.00	1,018,461	1,850,680	
1978/07		0.70	22.8203	3.0000	19.8203	104	100.00	1,039,849	1,953,120	
1979/01		0.80	24.9476	3.0000	21.9476	104	100.00	1,064,805	2,053,272	
1979/07		0.80	26.1458	3.0000	23.1458	104	100.00	1,090,360	2,139,488	
1980/01	71,662	0.90	29.3115	3.0000	26.3115	104		1,162,022	2,271,464	
1980/07		0.90	30.1222	3.0000	27.1222	104		1,162,022	2,357,992	
1981/01	42,358	1.00	30.9462	3.0000	27.9462	104	61.34	1,239,241	2,448,160	
1981/07	20,004	1.00	30.5350	3.0000	27.5350	104	61.34	1,296,422	2,511,496	
1982/01	1,768	1.00	30.2110	3.0000	27.2110	104	60.61	1,337,083	2,578,784	
1982/07	8,170	1.00	29.5087	3.0000	26.5087	104	60.61	1,385,365	2,637,960	
1983/04	1,715	1.00	29.1375	3.0000	26.1375	104	64.59	1,428,641	2,707,328	
1983/07	47,921	1.00	30.0953	3.0000	27.0953	104	64.59	1,519,421	2,814,448	
1984/01		1.00	28.3905	3.0000	25.3905	104	69.84	1,565,004	2,850,952	
1984/07	14,346	1.00	27.3084	3.0000	24.3084	104	69.84	1,626,300	2,905,656	
1985/01		1.00	25.4555	3.0000	22.4555	104	74.78	1,675,089	2,938,936	
1985/10	4,466	1.00	23.3077	3.0000	20.3077	104	69.84	1,729,808	2,964,000	
1986/01		1.00	21.1376	3.0000	18.1376	104	74.78	1,781,702	2,988,648	



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: 5/31/2014

0 203220-00 - 2015/01

221.97

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		1.00	18.4350	3.0000	15.4350	104	74.78	1,835,153	2,982,928	
1987/01	44,867	1.00	16.4441	3.0000	13.4441	104	67.95	1,935,075	3,036,280	
1987/07		1.00	14.3448	3.0000	11.3448	104	71.02	1,993,127	3,059,992	
1988/01	39,810	1.00	12.2455	3.0000	9.2455	104	71.02	2,092,731	3,084,848	
1988/07		1.00	9.8354	3.0000	6.8354	104	71.02	2,155,513	3,083,184	
1989/01		1.00	7.4253	3.0000	4.4253	104	80.14	2,220,178	3,101,384	
1989/07		1.00	5.0152	3.0000	2.0152	104	80.14	2,286,783	3,122,392	
1990/01		1.00	2.6051	2.6051		104	63.75	2,346,356	3,138,096	
1990/07		1.00	0.5899	0.5899		104	63.75	2,360,197	3,156,608	
1991/01		1.00	0.5899	0.5899		104	78.60	2,374,120	3,175,120	
1991/07		1.00	1.4932	1.4932		104	78.60	2,409,570	3,222,544	
1992/01		0.95	2.0117	2.0117		104	78.60	2,455,619	3,287,336	
1992/07		0.95	1.8152	1.8152		104	78.60	2,497,964	3,347,032	
1993/01		0.90	1.7710	1.7710		104	78.60	2,537,779	3,406,312	
1993/07		0.90	1.5329	1.5329		104	78.60	2,572,790	3,458,520	
1994/01		0.85	1.6983	1.6983		104	77.22	2,609,931	3,517,280	
1994/07		0.85	1.5991	1.5991		104	77.22	2,645,405	3,573,544	
1995/01		0.80	1.5812	1.5812		104	69.86	2,678,869	3,630,016	
1995/07		0.80	1.5250	1.5250		104	69.86	2,678,869	3,685,344	5
1996/01		0.75	1.7228	1.7228		104	70.79	2,746,587	3,748,888	
1996/07		0.75	1.3294	1.3294		104	70.79	2,773,973	3,798,704	
1997/01	22,858	0.70	1.4109	1.4109		104	73.15	2,824,227	3,852,264	
1997/07		0.70	1.0917	1.0917		104	73.15	2,845,810	3,894,280	
1998/01		0.65	1.1663	1.1663		104	71.44	2,867,384	3,939,728	
1998/07		0.65	1.0794	1.0794		104	71.44	2,887,502	3,982,264	
1999/01		0.60	1.4499	1.4499		104	61.46	2,912,620	4,039,984	
1999/07		0.60	1.2299	1.2299		104	61.46	2,934,112	4,089,696	
2000/01		0.55	1.3356	1.3356		104	66.35	2,955,666	4,144,296	
2000/07		0.55	1.1129	1.1129		104	66.35	2,973,758	4,190,368	
2001/01	30,945	0.50	1.2976	1.2976		104	69.16	3,023,997	4,244,760	



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: 5/31/2014

0 203220-00 - 2015/01

221.97

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		0.50	0.9615	0.9615		104	69.16	3,038,536	4,285,528	
2002/01	29,719	0.45	1.0301	1.0301		104	68.88	3,082,339	4,329,624	
2002/07		0.45	0.8337	0.8337		104	68.88	3,093,904	4,365,712	
2003/01		0.40	1.3271	1.3271		104	63.54	3,110,326	4,423,640	
2003/07		0.40	1.1664	1.1664		104	63.54	3,124,839	4,475,224	
2004/01		0.35	1.1103	1.1103		104	55.40	3,124,839	4,524,936	5
2004/07		0.35	0.8378	0.8378		104	55.40	3,146,180	4,562,896	
2005/01		0.30	0.8595	0.8595		104	57.18	3,154,294	4,602,104	
2005/07		0.30	0.7364	0.7364		104	57.18	3,161,262	4,636,008	
2006/01		0.25	0.9068	0.9068		104	58.66	3,168,429	4,678,024	
2006/07		0.25	0.8133	0.8133		104	58.66	3,174,870	4,716,088	
2007/01		0.20	1.0133	1.0133		104	57.76	3,181,305	4,763,824	
2007/07		0.20	1.1050	1.1050		104	57.76	3,188,336	4,816,448	
2008/01		0.15	0.8556	0.8556		104	60.04	3,192,427	4,857,632	
2008/07		0.15	0.6104	0.6104		104	60.04	3,195,351	4,887,272	
2009/01		0.10	1.3268	1.3268		104	59.30	3,199,591	4,952,168	
2009/07		0.10	0.6841	0.6841		104	59.30	3,201,780	4,986,072	
2010/01	19,752	0.05	0.8643	0.8643		104	67.20	3,222,915	5,029,128	
2010/07		0.05	0.7107	0.7107		104	67.20	3,224,059	5,064,904	
2011/01		0.00	0.9198	0.9198		104	68.06	3,224,059	5,111,496	
2011/07		0.00	0.9028	0.9028		104	68.06	3,224,059	5,157,672	
2012/01	27,402	0.00	0.3865	0.3865		104	64.29	3,251,461	5,177,640	
2012/07		0.00	0.9417	0.9417		104	64.29	3,251,461	5,226,416	
2013/01	28,699	0.00	0.4901	0.4901		104	62.33	3,280,160	5,252,000	
2013/07		0.00	0.6196	0.6196		104	62.33	3,280,160	5,284,552	
2014/01	16,191	0.00	0.8564	0.8564		104	74.67	3,296,351	5,329,792	
2014/07		0.00	1.2383	1.2383		104	74.67	3,296,351	5,395,832	
2015/01		0.00	0.7571	0.7571		104	74.24	3,296,351	5,436,704	

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 203238-00 - 2015/01

260.59

Avante at Lake Worth

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
2501 N A ST	6/1/2013-5/31/2014	Number of Beds: 138	Superior: 0
LAKE WORTH, FL 33460-6013	Days in CR 365	Maximum: 50,370	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 50,370	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 37,741	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,968	Inflation
Current Class South Large	Initial CR? False	Medicaid: 29,115	FY Index: 1.31964392
Class at 1/94: South Large	Medical Utilization	77.14422%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	74.92754%	Cost: 1.03938564
Open Date: 06/01/1969	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1969	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 12/01/1980	Low Occupancy Adjustment Factor:	95.67909%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 206008			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,475,555	2,679,074	1,840,126	264,947		6,259,702	
1a	Audit Adjustments							
2	Cost Per Diem	50.6802	92.0170	63.2020	9.1000		214.9992	
3	Cost Per Diem Inflated	52.6763	94.4898	65.6913				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.6763	94.4898	65.6913	9.1000		221.9574	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.9499		74.9792				
7	Provider Target Rate	84.9510		77.7250				
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	52.6763	94.4898	65.5807	9.1000		221.8468	
12/13	Medical Adjustment Rate		2.8855	2.0027				
14	Prospective Per Diem 11	52.6763	97.3753	67.5834	9.1000		226.7350	
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 203238-00 - 2015/01

260.59

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

Avante at Lake Worth
FRVS

FRVS Status as of this Semester		On FRVS			
Began FRVS:	01/01/1991	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):	3,334,206 9.1442
Indexed Asset Value	4,167,757	<60% of Base:	True	20% ROE(2):	833,551 0.4099
FRVS Base Asset:	2,132,820	Interest Rate:	12.5000%	Insurance Cost(3):	64,206 1.7012
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	112,544 2.9820
ROE Factor	0.022290	Amortization Rate:	12.5000%	Home Office(3):	29,411 0.7793
		Interest Only:	True	Replacement(3&4):	36,383 0.0000
		Yearly Payment:	414,533	Total FRVS PD:	15.0166

- (1) 80% Capital (\$3,334,206) amortized at 12.5000 % for 20 years Interest of \$414,533 divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$9.1442
- (2) 20% ROE (\$833,551) times the ROE factor (0.022290) divided by annual available days (50370) divided by Occup. Adj. (0.90) = \$0.4099
- (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	162	Effective PBS Limitation	4,617,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.6763	52.6763	0.9164	51.7599
Direct Care	97.3753	97.3753	1.6941	95.6812
Indirect Care	67.5834	67.5834	1.1758	66.4076
Property	9.1000	15.0166	0.2613	14.7553
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0797
Supplemental Rate Add-on				9.9025
Totals	226.7350	232.6516	4.0476	260.5862

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: 5/31/2014

0 203238-00 - 2015/01

260.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				162	100.00		1,662,282	
1971/07	827,434	0.00				162	100.00	827,434	1,662,282	
1972/01		0.10	3.9787	3.0000	0.9787	162	100.00	829,916	1,728,378	
1972/07		0.10	5.9113	3.0000	2.9113	162	100.00	832,406	1,813,590	
1973/01		0.20	8.0622	3.0000	5.0622	162	100.00	837,400	1,907,064	
1973/07		0.20	10.7186	3.0000	7.7186	162	100.00	842,424	2,014,956	
1974/01		0.30	12.9457	3.0000	9.9457	162	100.00	850,006	2,120,256	
1974/07		0.30	13.0494	3.0000	10.0494	162	100.00	857,656	2,186,028	
1975/01		0.40	13.1399	3.0000	10.1399	162	100.00	867,948	2,253,582	
1975/07		0.40	14.2033	3.0000	11.2033	162	100.00	878,363	2,345,274	
1976/01		0.50	15.2478	3.0000	12.2478	162	100.00	891,538	2,440,044	
1976/07		0.50	15.7330	3.0000	12.7330	162	100.00	904,911	2,525,094	
1977/01		0.60	16.4836	3.0000	13.4836	162	100.00	921,199	2,619,864	
1977/07		0.60	18.5412	3.0000	15.5412	162	100.00	937,781	2,752,218	
1978/01		0.70	20.2809	3.0000	17.2809	162	100.00	957,474	2,882,790	
1978/07		0.70	22.8203	3.0000	19.8203	162	100.00	977,581	3,042,360	
1979/01		0.80	24.9476	3.0000	21.9476	162	100.00	1,001,043	3,198,366	
1979/07		0.80	26.1458	3.0000	23.1458	162	100.00	1,025,068	3,332,664	
1980/01	40,450	0.90	29.3115	3.0000	26.3115	162	55.00	1,093,195	3,538,242	
1980/07	343,245	0.90	30.1222	3.0000	27.1222	162	55.00	1,465,956	3,673,026	
1981/01	5,952	1.00	30.9462	3.0000	27.9462	162	69.24	1,515,887	3,813,480	
1981/07	33,120	1.00	30.5350	3.0000	27.5350	162	69.24	1,594,484	3,912,138	
1982/01	4,165	1.00	30.2110	3.0000	27.2110	162	75.67	1,646,484	4,016,952	
1982/07	1,817	1.00	29.5087	3.0000	26.5087	162	75.67	1,697,696	4,109,130	
1983/04	17,928	1.00	29.1375	3.0000	26.1375	162	81.82	1,766,555	4,217,184	
1983/07	62,383	1.00	30.0953	3.0000	27.0953	162	81.82	1,881,935	4,384,044	
1984/01	12,585	1.00	28.3905	3.0000	25.3905	162	83.76	1,950,978	4,440,906	
1984/07	140	1.00	27.3084	3.0000	24.3084	162	83.76	2,009,647	4,526,118	
1985/01		1.00	25.4555	3.0000	22.4555	162	84.94	2,069,936	4,577,958	
1985/10	786	1.00	23.3077	3.0000	20.3077	162	83.76	2,132,820	4,617,000	



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: 5/31/2014

0 203238-00 - 2015/01

260.59

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	162	84.94	2,196,805	4,655,394	
1986/07		1.00	18.4350	3.0000	15.4350	162	84.94	2,262,709	4,646,484	
1987/01	41,123	1.00	16.4441	3.0000	13.4441	162	77.00	2,371,713	4,729,590	
1987/07		1.00	14.3448	3.0000	11.3448	162	77.00	2,442,864	4,766,526	
1988/01		1.00	12.2455	3.0000	9.2455	162	80.34	2,516,150	4,805,244	
1988/07		1.00	9.8354	3.0000	6.8354	162	80.34	2,591,635	4,802,652	
1989/01		1.00	7.4253	3.0000	4.4253	162	76.29	2,669,384	4,831,002	
1989/07		1.00	5.0152	3.0000	2.0152	162	76.29	2,749,466	4,863,726	
1990/01		1.00	2.6051	2.6051		162	69.83	2,821,092	4,888,188	
1990/07		1.00	0.5899	0.5899		162	69.83	2,837,734	4,917,024	
1991/01		1.00	0.5899	0.5899		162	83.65	2,837,734	4,945,860	5
1991/07		1.00	1.4932	1.4932		162	83.65	2,854,474	5,019,732	5
1992/01		0.95	2.0117	2.0117		162	83.65	2,897,097	5,120,658	5
1992/07		0.95	1.8152	1.8152		162	83.65	3,003,375	5,213,646	
1993/01		0.90	1.7710	1.7710		162	83.65	3,051,246	5,305,986	
1993/07		0.90	1.5329	1.5329		162	83.65	3,093,341	5,387,310	
1994/01		0.85	1.6983	1.6983		162	85.23	3,137,996	5,478,840	
1994/07		0.85	1.5991	1.5991		162	85.23	3,180,648	5,566,482	
1995/01	31,676	0.80	1.5812	1.5812		162	80.88	3,252,559	5,654,448	
1995/07		0.80	1.5250	1.5250		162	80.88	3,292,240	5,740,632	
1996/01		0.75	1.7228	1.7228		162	81.26	3,334,779	5,839,614	
1996/07		0.75	1.3294	1.3294		162	81.26	3,368,030	5,917,212	
1997/01	92,235	0.70	1.4109	1.4109		162	78.81	3,493,528	6,000,642	
1997/07		0.70	1.0917	1.0917		162	78.81	3,520,226	6,066,090	
1998/01	120,185	0.65	1.1663	1.1663		162	75.38	3,667,098	6,136,884	
1998/07		0.65	1.0794	1.0794		162	75.38	3,692,826	6,203,142	
1999/01		0.60	1.4499	1.4499		162	75.38	3,692,826	6,293,052	5
1999/07		0.60	1.2299	1.2299		162	74.45	3,752,436	6,370,488	
2000/01	28,559	0.55	1.3356	1.3356		162	72.73	3,808,560	6,455,538	
2000/07		0.55	1.1129	1.1129		162	72.73	3,808,560	6,527,304	5



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: 5/31/2014

0 203238-00 - 2015/01

260.59

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		0.50	1.2976	1.2976		162	69.01	3,856,733	6,612,030	
2001/07		0.50	0.9615	0.9615		162	69.01	3,856,733	6,675,534	5
2002/01		0.45	1.0301	1.0301		162	73.36	3,893,238	6,744,222	
2002/07		0.45	0.8337	0.8337		162	73.36	3,893,238	6,800,436	5
2003/01		0.40	1.3271	1.3271		162	66.15	3,928,588	6,890,670	
2003/07		0.40	1.1664	1.1664		162	66.15	3,946,919	6,971,022	
2004/01		0.35	1.1103	1.1103		162	61.57	3,962,257	7,048,458	
2004/07		0.35	0.8378	0.8378		162	61.57	3,973,874	7,107,588	
2005/01		0.30	0.8595	0.8595		162	64.52	3,984,123	7,168,662	
2005/07		0.30	0.7364	0.7364		162	64.52	3,992,924	7,221,474	
2006/01		0.25	0.9068	0.9068		162	64.32	4,001,976	7,286,922	
2006/07		0.25	0.8133	0.8133		162	64.32	4,010,112	7,346,214	
2007/01		0.20	1.0133	1.0133		138	67.60	4,018,240	6,321,228	
2007/07		0.20	1.1050	1.1050		138	67.60	4,027,120	6,391,056	
2008/01		0.15	0.8556	0.8556		138	68.06	4,032,287	6,445,704	
2008/07		0.15	0.6104	0.6104		138	68.06	4,035,981	6,485,034	
2009/01		0.10	1.3268	1.3268		138	71.12	4,041,337	6,571,146	
2009/07		0.10	0.6841	0.6841		138	71.12	4,044,101	6,616,134	
2010/01		0.05	0.8643	0.8643		138	73.09	4,045,848	6,673,266	
2010/07		0.05	0.7107	0.7107		138	73.09	4,047,284	6,720,738	
2011/01	48,994	0.00	0.9198	0.9198		138	78.34	4,096,278	6,782,562	
2011/07		0.00	0.9028	0.9028		138	78.34	4,096,278	6,843,834	
2012/01	32,146	0.00	0.3865	0.3865		138	79.76	4,128,424	6,870,330	
2012/07		0.00	0.9417	0.9417		138	79.76	4,128,424	6,935,052	
2013/01	39,333	0.00	0.4901	0.4901		138	77.11	4,167,757	6,969,000	
2013/07		0.00	0.6196	0.6196		138	77.11	4,167,757	7,012,194	
2014/01		0.00	0.8564	0.8564		138	76.55	4,167,757	7,072,224	
2014/07		0.00	1.2383	1.2383		138	76.55	4,167,757	7,159,854	
2015/01		0.00	0.7571	0.7571		138	77.14	4,167,757	7,214,088	

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 203327-00 - 2015/01

243.64

The Palace at Kendall Nursing and 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
11215 SW 84TH STREET	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
MIAMI, FL 33173	Days in CR 365	Maximum: 65,700	Standard: 243
County: Dade [13]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 62,165	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 16,584	Inflation
Current Class South Large	Initial CR? False	Medicaid: 31,418	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	50.53969%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.61948%	Cost: 1.05323681
Open Date: 03/18/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/18/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 03/18/1991	Low Occupancy Adjustment Factor:	120.82481%	DC Sem Index: 1.25449501
Med # Active Date: 03/18/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,513,962	2,661,768	1,843,908	585,632		6,605,270	
1a	Audit Adjustments							
2	Cost Per Diem	48.1877	84.7211	58.6895	18.6400		210.2383	
3	Cost Per Diem Inflated	50.7531	87.8729	61.8139				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.7531	87.8729	61.8139	18.6400		219.0799	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.5035		66.6402				
7	Provider Target Rate	63.7558		69.0806				
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	50.7531	87.8729	61.8139	13.6500		214.0899	
12/13	Medical Adjustment Rate		0.0534	0.0375				
14	Prospective Per Diem 11	50.7531	87.9263	61.8514	13.6500		214.1808	
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 203327-00 - 2015/01

243.64

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

The Palace at Kendall Nursing and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/18/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	8,488,615.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed	80% Capital(1):	6,972,590	12.9599
Indexed Asset Value	8,715,738	<60% of Base:	False	20% ROE(2):	1,743,148	0.4422
FRVS Base Asset:	5,463,360	Interest Rate:	9.2500%	Insurance Cost(3):	179,625	2.8895
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	114,430	1.8407
ROE Factor	0.015000	Amortization Rate:	9.2500%	Home Office(3):	88,825	1.4289
		Interest Only:	False	Replacement(3&4):	188,323	0.0000
		Yearly Payment:	766,316	Total FRVS PD:		19.5612

- (1) 80% Capital (\$6,972,590) amortized at 9.2500 % for 20 years Principal & Interest of \$766,316 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.9599
- (2) 20% ROE (\$1,743,148) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4422
- (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	180	Effective PBS Limitation	5,463,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.7531	50.7531	0.8830	49.8701
Direct Care	87.9263	87.9263	1.5297	86.3966
Indirect Care	61.8514	61.8514	1.0761	60.7753
Property	13.6500	19.5612	0.3403	19.2209
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.4753
Supplemental Rate Add-on				9.9025
Totals	214.1808	220.0920	3.8291	243.6407

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: 7/31/2013

0 203327-00 - 2015/01

243.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	7,496,289	0.00	0.5899	0.5899		180	73.00	5,463,360	5,463,360	1
1991/07		0.10	1.4932	1.4932		180	73.00	5,471,517	5,577,480	
1992/01		0.10	2.0117	2.0117		180	73.00	5,482,526	5,689,620	
1992/07		0.20	1.8152	1.8152		180	73.00	5,502,428	5,792,940	
1993/01		0.20	1.7710	1.7710		180	73.00	5,521,918	5,895,540	
1993/07		0.30	1.5329	1.5329		180	73.00	5,547,313	5,985,900	
1994/01		0.30	1.6983	1.6983		180	73.00	5,575,577	6,087,600	
1994/07		0.40	1.5991	1.5991		180	66.40	5,611,238	6,184,980	
1995/01		0.40	1.5812	1.5812		180	66.40	5,646,729	6,282,720	
1995/07	102,500	0.50	1.5250	1.5250		180	54.19	5,749,229	6,378,480	5
1996/01		0.50	1.7228	1.7228		180	54.19	5,791,651	6,488,460	5
1996/07		0.60	1.3294	1.3294		180	59.69	5,887,392	6,574,680	
1997/01		0.60	1.4109	1.4109		180	59.69	5,937,229	6,667,380	
1997/07		0.70	1.0917	1.0917		180	60.37	5,982,601	6,740,100	
1998/01		0.70	1.1663	1.1663		180	53.31	6,029,942	6,818,760	
1998/07		0.80	1.0794	1.0794		180	53.31	6,080,411	6,892,380	
1999/01		0.80	1.4499	1.4499		180	53.31	6,080,411	6,992,280	5
1999/07		0.90	1.2299	1.2299		180	45.84	6,148,771	7,078,320	5
2000/01		0.90	1.3356	1.3356		180	42.15	6,262,660	7,172,820	
2000/07		1.00	1.1129	1.1129		180	42.15	6,316,073	7,252,560	
2001/01		1.00	1.2976	1.2976		180	43.59	6,381,028	7,346,700	
2001/07		1.00	0.9615	0.9615		180	43.59	6,429,654	7,417,260	
2002/01		1.00	1.0301	1.0301		180	44.54	6,483,290	7,493,580	
2002/07		1.00	0.8337	0.8337		180	44.54	6,527,062	7,556,040	
2003/01		1.00	1.3271	1.3271		180	48.57	6,603,556	7,656,300	
2003/07		1.00	1.1664	1.1664		180	48.57	6,671,575	7,745,580	
2004/01	117,848	1.00	1.1103	1.1103		180	48.44	6,854,662	7,831,620	
2004/07		1.00	0.8378	0.8378		180	48.44	6,905,241	7,897,320	
2005/01		1.00	0.8595	0.8595		180	48.44	6,957,513	7,965,180	
2005/07		1.00	0.7364	0.7364		180	50.99	7,005,013	8,023,860	



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: 7/31/2013

0 203327-00 - 2015/01

243.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		180	50.99	7,063,903	8,096,580	
2006/07		1.00	0.8133	0.8133		180	50.99	7,117,165	8,162,460	
2007/01		1.00	1.0133	1.0133		180	50.99	7,184,025	8,245,080	
2007/07		1.00	1.1050	1.1050		180	49.61	7,255,629	8,336,160	
2008/01		1.00	0.8556	0.8556		180	49.61	7,311,624	8,407,440	
2008/07	150,239	1.00	0.6104	0.6104		180	49.61	7,502,119	8,458,740	
2009/01	183,481	1.00	1.3268	1.3268		180	47.91	7,772,307	8,571,060	
2009/07		1.00	0.6841	0.6841		180	47.91	7,818,623	8,629,740	
2010/01		1.00	0.8643	0.8643		180	47.91	7,877,488	8,704,260	
2010/07		1.00	0.7107	0.7107		180	49.02	7,927,386	8,766,180	
2011/01		1.00	0.9198	0.9198		180	49.02	7,992,374	8,846,820	
2011/07		0.95	0.9028	0.9028		180	50.36	8,055,141	8,926,740	
2012/01	124,492	0.95	0.3865	0.3865		180	51.06	8,207,093	8,961,300	
2012/07		0.90	0.9417	0.9417		180	51.06	8,271,665	9,045,720	
2013/01		0.90	0.4901	0.4901		180	48.86	8,304,078	9,090,000	
2013/07		0.85	0.6196	0.6196		180	48.86	8,342,933	9,146,340	
2014/01	190,573	0.85	0.8564	0.8564		180	50.54	8,589,310	9,224,640	
2014/07		0.80	1.2383	1.2383		180	50.54	8,667,496	9,338,940	
2015/01		0.80	0.7571	0.7571		180	50.54	8,715,738	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 203335-00 - 2015/01

232.94

TimberRidge Nursing & 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
9848 SW 110TH ST	1/1/2013-12/31/2013	Number of Beds: 180	Superior: 0
OCALA, FL 34481	Days in CR 365	Maximum: 65,700	Standard: 243
County: Marion [42]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 60,266	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 25,304	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,715	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	49.30641%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.72907%	Cost: 1.04340134
Open Date: 03/01/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/01/1991	Low Occupancy Adjustment Factor:	117.13389%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/1991	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	1,139,827	2,957,601	1,885,771	407,096		6,390,295
1a	Audit Adjustments						
2	Cost Per Diem	38.3586	99.5322	63.4619	13.7000		215.0527
3	Cost Per Diem Inflated	40.0234	102.7676	66.2162			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0234	102.7676	66.2162	13.7000		222.7072
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6917		66.5200			
7	Provider Target Rate	54.6213		68.9560			
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	40.0234	96.4319	61.6580	13.6500		211.7633
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	40.0234	96.4319	61.6580	13.6500		211.7633
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 203335-00 - 2015/01

232.94

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

TimberRidge Nursing & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,695,614.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable	80% Capital(1):	6,570,902	9.7160
Indexed Asset Value	8,213,628	<60% of Base:	False	20% ROE(2):	1,642,726	0.5209
FRVS Base Asset:	1,699,712	Interest Rate:	6.2100%	Insurance Cost(3):	61,776	1.0251
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	75,205	1.2479
ROE Factor	0.018750	Amortization Rate:	6.2100%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	102,341	0.0000
		Yearly Payment:	574,506	Total FRVS PD:		12.5099

- (1) 80% Capital (\$6,570,902) amortized at 6.2100 % for 20 years Principal & Interest of \$574,506 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.7160
 (2) 20% ROE (\$1,642,726) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5209
 (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	56	Effective PBS Limitation	1,699,712

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.0234	40.0234	0.6963	39.3271
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	12.5099	0.2176	12.2923
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.0826
Supplemental Rate Add-on				9.9025
Totals	211.7633	210.6232	3.6643	232.9440

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 203335-00 - 2015/01

232.94

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	3,504,990	0.00	0.5899	0.5899		56	22.55	1,699,712	1,699,712	1
1991/07		0.10	1.4932	1.4932		56	22.55	1,699,712	1,735,216	
1992/01		0.10	2.0117	2.0117		56	22.55	1,699,712	1,770,104	
1992/07		0.20	1.8152	1.8152		56	22.55	1,699,712	1,802,248	
1993/01		0.20	1.7710	1.7710		56	22.55	1,699,712	1,834,168	
1993/07		0.30	1.5329	1.5329		56	22.55	1,699,712	1,862,280	
1994/01		0.30	1.6983	1.6983		56	22.55	1,699,712	1,893,920	
1994/07	1,947,428	0.40	1.5991	1.5991		120	23.10	3,647,140	4,123,320	
1995/01		0.40	1.5812	1.5812		120	23.10	3,647,140	4,188,480	
1995/07	1,037,388	0.50	1.5250	1.5250		150	45.27	4,707,418	5,315,400	
1996/01		0.50	1.7228	1.7228		150	45.27	4,740,794	5,407,050	
1996/07	47,510	0.60	1.3294	1.3294		150	57.80	4,826,117	5,478,900	
1997/01	26,877	0.60	1.4109	1.4109		150	60.76	4,893,847	5,556,150	
1997/07		0.70	1.0917	1.0917		150	60.76	4,931,246	5,616,750	
1998/01		0.70	1.1663	1.1663		150	60.76	4,971,505	5,682,300	
1998/07	58,126	0.80	1.0794	1.0794		150	57.09	5,072,560	5,743,650	
1999/01		0.80	1.4499	1.4499		150	57.09	5,131,397	5,826,900	
1999/07	1,157,354	0.90	1.2299	1.2299		180	57.73	6,345,550	7,078,320	
2000/01		0.90	1.3356	1.3356		180	57.73	6,421,824	7,172,820	
2000/07		1.00	1.1129	1.1129		180	56.03	6,493,292	7,252,560	
2001/01		1.00	1.2976	1.2976		180	56.03	6,577,549	7,346,700	
2001/07	76,230	1.00	0.9615	0.9615		180	52.80	6,714,492	7,417,260	
2002/01		1.00	1.0301	1.0301		180	50.34	6,777,798	7,493,580	
2002/07		1.00	0.8337	0.8337		180	50.34	6,829,517	7,556,040	
2003/01		1.00	1.3271	1.3271		180	45.85	6,905,073	7,656,300	
2003/07		1.00	1.1664	1.1664		180	45.85	6,972,215	7,745,580	
2004/01		1.00	1.1103	1.1103		180	43.73	7,033,765	7,831,620	
2004/07		1.00	0.8378	0.8378		180	43.73	7,080,619	7,897,320	
2005/01		1.00	0.8595	0.8595		180	38.04	7,122,711	7,965,180	
2005/07		1.00	0.7364	0.7364		180	38.04	7,158,988	8,023,860	



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 203335-00 - 2015/01

232.94

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		180	42.54	7,209,199	8,096,580	
2006/07		1.00	0.8133	0.8133		180	42.54	7,254,549	8,162,460	
2007/01	75,642	1.00	1.0133	1.0133		180	42.32	7,386,754	8,245,080	
2007/07		1.00	1.1050	1.1050		180	42.32	7,449,560	8,336,160	
2008/01		1.00	0.8556	0.8556		180	42.32	7,498,604	8,407,440	
2008/07	44,290	1.00	0.6104	0.6104		180	39.10	7,575,433	8,458,740	
2009/01		1.00	1.3268	1.3268		180	35.55	7,640,400	8,571,060	
2009/07		1.00	0.6841	0.6841		180	35.55	7,674,184	8,629,740	
2010/01		1.00	0.8643	0.8643		180	35.55	7,717,056	8,704,260	
2010/07		1.00	0.7107	0.7107		180	35.55	7,752,506	8,766,180	
2011/01		1.00	0.9198	0.9198		180	34.14	7,796,769	8,846,820	
2011/07		0.95	0.9028	0.9028		180	44.56	7,850,948	8,926,740	
2012/01		0.95	0.3865	0.3865		180	44.56	7,874,304	8,961,300	
2012/07		0.90	0.9417	0.9417		180	41.89	7,925,132	9,045,720	
2013/01		0.90	0.4901	0.4901		180	41.89	7,951,757	9,090,000	
2013/07		0.85	0.6196	0.6196		180	46.82	7,987,410	9,146,340	
2014/01		0.85	0.8564	0.8564		180	46.82	8,036,903	9,224,640	
2014/07		0.80	1.2383	1.2383		180	46.82	8,104,676	9,338,940	
2015/01	64,941	0.80	0.7571	0.7571		180	49.31	8,213,628	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 203475-00 - 2015/01

229.13

Marianna Health & Rehabilitation

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
4295 FIFTH AVENUE	10/1/2012-9/30/2013	Number of Beds: 180	Superior: 0
MARIANNA, FL 32446	Days in CR 365	Maximum: 65,700	Standard: 243
County: Jackson [32]	First Used: 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 55,346	Total: 243
Control: Government	Unaudited	Medicare: 3,230	Inflation
Current Class North Large	Initial CR? False	Medicaid: 44,407	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	80.23525%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.24049%	Cost: 1.04757614
Open Date: 02/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 02/01/1971	Low Occupancy Adjustment Factor:	107.57131%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/1971	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	1,924,143	4,092,202	1,636,815	225,143		7,878,303	
1a	Audit Adjustments							
2	Cost Per Diem	43.3297	92.1522	36.8594	5.0700		177.4113	
3	Cost Per Diem Inflated	45.3912	95.4226	38.6130				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.3912	95.4226	38.6130	5.0700		184.4968	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9819		52.2722				
7	Provider Target Rate	50.7757		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	45.3912	95.4226	38.6130	5.0700		184.4968	
12/13	Medical Adjustment Rate		3.2458	1.3134				
14	Prospective Per Diem 11	45.3912	98.6684	39.9264	5.0700		189.0560	
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 203475-00 - 2015/01

229.13

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

Marianna Health & Rehabilitation

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:	1971/07	Type:	None	80% Capital(1):	6,079,714 12.7833
Indexed Asset Value	7,599,642	<60% of Base:	True	20% ROE(2):	1,519,928 0.4285
FRVS Base Asset:	4,379,259	Interest Rate:	12.5000%	Insurance Cost(3):	16,176 0.2923
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
		Interest Only:	True	Replacement(3&4):	115,510 0.0000
		Yearly Payment:	755,875	Total FRVS PD:	13.5041

- (1) 80% Capital (\$6,079,714) amortized at 12.5000 % for 20 years Interest of \$755,875 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.7833
- (2) 20% ROE (\$1,519,928) times the ROE factor (0.016670) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4285
- (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	45.3912	45.3912	0.7897	44.6015
Direct Care	98.6684	98.6684	1.7166	96.9518
Indirect Care	39.9264	39.9264	0.6946	39.2318
Property	5.0700	13.5041	0.2349	13.2692
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.1775
Supplemental Rate Add-on				9.9025
Totals	189.0560	197.4901	3.4358	229.1343

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: 9/30/2013

0 203475-00 - 2015/01

229.13

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	895,163	0.00				180	100.00	895,163	1,846,980	
1972/01		0.10	3.9787	3.0000	0.9787	180	100.00	897,848	1,920,420	
1972/07		0.10	5.9113	3.0000	2.9113	180	100.00	900,542	2,015,100	
1973/01		0.20	8.0622	3.0000	5.0622	180	100.00	905,945	2,118,960	
1973/07		0.20	10.7186	3.0000	7.7186	180	100.00	911,381	2,238,840	
1974/01		0.30	12.9457	3.0000	9.9457	180	100.00	919,583	2,355,840	
1974/07		0.30	13.0494	3.0000	10.0494	180	100.00	927,859	2,428,920	
1975/01	21,068	0.40	13.1399	3.0000	10.1399	180	100.00	960,061	2,503,980	
1975/07		0.40	14.2033	3.0000	11.2033	180	100.00	971,582	2,605,860	
1976/01		0.50	15.2478	3.0000	12.2478	180	100.00	986,156	2,711,160	
1976/07		0.50	15.7330	3.0000	12.7330	180	100.00	1,000,948	2,805,660	
1977/01		0.60	16.4836	3.0000	13.4836	180	100.00	1,018,965	2,910,960	
1977/07		0.60	18.5412	3.0000	15.5412	180	100.00	1,037,306	3,058,020	
1978/01		0.70	20.2809	3.0000	17.2809	180	100.00	1,059,089	3,203,100	
1978/07	31,647	0.70	22.8203	3.0000	19.8203	180	100.00	1,112,977	3,380,400	
1979/01		0.80	24.9476	3.0000	21.9476	180	100.00	1,139,688	3,553,740	
1979/07		0.80	26.1458	3.0000	23.1458	180	100.00	1,167,041	3,702,960	
1980/01		0.90	29.3115	3.0000	26.3115	180	81.60	1,198,551	3,931,380	
1980/07		0.90	30.1222	3.0000	27.1222	180	81.60	1,230,912	4,081,140	
1981/01	102,361	1.00	30.9462	3.0000	27.9462	180	83.45	1,370,200	4,237,200	
1981/07		1.00	30.5350	3.0000	27.5350	180	83.45	1,411,306	4,346,820	
1982/01		1.00	30.2110	3.0000	27.2110	180	79.05	1,453,645	4,463,280	
1982/07		1.00	29.5087	3.0000	26.5087	111	100.00	1,497,254	2,815,515	
1983/04		1.00	29.1375	3.0000	26.1375	111	100.00	1,542,172	2,889,552	
1983/07	40,684	1.00	30.0953	3.0000	27.0953	111	100.00	1,629,121	3,003,882	
1984/01	273,367	1.00	28.3905	3.0000	25.3905	111	100.00	1,951,362	3,042,843	
1984/07	2,117,969	1.00	27.3084	3.0000	24.3084	111	79.05	4,127,872	3,101,229	
1985/01		1.00	25.4555	3.0000	22.4555	111	79.05	4,251,708	3,136,749	
1985/10		1.00	23.3077	3.0000	20.3077	111	79.87	4,379,259	3,163,500	
1986/01		1.00	21.1376	3.0000	18.1376	111	79.87	4,510,637	3,189,807	



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: 9/30/2013

0 203475-00 - 2015/01

229.13

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	180	100.00	4,645,956	5,162,760	
1987/01		1.00	16.4441	3.0000	13.4441	180	100.00	4,785,335	5,255,100	
1987/07		1.00	14.3448	3.0000	11.3448	180	85.89	4,928,895	5,296,140	
1988/01		1.00	12.2455	3.0000	9.2455	180	85.89	5,076,762	5,339,160	
1988/07		1.00	9.8354	3.0000	6.8354	180	88.37	5,229,065	5,336,280	
1989/01		1.00	7.4253	3.0000	4.4253	180	88.37	5,385,937	5,367,780	
1989/07		1.00	5.0152	3.0000	2.0152	180	88.48	5,547,515	5,404,140	
1990/01		1.00	2.6051	2.6051		180	88.48	5,692,033	5,431,320	
1990/07		1.00	0.5899	0.5899		180	89.74	5,725,610	5,463,360	
1991/01		1.00	0.5899	0.5899		180	89.74	5,759,385	5,495,400	
1991/07		1.00	1.4932	1.4932		180	85.74	5,845,384	5,577,480	
1992/01		0.95	2.0117	2.0117		180	88.14	5,957,095	5,689,620	
1992/07		0.95	1.8152	1.8152		180	88.14	6,059,819	5,792,940	
1993/01		0.90	1.7710	1.7710		180	88.14	6,156,406	5,895,540	
1993/07		0.90	1.5329	1.5329		180	84.82	6,241,340	5,985,900	
1994/01		0.85	1.6983	1.6983		180	84.82	6,331,440	6,087,600	
1994/07		0.85	1.5991	1.5991		180	87.74	6,417,497	6,184,980	
1995/01		0.80	1.5812	1.5812		180	87.74	6,498,678	6,282,720	
1995/07		0.80	1.5250	1.5250		180	89.09	6,577,962	6,378,480	
1996/01		0.75	1.7228	1.7228		180	89.09	6,662,956	6,488,460	
1996/07		0.75	1.3294	1.3294		180	89.04	6,662,956	6,574,680	3
1997/01		0.70	1.4109	1.4109		180	89.04	6,667,380	6,667,380	8
1997/07		0.70	1.0917	1.0917		180	89.53	6,718,332	6,740,100	
1998/01		0.65	1.1663	1.1663		180	89.53	6,769,264	6,818,760	
1998/07		0.65	1.0794	1.0794		180	92.03	6,816,757	6,892,380	
1999/01		0.60	1.4499	1.4499		180	92.03	6,876,056	6,992,280	
1999/07		0.60	1.2299	1.2299		180	88.62	6,926,794	7,078,320	
2000/01		0.55	1.3356	1.3356		180	88.62	6,977,678	7,172,820	
2000/07		0.55	1.1129	1.1129		180	86.41	7,020,388	7,252,560	
2001/01		0.50	1.2976	1.2976		180	86.41	7,065,936	7,346,700	



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: 9/30/2013

0 203475-00 - 2015/01

229.13

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	85.83	7,099,909	7,417,260	
2002/01		0.45	1.0301	1.0301		180	85.81	7,132,817	7,493,580	
2002/07		0.45	0.8337	0.8337		180	85.81	7,159,579	7,556,040	
2003/01		0.40	1.3271	1.3271		180	85.81	7,159,579	7,656,300	5
2003/07		0.40	1.1664	1.1664		180	82.49	7,231,166	7,745,580	
2004/01		0.35	1.1103	1.1103		180	82.49	7,259,266	7,831,620	
2004/07		0.35	0.8378	0.8378		180	85.11	7,280,550	7,897,320	
2005/01		0.30	0.8595	0.8595		180	85.11	7,299,327	7,965,180	
2005/07		0.30	0.7364	0.7364		180	86.61	7,315,451	8,023,860	
2006/01		0.25	0.9068	0.9068		180	86.61	7,332,035	8,096,580	
2006/07		0.25	0.8133	0.8133		180	85.70	7,346,941	8,162,460	
2007/01		0.20	1.0133	1.0133		180	85.70	7,361,833	8,245,080	
2007/07		0.20	1.1050	1.1050		180	86.76	7,378,103	8,336,160	
2008/01		0.15	0.8556	0.8556		180	86.76	7,387,569	8,407,440	
2008/07		0.15	0.6104	0.6104		180	85.28	7,394,336	8,458,740	
2009/01		0.10	1.3268	1.3268		180	85.28	7,404,148	8,571,060	
2009/07		0.10	0.6841	0.6841		180	85.61	7,409,212	8,629,740	
2010/01		0.05	0.8643	0.8643		180	85.61	7,412,413	8,704,260	
2010/07		0.05	0.7107	0.7107		180	86.62	7,415,044	8,766,180	
2011/01		0.00	0.9198	0.9198		180	86.62	7,415,044	8,846,820	
2011/07		0.00	0.9028	0.9028		180	80.16	7,415,044	8,926,740	
2012/01		0.00	0.3865	0.3865		180	80.16	7,415,044	8,961,300	
2012/07	157,011	0.00	0.9417	0.9417		180	77.77	7,572,055	9,045,720	
2013/01		0.00	0.4901	0.4901		180	77.77	7,572,055	9,090,000	
2013/07		0.00	0.6196	0.6196		180	79.31	7,572,055	9,146,340	
2014/01		0.00	0.8564	0.8564		180	79.31	7,572,055	9,224,640	
2014/07	27,587	0.00	1.2383	1.2383		180	80.24	7,599,642	9,338,940	
2015/01		0.00	0.7571	0.7571		180	80.24	7,599,642	9,409,680	

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 203599-00 - 2015/01
242.37

The Manor at Carpenter's

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
1001 CARPENTERS WAY	1/1/2013-12/31/2013	Number of Beds: 72	Superior: 0
LAKELAND , FL 33809	Days in CR 365	Maximum: 26,280	Standard: 243
County: Polk [53]	First Used : 2014/07	Max Annualized: 26,280	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 24,019	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,531	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 4,369	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	18.18977%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.39650%	Cost: 1.04340134
Open Date: 07/01/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/01/1991	Low Occupancy Adjustment Factor:	116.70921%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/1991	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	208,405	435,133	303,853	101,317		1,048,708	
1a	Audit Adjustments							
2	Cost Per Diem	47.7008	99.5957	69.5475	23.1900		240.0340	
3	Cost Per Diem Inflated	49.7711	102.8332	72.5660				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.7711	102.8332	72.5660	23.1900		248.3603	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.2239		66.9354				
7	Provider Target Rate	67.6125		69.3866				
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	49.7711	102.1848	69.3866	13.6500		234.9925	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7711	102.1848	69.3866	13.6500		234.9925	
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 203599-00 - 2015/01

242.37

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

The Manor at Carpenter's

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:	2,566,809.00	Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Fixed	80% Capital(1):	2,653,286 12.5480
Indexed Asset Value	3,316,608	<60% of Base:	False	20% ROE(2):	663,322 0.5258
FRVS Base Asset:	1,789,260	Interest Rate:	9.5000%	Insurance Cost(3):	51,976 2.1640
Occup Adj Factor	0.9000	Chase Rate:	11.0000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.018750	Amortization Rate:	9.5000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	18,668 0.0000
		Yearly Payment:	296,785	Total FRVS PD:	15.2378

- (1) 80% Capital (\$2,653,286) amortized at 9.5000 % for 20 years Principal & Interest of \$296,785 divided by annual available days (26280) divided by Occup. Adj. (0.90) = \$12.5480
- (2) 20% ROE (\$663,322) times the ROE factor (0.018750) divided by annual available days (26280) divided by Occup. Adj. (0.90) = \$0.5258
- (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	60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7711	49.7711	0.8659	48.9052
Direct Care	102.1848	102.1848	1.7778	100.4070
Indirect Care	69.3866	69.3866	1.2072	68.1794
Property	13.6500	15.2378	0.2651	14.9727
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	234.9925	236.5803	4.1160	242.3668

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 203599-00 - 2015/01

242.37

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	3,387,342	0.00	0.5899	0.5899		60		1,789,260	1,789,260	1
1990/01		0.10	0.5899	0.5899		60		1,789,260	1,810,440	
1990/07		0.10	0.5899	0.5899		60		1,789,260	1,821,120	
1991/01		0.20	0.5899	0.5899		60	1.36	1,789,260	1,831,800	
1991/07		0.20	1.4932	1.4932		60	1.36	1,789,260	1,859,160	
1992/01		0.30	2.0117	2.0117		60	1.36	1,789,260	1,896,540	
1992/07		0.30	1.8152	1.8152		60	1.36	1,789,260	1,930,980	
1993/01		0.40	1.7710	1.7710		60	1.36	1,789,260	1,965,180	
1993/07		0.40	1.5329	1.5329		60	1.36	1,789,260	1,995,300	5
1994/01		0.50	1.6983	1.6983		60	1.36	1,789,260	2,029,200	
1994/07	30,428	0.50	1.5991	1.5991		60	17.02	1,819,688	2,061,660	
1995/01		0.60	1.5812	1.5812		60	17.02	1,819,688	2,094,240	
1995/07		0.60	1.5250	1.5250		60	30.03	1,828,779	2,126,160	
1996/01		0.70	1.7228	1.7228		60	30.03	1,840,821	2,162,820	
1996/07		0.70	1.3294	1.3294		60	27.08	1,849,256	2,191,560	
1997/01		0.80	1.4109	1.4109		60	27.08	1,859,533	2,222,460	
1997/07		0.80	1.0917	1.0917		60	20.02	1,859,533	2,246,700	
1998/01		0.90	1.1663	1.1663		60	20.02	1,859,533	2,272,920	
1998/07	34,206	0.90	1.0794	1.0794		60	13.47	1,893,739	2,297,460	
1999/01		1.00	1.4499	1.4499		60	13.47	1,893,739	2,330,760	
1999/07	203,590	1.00	1.2299	1.2299		60	13.90	2,097,329	2,359,440	5
2000/01		1.00	1.3356	1.3356		60	13.90	2,097,329	2,390,940	
2000/07	40,724	1.00	1.1129	1.1129		60	17.66	2,138,053	2,417,520	
2001/01		1.00	1.2976	1.2976		60	17.66	2,138,053	2,448,900	
2001/07	12,240	1.00	0.9615	0.9615		60	18.86	2,150,293	2,472,420	
2002/01		1.00	1.0301	1.0301		60	18.86	2,150,293	2,497,860	
2002/07	125,430	1.00	0.8337	0.8337		60	19.27	2,275,723	2,518,680	
2003/01		1.00	1.3271	1.3271		60	19.27	2,275,723	2,552,100	
2003/07	109,224	1.00	1.1664	1.1664		60	17.55	2,384,947	2,581,860	
2004/01		1.00	1.1103	1.1103		60	17.55	2,384,947	2,610,540	



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 203599-00 - 2015/01

242.37

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	102,602	1.00	0.8378	0.8378		60	18.82	2,487,549	2,632,440	
2005/01		1.00	0.8595	0.8595		60	18.82	2,487,549	2,655,060	
2005/07		1.00	0.7364	0.7364		60	18.82	2,487,549	2,674,620	
2006/01	26,728	1.00	0.9068	0.9068		60	14.91	2,514,277	2,698,860	
2006/07		1.00	0.8133	0.8133		60	14.91	2,514,277	2,720,820	
2007/01	24,303	1.00	1.0133	1.0133		60	18.67	2,538,580	2,748,360	
2007/07	23,853	1.00	1.1050	1.1050		60	19.40	2,562,433	2,778,720	
2008/01		1.00	0.8556	0.8556		60	19.40	2,562,433	2,802,480	
2008/07	640,280	1.00	0.6104	0.6104		72	15.80	3,202,713	3,383,496	
2009/01		1.00	1.3268	1.3268		72	15.80	3,202,713	3,428,424	
2009/07		1.00	0.6841	0.6841		72	15.80	3,202,713	3,451,896	
2010/01	44,946	0.95	0.8643	0.8643		72	18.85	3,247,659	3,481,704	
2010/07		0.95	0.7107	0.7107		72	18.85	3,247,659	3,506,472	
2011/01		0.90	0.9198	0.9198		72	17.35	3,247,659	3,538,728	
2011/07		0.90	0.9028	0.9028		72	17.35	3,247,659	3,570,696	
2012/01		0.85	0.3865	0.3865		72	13.13	3,247,659	3,584,520	
2012/07		0.85	0.9417	0.9417		72	13.93	3,247,659	3,618,288	
2013/01		0.80	0.4901	0.4901		72	13.93	3,247,659	3,636,000	
2013/07		0.80	0.6196	0.6196		72	13.93	3,247,659	3,658,536	
2014/01	34,805	0.75	0.8564	0.8564		72	13.36	3,282,464	3,689,856	
2014/07	34,144	0.75	1.2383	1.2383		72	18.19	3,316,608	3,735,576	
2015/01		0.70	0.7571	0.7571		72	18.19	3,316,608	3,763,872	

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 203670-00 - 2015/01

270.67

Perdue Medical Center

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
19590 OLD CUTLER ROAD	10/1/2012-9/30/2013	Number of Beds: 163	Superior: 0
CUTLER RIDGE, FL 33157	Days in CR 365	Maximum: 59,495	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 59,495	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 53,594	Total: 243
Control: Government	Unaudited	Medicare: 3,620	Inflation
Current Class South Large	Initial CR? False	Medicaid: 34,467	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	64.31130%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.08152%	Cost: 1.04757614
Open Date: 09/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 09/01/1971	Low Occupancy Adjustment Factor:	115.03004%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1971	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	1,899,653	3,468,804	2,229,931	238,167		7,836,555	
1a	Audit Adjustments							
2	Cost Per Diem	55.1151	100.6413	64.6976	6.9100		227.3640	
3	Cost Per Diem Inflated	57.7373	104.2130	67.7757				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.7373	104.2130	67.7757	6.9100		236.6360	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.0743		103.5634				
7	Provider Target Rate	84.0433		107.3560				
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	99.8648	65.5807	6.9100		229.0974	
12/13	Medical Adjustment Rate		1.6078	1.0559				
14	Prospective Per Diem 11	56.7419	101.4726	66.6366	6.9100		231.7611	
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 203670-00 - 2015/01

270.67

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

Perdue Medical 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):	6,065,247 14.0829
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,516,312 0.4721
Indexed Asset Value	7,581,559	Interest Rate:	12.5000%	Insurance Cost(3):	0 0.0000
FRVS Base Asset:	4,645,500	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	26,350 0.0000
		Yearly Payment:	754,076	Total FRVS PD:	14.5550

- (1) 80% Capital (\$6,065,247) amortized at 12.5000 % for 20 years Interest of \$754,076 divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$14.0829
- (2) 20% ROE (\$1,516,312) times the ROE factor (0.016670) divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$0.4721
- (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 163	Effective PBS Limitation	4,645,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	101.4726	101.4726	1.7654	99.7072
Indirect Care	66.6366	66.6366	1.1593	65.4773
Property	6.9100	14.5550	0.2532	14.3018
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.5306
Supplemental Rate Add-on				9.9025
Totals	231.7611	239.4061	4.1651	270.6741

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: 9/30/2013

0 203670-00 - 2015/01

270.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	3,308,040	0.00				163	100.00	3,308,040	1,672,543	
1972/01		0.10	3.9787	3.0000	0.9787	163	100.00	3,317,964	1,739,047	
1972/07		0.10	5.9113	3.0000	2.9113	163	100.00	3,327,918	1,824,785	
1973/01		0.20	8.0622	3.0000	5.0622	163	100.00	3,347,886	1,918,836	
1973/07		0.20	10.7186	3.0000	7.7186	163	100.00	3,367,973	2,027,394	
1974/01		0.30	12.9457	3.0000	9.9457	163	100.00	3,398,285	2,133,344	
1974/07		0.30	13.0494	3.0000	10.0494	163	100.00	3,428,870	2,199,522	
1975/01		0.40	13.1399	3.0000	10.1399	163	100.00	3,470,016	2,267,493	
1975/07		0.40	14.2033	3.0000	11.2033	163	100.00	3,511,656	2,359,751	
1976/01		0.50	15.2478	3.0000	12.2478	163	100.00	3,564,331	2,455,106	
1976/07		0.50	15.7330	3.0000	12.7330	163	100.00	3,617,796	2,540,681	
1977/01		0.60	16.4836	3.0000	13.4836	163	100.00	3,682,916	2,636,036	
1977/07		0.60	18.5412	3.0000	15.5412	163	100.00	3,749,208	2,769,207	
1978/01		0.70	20.2809	3.0000	17.2809	163	100.00	3,827,941	2,900,585	
1978/07		0.70	22.8203	3.0000	19.8203	163	100.00	3,908,328	3,061,140	
1979/01		0.80	24.9476	3.0000	21.9476	163	100.00	4,002,128	3,218,109	
1979/07		0.80	26.1458	3.0000	23.1458	163	100.00	4,098,179	3,353,236	
1980/01		0.90	29.3115	3.0000	26.3115	163	81.30	4,208,830	3,560,083	
1980/07		0.90	30.1222	3.0000	27.1222	163	81.30	4,322,468	3,695,699	
1981/01		1.00	30.9462	3.0000	27.9462	163	90.37	4,452,142	3,837,020	
1981/07		1.00	30.5350	3.0000	27.5350	163	90.37	4,585,706	3,936,287	
1982/01		1.00	30.2110	3.0000	27.2110	163	94.77	4,723,277	4,041,748	
1982/07		1.00	29.5087	3.0000	26.5087	163	94.77	4,864,975	4,134,495	
1983/04		1.00	29.1375	3.0000	26.1375	163	93.48	5,010,924	4,243,216	
1983/07		1.00	30.0953	3.0000	27.0953	163	93.48	5,161,252	4,411,106	
1984/01		1.00	28.3905	3.0000	25.3905	163	90.70	5,316,090	4,468,319	
1984/07		1.00	27.3084	3.0000	24.3084	163	90.70	5,475,573	4,554,057	
1985/01		1.00	25.4555	3.0000	22.4555	163	93.48	5,639,840	4,606,217	
1985/10		1.00	23.3077	3.0000	20.3077	163	83.61	4,645,500	4,645,500	1
1986/01		1.00	21.1376	3.0000	18.1376	163	83.61	4,784,865	4,684,131	



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: 9/30/2013

0 203670-00 - 2015/01

270.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	163	83.61	4,928,411	4,675,166	
1987/01		1.00	16.4441	3.0000	13.4441	163	83.61	5,076,263	4,758,785	
1987/07		1.00	14.3448	3.0000	11.3448	163	89.70	5,228,551	4,795,949	
1988/01		1.00	12.2455	3.0000	9.2455	163	89.70	5,385,408	4,834,906	
1988/07		1.00	9.8354	3.0000	6.8354	163	89.70	5,546,970	4,832,298	
1989/01	35,874	1.00	7.4253	3.0000	4.4253	163	91.76	5,749,253	4,860,823	
1989/07	61,369	1.00	5.0152	3.0000	2.0152	163	90.39	5,983,100	4,893,749	
1990/01		1.00	2.6051	2.6051		163	90.39	6,138,966	4,918,362	
1990/07	293,049	1.00	0.5899	0.5899		163	83.46	6,468,229	4,947,376	
1991/01		1.00	0.5899	0.5899		163	83.46	6,506,385	4,976,390	
1991/07		1.00	1.4932	1.4932		163	78.02	6,603,538	5,050,718	
1992/01		0.95	2.0117	2.0117		163	78.02	5,152,267	5,152,267	5
1992/07		0.95	1.8152	1.8152		163	84.39	5,245,829	5,245,829	5
1993/01		0.90	1.7710	1.7710		163	84.39	5,338,739	5,338,739	5
1993/07		0.90	1.5329	1.5329		163	82.52	5,420,565	5,420,565	5
1994/01		0.85	1.6983	1.6983		163	82.52	5,512,660	5,512,660	5
1994/07		0.85	1.5991	1.5991		163	86.07	5,600,843	5,600,843	5
1995/01		0.80	1.5812	1.5812		163	86.07	5,689,352	5,689,352	5
1995/07		0.80	1.5250	1.5250		163	88.37	5,776,068	5,776,068	5
1996/01		0.75	1.7228	1.7228		163	88.37	7,527,152	5,875,661	
1996/07	59,674	0.75	1.3294	1.3294		163	87.80	7,527,152	5,953,738	3
1997/01		0.70	1.4109	1.4109		163	87.80	7,527,152	6,037,683	3
1997/07	117,825	0.70	1.0917	1.0917		163	92.00	7,527,152	6,103,535	3
1998/01		0.65	1.1663	1.1663		163	92.00	7,527,152	6,174,766	3
1998/07		0.65	1.0794	1.0794		163	93.13	7,527,152	6,241,433	3
1999/01		0.60	1.4499	1.4499		163	93.13	7,527,152	6,331,898	3
1999/07	121,707	0.60	1.2299	1.2299		163	91.33	7,527,152	6,409,812	3
2000/01		0.55	1.3356	1.3356		163	91.33	7,527,152	6,495,387	3
2000/07	93,433	0.55	1.1129	1.1129		163	82.53	7,527,152	6,567,596	3
2001/01		0.50	1.2976	1.2976		163	82.53	7,527,152	6,652,845	3



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: 9/30/2013

0 203670-00 - 2015/01

270.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	61,580	0.50	0.9615	0.9615		163	81.19	7,527,152	6,716,741	3
2002/01		0.45	1.0301	1.0301		163	81.19	7,527,152	6,785,853	3
2002/07	233,402	0.45	0.8337	0.8337		163	76.41	7,527,152	6,842,414	3
2003/01		0.40	1.3271	1.3271		163	76.41	7,527,152	6,933,205	3
2003/07		0.40	1.1664	1.1664		163	70.79	7,527,152	7,014,053	3
2004/01		0.35	1.1103	1.1103		163	70.79	7,527,152	7,091,967	3
2004/07		0.35	0.8378	0.8378		163	66.50	7,527,152	7,151,462	3
2005/01		0.30	0.8595	0.8595		163	66.50	7,527,152	7,212,913	3
2005/07		0.30	0.7364	0.7364		163	59.79	7,527,152	7,266,051	3
2006/01		0.25	0.9068	0.9068		163	59.79	7,527,152	7,331,903	3
2006/07		0.25	0.8133	0.8133		163	61.57	7,527,152	7,391,561	3
2007/01		0.20	1.0133	1.0133		163	61.57	7,527,152	7,466,378	3
2007/07		0.20	1.1050	1.1050		163	62.47	7,543,787	7,548,856	
2008/01		0.15	0.8556	0.8556		163	62.47	7,553,466	7,613,404	
2008/07		0.15	0.6104	0.6104		163	60.64	7,560,385	7,659,859	
2009/01		0.10	1.3268	1.3268		163	60.64	7,570,418	7,761,571	
2009/07		0.10	0.6841	0.6841		163	62.72	7,575,596	7,814,709	
2010/01		0.05	0.8643	0.8643		163	62.72	7,578,869	7,882,191	
2010/07		0.05	0.7107	0.7107		163	60.72	7,581,559	7,938,263	
2011/01		0.00	0.9198	0.9198		163	60.72	7,581,559	8,011,287	
2011/07		0.00	0.9028	0.9028		163	62.32	7,581,559	8,083,659	
2012/01		0.00	0.3865	0.3865		163	62.32	7,581,559	8,114,955	
2012/07		0.00	0.9417	0.9417		163	69.19	7,581,559	8,191,402	
2013/01		0.00	0.4901	0.4901		163	69.19	7,581,559	8,231,500	
2013/07		0.00	0.6196	0.6196		163	64.52	7,581,559	8,282,519	
2014/01		0.00	0.8564	0.8564		163	64.52	7,581,559	8,353,424	
2014/07		0.00	1.2383	1.2383		163	64.31	7,581,559	8,456,929	
2015/01		0.00	0.7571	0.7571		163	64.31	7,581,559	8,520,988	

Message Code:

- | | |
|---|--------------------------------------|
| 1 | Per Bed Standard Limitation |
| 3 | Index Cost Limitation - January 1996 |
| 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 203769-00 - 2015/01

228.78

John Knox Village of Florida

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
830 LAKESIDE CIRCLE	1/1/2013-12/31/2013	Number of Beds: 177	Superior: 0
POMPANO BEACH, FL 33060	Days in CR 365	Maximum: 64,605	Standard: 243
County: Broward [6]	First Used : 2014/07	Max Annualized: 64,605	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 51,483	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,363	Inflation
Current Class South Large	Initial CR? False	Medicaid: 9,507	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	18.46629%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.68888%	Cost: 1.04340134
Open Date: 10/01/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1972	Low Occupancy Adjustment Factor:	101.75911%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/1972	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	542,928	794,770	708,508	180,918		2,227,124	
1a	Audit Adjustments							
2	Cost Per Diem	57.1082	83.5984	74.5249	19.0300		234.2615	
3	Cost Per Diem Inflated	59.5868	86.3159	77.7594				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.5868	86.3159	77.7594	19.0300		242.6921	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.1501		70.5221				
7	Provider Target Rate	76.8655		73.1047				
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	86.3159	65.5807	13.6500		222.2885	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	86.3159	65.5807	13.6500		222.2885	
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 203769-00 - 2015/01

228.78

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

John Knox Village of Florida

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:	1,475,191.00	Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Fixed	80% Capital(1):	3,584,805 6.9616
Indexed Asset Value	4,481,006	<60% of Base:	False	20% ROE(2):	896,201 0.2890
FRVS Base Asset:	2,435,978	Interest Rate:	9.6350%	Insurance Cost(3):	162,179 3.1501
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	191,328 3.7163
ROE Factor	0.018750	Amortization Rate:	9.6350%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	166,630 0.0000
		Yearly Payment:	404,781	Total FRVS PD:	14.1170

- (1) 80% Capital (\$3,584,805) amortized at 9.6350 % for 20 years Principal & Interest of \$404,781 divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$6.9616
- (2) 20% ROE (\$896,201) times the ROE factor (0.018750) divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$0.2890
- (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	86.3159	86.3159	1.5017	84.8142
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	14.1170	0.2456	13.8714
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	222.2885	222.7555	3.8754	228.7826

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 203769-00 - 2015/01

228.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	482,744	0.00	3.4853	3.0000	0.4853	120	100.00	482,744	1,870,440	
1977/01		0.10	4.2359	3.0000	1.2359	120	100.00	484,192	1,940,640	
1977/07		0.10	6.2934	3.0000	3.2934	120	100.00	485,645	2,038,680	
1978/01		0.20	8.0331	3.0000	5.0331	120	100.00	488,559	2,135,400	
1978/07		0.20	10.5726	3.0000	7.5726	120	100.00	491,490	2,253,600	
1979/01		0.30	12.6998	3.0000	9.6998	120	100.00	495,913	2,369,160	
1979/07		0.30	13.8980	3.0000	10.8980	120	100.00	500,376	2,468,640	
1980/01		0.40	17.0638	3.0000	14.0638	120	6.20	500,376	2,620,920	
1980/07	1,935,602	0.40	17.8744	3.0000	14.8744	120	6.20	2,435,978	2,720,760	
1981/01		0.50	18.6984	3.0000	15.6984	120	5.34	2,435,978	2,824,800	
1981/07		0.50	18.2872	3.0000	15.2872	120	5.34	2,435,978	2,897,880	
1982/01		0.60	17.9632	3.0000	14.9632	120	4.63	2,435,978	2,975,520	
1982/07		0.60	17.2609	3.0000	14.2609	120	4.63	2,435,978	3,043,800	
1983/04		0.70	16.8897	3.0000	13.8897	120	4.63	2,435,978	3,123,840	
1983/07		0.70	17.8475	3.0000	14.8475	120	6.35	2,435,978	3,247,440	
1984/01		0.80	16.1427	3.0000	13.1427	120	5.77	2,435,978	3,289,560	
1984/07		0.80	15.0606	3.0000	12.0606	120	5.77	2,435,978	3,352,680	
1985/01		0.90	13.2077	3.0000	10.2077	120	6.35	2,435,978	3,391,080	
1985/10		0.90	11.0599	3.0000	8.0599	120	4.46	2,435,978	3,420,000	
1986/01		1.00	8.8898	3.0000	5.8898	120	4.46	2,435,978	3,448,440	
1986/07		1.00	6.1872	3.0000	3.1872	120	4.46	2,435,978	3,441,840	
1987/01		1.00	4.1963	3.0000	1.1963	120	4.46	2,435,978	3,503,400	
1987/07		1.00	2.0970	2.0970		120	4.92	2,435,978	3,530,760	
1988/01		1.00	0.9007	0.9007		120	4.92	2,435,978	3,559,440	
1988/07		1.00	0.5899	0.5899		120	3.80	2,435,978	3,557,520	
1989/01		1.00	0.5899	0.5899		120	3.80	2,435,978	3,578,520	
1989/07	83,405	1.00	0.5899	0.5899		120	4.13	2,519,383	3,602,760	
1990/01		1.00	0.5899	0.5899		120	4.13	2,519,383	3,620,880	
1990/07		1.00	0.5899	0.5899		120	4.13	2,519,383	3,642,240	
1991/01	608,806	1.00	0.5899	0.5899		120	6.26	3,128,189	3,663,600	



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 203769-00 - 2015/01

228.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07		1.00	1.4932	1.4932		120	7.78	3,128,189	3,718,320	
1992/01		1.00	2.0117	2.0117		120	7.78	3,128,189	3,793,080	
1992/07		1.00	1.8152	1.8152		120	7.68	3,128,189	3,861,960	
1993/01		1.00	1.7710	1.7710		120	7.68	3,128,189	3,930,360	
1993/07		1.00	1.5329	1.5329		120	6.32	3,128,189	3,990,600	
1994/01		1.00	1.6983	1.6983		120	6.32	3,128,189	4,058,400	
1994/07	319,550	1.00	1.5991	1.5991		158	6.73	3,447,739	5,429,038	
1995/01		1.00	1.5812	1.5812		158	6.73	3,447,739	5,514,832	
1995/07		1.00	1.5250	1.5250		158	4.58	3,447,739	5,598,888	
1996/01		1.00	1.7228	1.7228		158	4.58	3,447,739	5,695,426	
1996/07		1.00	1.3294	1.3294		163	4.18	3,447,739	5,953,738	
1997/01		0.95	1.4109	1.4109		163	4.18	3,447,739	6,037,683	
1997/07		0.95	1.0917	1.0917		177	4.11	3,447,739	6,627,765	
1998/01		0.90	1.1663	1.1663		177	4.11	3,447,739	6,705,114	
1998/07	76,028	0.90	1.0794	1.0794		177	4.19	3,523,767	6,777,507	
1999/01		0.85	1.4499	1.4499		177	4.19	3,523,767	6,875,742	
1999/07	77,973	0.85	1.2299	1.2299		177	5.21	3,601,740	6,960,348	
2000/01		0.80	1.3356	1.3356		177	5.21	3,601,740	7,053,273	
2000/07	814,322	0.80	1.1129	1.1129		177	3.91	4,416,062	7,131,684	
2001/01		0.75	1.2976	1.2976		177	3.91	4,416,062	7,224,255	
2001/07		0.75	0.9615	0.9615		177	4.50	4,416,062	7,293,639	
2002/01		0.70	1.0301	1.0301		177	4.50	4,416,062	7,368,687	
2002/07		0.70	0.8337	0.8337		177	7.10	4,416,062	7,430,106	
2003/01		0.65	1.3271	1.3271		177	7.10	4,416,062	7,528,695	
2003/07	28,494	0.65	1.1664	1.1664		177	9.30	4,444,556	7,616,487	
2004/01		0.60	1.1103	1.1103		177	9.30	4,444,556	7,701,093	
2004/07		0.60	0.8378	0.8378		177	9.97	4,444,556	7,765,698	
2005/01		0.55	0.8595	0.8595		177	9.97	4,444,556	7,832,427	
2005/07		0.55	0.7364	0.7364		177	9.18	4,444,556	7,890,129	
2006/01		0.50	0.9068	0.9068		177	9.18	4,444,556	7,961,637	5



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 203769-00 - 2015/01

228.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		0.50	0.8133	0.8133		177	7.55	4,444,556	8,026,419	
2007/01		0.45	1.0133	1.0133		177	7.55	4,444,556	8,107,662	
2007/07		0.45	1.1050	1.1050		177	11.52	4,444,556	8,197,224	
2008/01		0.40	0.8556	0.8556		177	11.52	4,444,556	8,267,316	
2008/07		0.40	0.6104	0.6104		177	11.52	4,444,556	8,317,761	
2009/01	36,450	0.35	1.3268	1.3268		177	12.64	4,481,006	8,428,209	
2009/07		0.35	0.6841	0.6841		177	12.64	4,481,006	8,485,911	
2010/01		0.30	0.8643	0.8643		177	11.34	4,481,006	8,559,189	
2010/07		0.30	0.7107	0.7107		177	11.34	4,481,006	8,620,077	
2011/01		0.25	0.9198	0.9198		177	15.37	4,481,006	8,699,373	
2011/07		0.25	0.9028	0.9028		177	15.37	4,481,006	8,777,961	
2012/01		0.20	0.3865	0.3865		177	11.83	4,481,006	8,811,945	
2012/07		0.20	0.9417	0.9417		177	13.87	4,481,006	8,894,958	
2013/01		0.15	0.4901	0.4901		177	13.87	4,481,006	8,938,500	
2013/07		0.15	0.6196	0.6196		177	13.87	4,481,006	8,993,901	
2014/01		0.10	0.8564	0.8564		177	17.28	4,481,006	9,070,896	
2014/07		0.10	1.2383	1.2383		177	18.47	4,481,006	9,183,291	
2015/01		0.05	0.7571	0.7571		177	18.47	4,481,006	9,252,852	

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 203815-00 - 2015/01

204.74

Westminster Asbury Towers

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
1533 4TH AVE W	4/1/2013-3/31/2014	Number of Beds: 120	Superior: 0
BRADENTON, FL 34205	Days in CR 365	Maximum: 43,800	Standard: 243
County: Manatee [41]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 42,275	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 5,982	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 18,834	FY Index: 1.31463861
Class at 1/94: North Large	Medical Utilization	44.55115%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.51826%	Cost: 1.04334296
Open Date: 04/01/1967	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21900000
Entered Medicaid 08/01/1991	Low Occupancy Adjustment Factor:	123.24947%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02911814
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	727,587	1,515,275	1,163,949	236,932		3,643,743	
1a	Audit Adjustments							
2	Cost Per Diem	38.6316	80.4542	61.8004	12.5800		193.4662	
3	Cost Per Diem Inflated	40.3060	82.7969	64.4790				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.3060	82.7969	64.4790	12.5800		200.1619	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.5495		79.3694				
7	Provider Target Rate	64.8401		82.2760				
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	40.3060	82.7969	63.5578	12.5800		199.2407	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	40.3060	82.7969	63.5578	12.5800		199.2407	
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 203815-00 - 2015/01

204.74

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

Westminster Asbury Towers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,832,462.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Fixed	80% Capital(1):	4,879,876	9.6403
Indexed Asset Value	6,099,845	<60% of Base:	False	20% ROE(2):	1,219,969	0.6416
FRVS Base Asset:	348,874	Interest Rate:	4.8000%	Insurance Cost(3):	37,648	0.8905
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	0	0.0000
ROE Factor	0.020730	Amortization Rate:	4.8000%	Home Office(3):	19,079	0.4513
		Interest Only:	False	Replacement(3&4):	11,168	0.0000
		Yearly Payment:	380,020	Total FRVS PD:		11.6237

- (1) 80% Capital (\$4,879,876) amortized at 4.8000 % for 20 years Principal & Interest of \$380,020 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6403
- (2) 20% ROE (\$1,219,969) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6416
- (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:	10,261
Comparison Date:	01/01/1971	Current RS PBS:	52,276
Comparison Bed	34	Effective PBS Limitation	348,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.3060	40.3060	0.7012	39.6048
Direct Care	82.7969	82.7969	1.4405	81.3564
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	12.5800	11.6237	0.2022	11.4215
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	199.2407	198.2844	3.4497	204.7372

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: 3/31/2014

0 203815-00 - 2015/01

204.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07	479,269	0.00	1.4932	1.4932		34	9.64	348,874	348,874	1
1992/01		0.10	2.0117	2.0117		34	9.64	348,874	1,074,706	
1992/07		0.10	1.8152	1.8152		34	9.64	348,874	1,094,222	
1993/01		0.20	1.7710	1.7710		34	9.64	348,874	1,113,602	
1993/07		0.20	1.5329	1.5329		34	9.64	348,874	1,130,670	
1994/01		0.30	1.6983	1.6983		34	17.56	348,874	1,149,880	
1994/07		0.30	1.5991	1.5991		34	17.56	348,874	1,168,274	
1995/01		0.40	1.5812	1.5812		34	18.11	348,874	1,186,736	
1995/07		0.40	1.5250	1.5250		34	18.11	348,874	1,204,824	
1996/01		0.50	1.7228	1.7228		34	24.80	348,874	1,225,598	
1996/07		0.50	1.3294	1.3294		34	24.80	348,874	1,241,884	
1997/01		0.60	1.4109	1.4109		34	22.02	348,874	1,259,394	
1997/07		0.60	1.0917	1.0917		34	22.02	348,874	1,273,130	
1998/01		0.70	1.1663	1.1663		34	21.90	348,874	1,287,988	
1998/07		0.70	1.0794	1.0794		34	21.90	348,874	1,301,894	
1999/01		0.80	1.4499	1.4499		34	21.38	348,874	1,320,764	
1999/07		0.80	1.2299	1.2299		34	21.38	348,874	1,337,016	
2000/01		0.90	1.3356	1.3356		34	20.53	348,874	1,354,866	
2000/07		0.90	1.1129	1.1129		34	20.53	348,874	1,369,928	
2001/01		1.00	1.2976	1.2976		34	26.59	351,063	1,387,710	
2001/07		1.00	0.9615	0.9615		34	26.59	352,695	1,401,038	
2002/01	11,426,773	1.00	1.0301	1.0301		120	25.91	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	25.91	5,015,341	5,037,360	
2003/01	37,810	1.00	1.3271	1.3271		120	30.49	5,090,049	5,104,200	
2003/07		1.00	1.1664	1.1664		120	30.49	5,122,962	5,163,720	
2004/01		1.00	1.1103	1.1103		120	35.23	5,159,396	5,221,080	
2004/07		1.00	0.8378	0.8378		120	35.23	5,187,084	5,264,880	
2005/01	33,467	1.00	0.8595	0.8595		120	38.84	5,252,035	5,310,120	
2005/07		1.00	0.7364	0.7364		120	38.84	5,279,347	5,349,240	
2006/01		1.00	0.9068	0.9068		120	37.35	5,311,857	5,397,720	



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: 3/31/2014

0 203815-00 - 2015/01

204.74

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		1.00	0.8133	0.8133		120	37.35	5,341,195	5,441,640	
2007/01		1.00	1.0133	1.0133		120	35.59	5,376,217	5,496,720	
2007/07		1.00	1.1050	1.1050		120	35.59	5,414,659	5,557,440	
2008/01		1.00	0.8556	0.8556		120	37.43	5,446,187	5,604,960	
2008/07		1.00	0.6104	0.6104		120	37.43	5,468,811	5,639,160	
2009/01		1.00	1.3268	1.3268		120	37.12	5,517,783	5,714,040	
2009/07		1.00	0.6841	0.6841		120	37.12	5,543,259	5,753,160	
2010/01	27,437	1.00	0.8643	0.8643		120	43.89	5,608,928	5,802,840	
2010/07		1.00	0.7107	0.7107		120	43.89	5,640,738	5,844,120	
2011/01	53,810	1.00	0.9198	0.9198		120	46.96	5,738,847	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.96	5,783,084	5,951,160	
2012/01		0.95	0.3865	0.3865		120	44.97	5,800,447	5,974,200	
2012/07		0.95	0.9417	0.9417		120	44.97	5,842,875	6,030,480	
2013/01	83,358	0.90	0.4901	0.4901		120	46.17	5,947,868	6,060,000	
2013/07		0.90	0.6196	0.6196		120	46.17	5,975,709	6,097,560	
2014/01		0.85	0.8564	0.8564		120	48.59	6,014,137	6,149,760	
2014/07		0.85	1.2383	1.2383		120	48.59	6,070,064	6,225,960	
2015/01		0.80	0.7571	0.7571		120	44.55	6,099,845	6,273,120	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 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 203980-00 - 2015/01

175.36

Lisenby on Lake Caroline

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
1400 W 11TH ST	1/1/2013-12/31/2013	Number of Beds: 22	Superior: 0
PANAMA CITY, FL 32401	Days in CR 365	Maximum: 8,030	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 8,030	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 7,952	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 0	Inflation
Current Class North Small	Initial CR? False	Medicaid: 6,345	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	79.79125%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.02864%	Cost: 1.04340134
Open Date: 01/21/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/21/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/08/1991	Low Occupancy Adjustment Factor:	126.45511%	DC Sem Index: 1.25449501
Med # Active Date: 10/08/1991	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	218,205	493,444	201,876	22,715		936,240	
1a	Audit Adjustments							
2	Cost Per Diem	34.3901	77.7690	31.8165	3.5800		147.5556	
3	Cost Per Diem Inflated	35.8827	80.2970	33.1974				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	35.8827	80.2970	33.1974	3.5800		152.9571	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.0355		57.5320				
7	Provider Target Rate	62.2341		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	35.8827	80.2970	33.1974	3.5800		152.9571	
12/13	Medical Adjustment Rate		2.6912	1.1126				
14	Prospective Per Diem 11	35.8827	82.9882	34.3100	3.5800		156.7609	
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 203980-00 - 2015/01

175.36

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

Lisenby on Lake Caroline

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/08/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	463,295.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable	80% Capital(1):	878,508	13.6925
Indexed Asset Value	1,098,135	<60% of Base:	False	20% ROE(2):	219,627	0.5698
FRVS Base Asset:	290,519	Interest Rate:	9.6000%	Insurance Cost(3):	7,488	0.9416
Occup Adj Factor	0.9000	Chase Rate:	10.2000%	Taxes Cost(3):	0	0.0000
ROE Factor	0.018750	Amortization Rate:	9.6000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	98,956	Total FRVS PD:		15.2039

- (1) 80% Capital (\$878,508) amortized at 9.6000 % for 20 years Principal & Interest of \$98,956 divided by annual available days (8030) divided by Occup. Adj. (0.90) = \$13.6925
- (2) 20% ROE (\$219,627) times the ROE factor (0.018750) divided by annual available days (8030) 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:	27,939
Comparison Date:	07/01/1984	Current RS PBS:	52,276
Comparison Bed	22	Effective PBS Limitation	614,658

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	35.8827	35.8827	0.6243	35.2584
Direct Care	82.9882	82.9882	1.4438	81.5444
Indirect Care	34.3100	34.3100	0.5969	33.7131
Property	3.5800	15.2039	0.2645	14.9394
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	156.7609	168.3848	2.9295	175.3578

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 203980-00 - 2015/01

175.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	290,519	0.00	1.1471	1.1471		22		290,519	621,698	
1985/10		0.10	0.8522	0.8522		22		290,519	614,658	
1986/01		0.10	0.8299	0.8299		22		290,519	632,214	
1986/07		0.20	0.2974	0.2974		22		290,519	631,004	
1987/01	7,779	0.20	1.0091	1.0091		22		298,298	642,290	
1987/07		0.30	0.9007	0.9007		22		298,298	647,306	
1988/01		0.30	0.9007	0.9007		22		298,298	652,564	
1988/07		0.40	0.5899	0.5899		22		298,298	652,212	
1989/01		0.40	0.5899	0.5899		22		298,298	656,062	
1989/07		0.50	0.5899	0.5899		22		298,298	660,506	
1990/01		0.50	0.5899	0.5899		22		298,298	663,828	
1990/07		0.60	0.5899	0.5899		22		298,298	667,744	
1991/01		0.60	0.5899	0.5899		22		298,298	671,660	
1991/07	581,121	0.70	1.4932	1.4932		22	85.81	882,537	681,692	
1992/01		0.70	2.0117	2.0117		22	85.81	894,965	695,398	
1992/07		0.80	1.8152	1.8152		22	85.81	907,962	708,026	
1993/01		0.80	1.7710	1.7710		22	85.81	920,826	720,566	
1993/07		0.90	1.5329	1.5329		22	85.81	933,530	731,610	
1994/01		0.90	1.6983	1.6983		22	85.81	947,799	744,040	
1994/07		1.00	1.5991	1.5991		22	80.67	962,955	755,942	
1995/01		1.00	1.5812	1.5812		22	80.67	978,181	767,888	
1995/07	5,067	1.00	1.5250	1.5250		22	76.72	998,165	779,592	
1996/01		1.00	1.7228	1.7228		22	76.72	1,015,361	793,034	
1996/07		1.00	1.3294	1.3294		22	82.31	1,015,361	803,572	3
1997/01		1.00	1.4109	1.4109		22	82.31	1,015,361	814,902	3
1997/07		1.00	1.0917	1.0917		22	71.82	1,015,361	823,790	3
1998/01		1.00	1.1663	1.1663		22	71.82	1,015,361	833,404	3
1998/07		1.00	1.0794	1.0794		22	71.82	1,015,361	842,402	3
1999/01		1.00	1.4499	1.4499		22	70.36	1,015,361	854,612	3
1999/07		1.00	1.2299	1.2299		22	70.36	1,015,361	865,128	3



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 203980-00 - 2015/01

175.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		22	68.62	1,015,361	876,678	3
2000/07		1.00	1.1129	1.1129		22	66.55	1,015,361	886,424	3
2001/01		1.00	1.2976	1.2976		22	66.55	1,015,361	897,930	3
2001/07		1.00	0.9615	0.9615		22	66.52	1,015,361	906,554	3
2002/01		1.00	1.0301	1.0301		22	66.52	1,015,361	915,882	3
2002/07		1.00	0.8337	0.8337		22	65.25	1,015,361	923,516	3
2003/01		1.00	1.3271	1.3271		22	65.25	1,015,361	935,770	3
2003/07		1.00	1.1664	1.1664		22	65.25	1,015,361	946,682	3
2004/01		1.00	1.1103	1.1103		22	73.61	1,015,361	957,198	3
2004/07		1.00	0.8378	0.8378		22	73.61	1,015,361	965,228	3
2005/01		1.00	0.8595	0.8595		22	81.35	1,015,361	973,522	3
2005/07		0.95	0.7364	0.7364		22	81.35	1,015,361	980,694	3
2006/01		0.95	0.9068	0.9068		22	78.21	1,015,361	989,582	3
2006/07		0.90	0.8133	0.8133		22	78.21	1,015,361	997,634	3
2007/01		0.90	1.0133	1.0133		22	75.28	1,015,361	1,007,732	3
2007/07		0.85	1.1050	1.1050		22	75.28	1,018,864	1,018,864	8
2008/01		0.85	0.8556	0.8556		22	65.59	1,026,274	1,027,576	
2008/07		0.80	0.6104	0.6104		22	65.59	1,031,285	1,033,846	
2009/01		0.80	1.3268	1.3268		22	39.48	1,039,142	1,047,574	
2009/07		0.75	0.6841	0.6841		22	39.48	1,042,969	1,054,746	
2010/01		0.75	0.8643	0.8643		22	48.81	1,048,969	1,063,854	
2010/07		0.70	0.7107	0.7107		22	48.81	1,053,600	1,071,422	
2011/01		0.70	0.9198	0.9198		22	62.70	1,060,384	1,081,278	
2011/07		0.65	0.9028	0.9028		22	62.70	1,066,606	1,091,046	
2012/01		0.65	0.3865	0.3865		22	61.90	1,069,285	1,095,270	
2012/07		0.60	0.9417	0.9417		22	61.90	1,075,326	1,105,588	
2013/01		0.60	0.4901	0.4901		22	70.64	1,078,489	1,111,000	
2013/07		0.55	0.6196	0.6196		22	70.64	1,082,164	1,117,886	
2014/01		0.55	0.8564	0.8564		22	74.34	1,087,261	1,127,456	
2014/07		0.50	1.2383	1.2383		22	74.34	1,093,993	1,141,426	



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 203980-00 - 2015/01

175.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		22	79.79	1,098,135	1,150,072	

Message Code:

- 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: 203980123120130101201305282014140021



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 204072-00 - 2015/01

227.89

Mease Continuing Care

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
910 NEW YORK AVE	8/1/2012-7/31/2013	Number of Beds: 100	Superior: 243
DUNEDIN, FL 34698	Days in CR 365	Maximum: 36,500	Standard: 0
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 36,500	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 31,021	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,988	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 11,895	FY Index: 1.30228922
Class at 1/94: North Small	Medical Utilization	38.34499%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.98904%	Cost: 1.05323681
Open Date: 04/29/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/29/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 01/07/1992	Low Occupancy Adjustment Factor:	108.52717%	DC Sem Index: 1.25449501
Med # Active Date: 01/07/1992	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	671,180	986,437	762,257	108,958		2,528,832	
1a	Audit Adjustments							
2	Cost Per Diem	56.4254	82.9287	64.0821	9.1600		212.5962	
3	Cost Per Diem Inflated	59.4293	86.0138	67.4936				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.4293	86.0138	67.4936	9.1600		222.0967	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.2864		73.9572				
7	Provider Target Rate	58.3477		76.6656				
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	58.3477	86.0138	67.4936	9.1600		221.0151	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	58.3477	86.0138	67.4936	9.1600		221.0151	
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 204072-00 - 2015/01

227.89

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

Mease Continuing Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/07/1992	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):	3,129,523 8.1903
RS to Start Calcs:	1991/01	<60% of Base:	False	20% ROE(2):	782,381 0.3573
Indexed Asset Value	3,911,904	Interest Rate:	6.0000%	Insurance Cost(3):	44,904 1.4475
FRVS Base Asset:	3,035,200	Chase Rate:	10.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	6.0000%	Home Office(3):	0 0.0000
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	12,864 0.0000
		Yearly Payment:	269,051	Total FRVS PD:	9.9951

- (1) 80% Capital (\$3,129,523) amortized at 6.0000 % for 20 years Principal & Interest of \$269,051 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$8.1903
- (2) 20% ROE (\$782,381) times the ROE factor (0.015000) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.3573
- (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	100	Effective PBS Limitation	3,035,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	58.3477	58.3477	1.0151	57.3326
Direct Care	86.0138	86.0138	1.4964	84.5174
Indirect Care	67.4936	67.4936	1.1742	66.3194
Property	9.1600	9.9951	0.1739	9.8212
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	221.0151	221.8502	3.8596	227.8931

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: 7/31/2013

0 204072-00 - 2015/01

227.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	4,247,732	0.00	0.5899	0.5899		100		3,035,200	3,035,200	1
1991/07		0.10	1.4932	1.4932		100		3,035,200	3,098,600	
1992/01		0.10	2.0117	2.0117		100	20.72	3,035,200	3,160,900	
1992/07		0.20	1.8152	1.8152		100	20.72	3,035,200	3,218,300	
1993/01		0.20	1.7710	1.7710		100	20.72	3,035,200	3,275,300	
1993/07		0.30	1.5329	1.5329		100	20.72	3,035,200	3,325,500	
1994/01		0.30	1.6983	1.6983		100	20.72	3,035,200	3,382,000	
1994/07		0.40	1.5991	1.5991		100	31.10	3,046,177	3,436,100	
1995/01		0.40	1.5812	1.5812		100	31.10	3,057,072	3,490,400	
1995/07	25,894	0.50	1.5250	1.5250		100	28.13	3,094,888	3,543,600	
1996/01		0.50	1.7228	1.7228		100	28.13	3,094,888	3,604,700	5
1996/07		0.60	1.3294	1.3294		100	32.23	3,108,523	3,652,600	5
1997/01		0.60	1.4109	1.4109		100	32.23	3,138,544	3,704,100	
1997/07		0.70	1.0917	1.0917		100	31.62	3,152,333	3,744,500	
1998/01		0.70	1.1663	1.1663		100	31.62	3,167,129	3,788,200	
1998/07		0.80	1.0794	1.0794		100	33.06	3,183,568	3,829,100	
1999/01		0.80	1.4499	1.4499		100	33.06	3,205,764	3,884,600	
1999/07		0.90	1.2299	1.2299		100	30.34	3,225,339	3,932,400	
2000/01		0.90	1.3356	1.3356		100	30.34	3,246,725	3,984,900	
2000/07		1.00	1.1129	1.1129		100	30.84	3,266,986	4,029,200	
2001/01		1.00	1.2976	1.2976		100	30.84	3,290,757	4,081,500	
2001/07		1.00	0.9615	0.9615		100	33.26	3,309,891	4,120,700	
2002/01		1.00	1.0301	1.0301		100	32.48	3,330,026	4,163,100	
2002/07		1.00	0.8337	0.8337		100	32.48	3,346,421	4,197,800	
2003/01		1.00	1.3271	1.3271		100	39.32	3,378,170	4,253,500	
2003/07		1.00	1.1664	1.1664		100	39.32	3,406,340	4,303,100	
2004/01		1.00	1.1103	1.1103		100	44.50	3,436,940	4,350,900	
2004/07		1.00	0.8378	0.8378		100	44.50	3,460,238	4,387,400	
2005/01		1.00	0.8595	0.8595		100	44.50	3,484,301	4,425,100	
2005/07		1.00	0.7364	0.7364		100	46.08	3,505,798	4,457,700	



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: 7/31/2013

0 204072-00 - 2015/01

227.89

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		1.00	0.9068	0.9068		100	46.05	3,532,415	4,498,100	
2006/07		1.00	0.8133	0.8133		100	46.05	3,556,469	4,534,700	
2007/01		1.00	1.0133	1.0133		100	41.40	3,583,596	4,580,600	
2007/07		1.00	1.1050	1.1050		100	41.40	3,613,403	4,631,200	
2008/01		1.00	0.8556	0.8556		100	41.40	3,636,675	4,670,800	
2008/07		1.00	0.6104	0.6104		100	44.89	3,654,793	4,699,300	
2009/01		1.00	1.3268	1.3268		100	44.74	3,694,239	4,761,700	
2009/07		1.00	0.6841	0.6841		100	44.74	3,714,797	4,794,300	
2010/01		1.00	0.8643	0.8643		100	34.34	3,734,843	4,835,700	
2010/07		1.00	0.7107	0.7107		100	34.34	3,751,416	4,870,100	
2011/01		1.00	0.9198	0.9198		100	32.17	3,771,599	4,914,900	
2011/07		0.95	0.9028	0.9028		100	32.17	3,790,520	4,959,300	
2012/01		0.95	0.3865	0.3865		100	32.17	3,798,661	4,978,500	
2012/07		0.90	0.9417	0.9417		100	40.75	3,822,514	5,025,400	
2013/01		0.90	0.4901	0.4901		100	40.75	3,835,007	5,050,000	
2013/07		0.85	0.6196	0.6196		100	38.48	3,849,139	5,081,300	
2014/01		0.85	0.8564	0.8564		100	38.48	3,868,741	5,124,800	
2014/07		0.80	1.2383	1.2383		100	38.34	3,895,456	5,188,300	
2015/01		0.80	0.7571	0.7571		100	38.34	3,911,904	5,227,600	

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 204161-00 - 2015/01
238.92

Jackson Memorial Long Term Care Center

Type of Cost Report: Prospective Type of Cost: Actual with Interim Component 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
2500 NW 22ND AVE	10/1/2012-9/30/2013	Number of Beds: 180	Superior: 0
MIAMI, FL 33142	Days in CR 365	Maximum: 65,700	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 63,451	Total: 243
Control: Government	Unaudited	Medicare: 2,313	Inflation
Current Class South Large	Initial CR? False	Medicaid: 38,995	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	61.45687%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.57686%	Cost: 1.04757614
Open Date: 08/01/1973	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1973	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 08/01/1973	Low Occupancy Adjustment Factor:	123.32430%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/1973	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	1,967,310	4,580,184	3,090,663	152,081		9,790,238	
1a	Audit Adjustments							
2	Cost Per Diem	50.4503	117.4557	79.2579	3.9000		251.0639	
3	Cost Per Diem Inflated	52.8505	121.6241	83.0287				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.8505	121.6241	83.0287	3.9000		261.4033	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	76.6950		97.5727				
7	Provider Target Rate	79.5036		101.1459				
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	52.8505	99.8648	65.5807	3.9000		222.1960	
12/13	Medical Adjustment Rate		1.2872	0.8453				
14	Prospective Per Diem 11	52.8505	101.1520	66.4260	3.9000		224.3285	
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 204161-00 - 2015/01

238.92

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

Jackson Memorial Long Term 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):	5,816,638 12.2301
RS to Start Calcs:	1973/07	<60% of Base:	True	20% ROE(2):	1,454,159 0.4100
Indexed Asset Value	7,270,797	Interest Rate:	12.5000%	Insurance Cost(3):	0 0.0000
FRVS Base Asset:	3,093,801	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	78,902 0.0000
		Yearly Payment:	723,168	Total FRVS PD:	12.6401

- (1) 80% Capital (\$5,816,638) amortized at 12.5000 % for 20 years Interest of \$723,168 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.2301
- (2) 20% ROE (\$1,454,159) times the ROE factor (0.016670) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4100
- (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	52.8505	52.8505	0.9195	51.9310
Direct Care	101.1520	101.1520	1.7598	99.3922
Indirect Care	66.4260	66.4260	1.1557	65.2703
Property	3.9000	12.6401	0.2199	12.4202
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	224.3285	233.0686	4.0549	238.9162

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: 9/30/2013

0 204161-00 - 2015/01

238.92

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	1,982,933	0.00	5.6564	3.0000	2.6564	150	100.00	1,982,933	1,865,700	
1974/01		0.10	7.8836	3.0000	4.8836	150	100.00	1,988,882	1,963,200	
1974/07		0.10	7.9873	3.0000	4.9873	150	100.00	1,994,849	2,024,100	
1975/01		0.20	8.0777	3.0000	5.0777	150	100.00	2,006,818	2,086,650	
1975/07		0.20	9.1411	3.0000	6.1411	150	100.00	2,018,859	2,171,550	
1976/01		0.30	10.1856	3.0000	7.1856	150	100.00	2,037,029	2,259,300	
1976/07		0.30	10.6709	3.0000	7.6709	150	100.00	2,055,362	2,338,050	
1977/01		0.40	11.4215	3.0000	8.4215	150	100.00	2,080,026	2,425,800	
1977/07		0.40	13.4790	3.0000	10.4790	150	100.00	2,104,986	2,548,350	
1978/01		0.50	15.2187	3.0000	12.2187	150	100.00	2,136,561	2,669,250	
1978/07		0.50	17.7582	3.0000	14.7582	150	100.00	2,168,609	2,817,000	
1979/01		0.60	19.8854	3.0000	16.8854	150	100.00	2,207,644	2,961,450	
1979/07		0.60	21.0836	3.0000	18.0836	150	100.00	2,247,382	3,085,800	
1980/01		0.70	24.2494	3.0000	21.2494	150	87.72	2,294,577	3,276,150	
1980/07		0.70	25.0600	3.0000	22.0600	150	87.72	2,342,763	3,400,950	
1981/01		0.80	25.8840	3.0000	22.8840	150	83.88	2,398,989	3,531,000	
1981/07		0.80	25.4728	3.0000	22.4728	150	83.88	2,456,565	3,622,350	
1982/01		0.90	25.1488	3.0000	22.1488	150	97.98	2,522,892	3,719,400	
1982/07		0.90	24.4465	3.0000	21.4465	148	97.98	2,591,010	3,754,020	
1983/04		1.00	24.0753	3.0000	21.0753	148	55.00	2,668,740	3,852,736	
1983/07		1.00	25.0331	3.0000	22.0331	150	55.00	2,748,802	4,059,300	
1984/01		1.00	23.3283	3.0000	20.3283	150	95.63	2,831,266	4,111,950	
1984/07		1.00	22.2462	3.0000	19.2462	150	91.87	2,916,204	4,190,850	
1985/01		1.00	20.3933	3.0000	17.3933	150	91.87	3,003,690	4,238,850	
1985/10		1.00	18.2455	3.0000	15.2455	150	95.62	3,093,801	4,275,000	
1986/01		1.00	16.0754	3.0000	13.0754	150	95.62	3,186,615	4,310,550	
1986/07		1.00	13.3728	3.0000	10.3728	150	95.27	3,282,213	4,302,300	
1987/01		1.00	11.3819	3.0000	8.3819	150	95.27	3,380,679	4,379,250	
1987/07		1.00	9.2826	3.0000	6.2826	150	93.42	3,482,099	4,413,450	
1988/01		1.00	7.1833	3.0000	4.1833	150	93.42	3,586,562	4,449,300	



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: 9/30/2013

0 204161-00 - 2015/01

238.92

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	150	94.96	3,694,159	4,446,900	
1989/01		1.00	2.3631	2.3631		150	94.96	3,781,456	4,473,150	
1989/07	19,568	1.00	0.5899	0.5899		150	93.79	3,823,331	4,503,450	
1990/01		1.00	0.5899	0.5899		150	93.79	3,845,885	4,526,100	
1990/07		1.00	0.5899	0.5899		150	79.12	3,868,572	4,552,800	
1991/01		1.00	0.5899	0.5899		150	79.12	3,868,572	4,579,500	5
1991/07		1.00	1.4932	1.4932		150	86.79	3,949,499	4,647,900	
1992/01		1.00	2.0117	2.0117		150	86.79	4,028,951	4,741,350	
1992/07	34,927	1.00	1.8152	1.8152		150	87.43	4,137,012	4,827,450	
1993/01		1.00	1.7710	1.7710		150	87.43	4,210,278	4,912,950	
1993/07		1.00	1.5329	1.5329		150	81.87	4,274,817	4,988,250	
1994/01		0.95	1.6983	1.6983		150	81.87	4,343,787	5,073,000	
1994/07	948,270	0.95	1.5991	1.5991		180	91.43	5,358,043	6,184,980	
1995/01		0.90	1.5812	1.5812		180	91.43	5,434,293	6,282,720	
1995/07		0.90	1.5250	1.5250		180	89.76	5,508,879	6,378,480	
1996/01		0.85	1.7228	1.7228		180	89.76	5,589,551	6,488,460	
1996/07	26,889	0.85	1.3294	1.3294		180	90.94	5,679,602	6,574,680	
1997/01		0.80	1.4109	1.4109		180	90.94	5,743,708	6,667,380	
1997/07	287,481	0.80	1.0917	1.0917		180	91.69	6,081,355	6,740,100	
1998/01		0.75	1.1663	1.1663		180	91.69	6,134,549	6,818,760	
1998/07		0.75	1.0794	1.0794		180	91.90	6,184,214	6,892,380	
1999/01		0.70	1.4499	1.4499		180	91.90	6,246,978	6,992,280	
1999/07		0.70	1.2299	1.2299		180	90.10	6,300,758	7,078,320	
2000/01		0.65	1.3356	1.3356		180	90.10	6,355,455	7,172,820	
2000/07		0.65	1.1129	1.1129		180	86.56	6,401,430	7,252,560	
2001/01		0.60	1.2976	1.2976		180	86.56	6,451,272	7,346,700	
2001/07	279,152	0.60	0.9615	0.9615		180	86.08	6,767,641	7,417,260	
2002/01		0.55	1.0301	1.0301		180	86.08	6,805,986	7,493,580	
2002/07		0.55	0.8337	0.8337		180	87.57	6,837,191	7,556,040	
2003/01		0.50	1.3271	1.3271		180	87.57	6,882,563	7,656,300	



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: 9/30/2013

0 204161-00 - 2015/01

238.92

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		180	85.65	6,922,702	7,745,580	
2004/01		0.45	1.1103	1.1103		180	85.65	6,957,288	7,831,620	
2004/07		0.45	0.8378	0.8378		180	81.54	6,983,517	7,897,320	
2005/01		0.40	0.8595	0.8595		180	81.54	7,007,526	7,965,180	
2005/07		0.40	0.7364	0.7364		180	69.35	7,028,170	8,023,860	
2006/01		0.35	0.9068	0.9068		180	69.35	7,050,477	8,096,580	
2006/07	64,329	0.35	0.8133	0.8133		180	65.34	7,134,879	8,162,460	
2007/01		0.30	1.0133	1.0133		180	65.34	7,156,569	8,245,080	
2007/07		0.30	1.1050	1.1050		180	65.57	7,180,293	8,336,160	
2008/01		0.25	0.8556	0.8556		180	65.57	7,195,652	8,407,440	
2008/07		0.25	0.6104	0.6104		180	64.29	7,206,633	8,458,740	
2009/01		0.20	1.3268	1.3268		180	64.29	7,225,759	8,571,060	
2009/07		0.20	0.6841	0.6841		180	62.61	7,235,644	8,629,740	
2010/01		0.15	0.8643	0.8643		180	62.61	7,245,021	8,704,260	
2010/07		0.15	0.7107	0.7107		180	62.18	7,252,744	8,766,180	
2011/01		0.10	0.9198	0.9198		180	62.18	7,259,417	8,846,820	
2011/07		0.10	0.9028	0.9028		180	66.33	7,265,972	8,926,740	
2012/01		0.05	0.3865	0.3865		180	66.33	7,267,374	8,961,300	
2012/07		0.05	0.9417	0.9417		180	57.40	7,270,797	9,045,720	
2013/01		0.00	0.4901	0.4901		180	57.40	7,270,797	9,090,000	
2013/07		0.00	0.6196	0.6196		180	59.63	7,270,797	9,146,340	
2014/01		0.00	0.8564	0.8564		180	59.63	7,270,797	9,224,640	
2014/07		0.00	1.2383	1.2383		180	61.46	7,270,797	9,338,940	
2015/01		0.00	0.7571	0.7571		180	61.46	7,270,797	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 204170-00 - 2015/01
263.32

Regents Park of Boca Raton

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
6363 VERDE TRAIL	3/1/2013-2/28/2014	Number of Beds: 180	Superior: 0
BOCA RATON , FL 33433	Days in CR 365	Maximum: 65,700	Standard: 243
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 58,182	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 19,910	Inflation
Current Class South Large	Initial CR? False	Medicaid: 29,002	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization	49.84703%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.55708%	Cost: 1.04336242
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: 1.21766521
Entered Medicaid 10/01/1984	Low Occupancy Adjustment Factor:	113.08340%	DC Sem Index: 1.25449501
Med # Active Date: 10/08/1991	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 208132			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,559,816	3,038,048	1,947,133	477,083		7,022,080	
1a	Audit Adjustments							
2	Cost Per Diem	53.7830	104.7530	67.1379	16.4500		242.1239	
3	Cost Per Diem Inflated	56.1152	107.9214	70.0492				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.1152	107.9214	70.0492	16.4500		250.5358	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.6667		79.2874				
7	Provider Target Rate	61.8517		82.1910				
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	56.1152	99.8648	65.5807	13.6500		235.2107	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.1152	99.8648	65.5807	13.6500		235.2107	
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 204170-00 - 2015/01

263.32

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

Regents Park of Boca Raton

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:	10,389,951.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable	80% Capital(1):	6,501,620	11.8206
Indexed Asset Value	8,127,025	<60% of Base:	False	20% ROE(2):	1,625,405	0.5525
FRVS Base Asset:	3,420,000	Interest Rate:	8.9400%	Insurance Cost(3):	290,134	4.9867
Occup Adj Factor	0.9000	Chase Rate:	7.8900%	Taxes Cost(3):	174,688	3.0024
ROE Factor	0.020100	Amortization Rate:	8.9400%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	2,890	0.0000
		Yearly Payment:	698,953	Total FRVS PD:		20.3622

- (1) 80% Capital (\$6,501,620) amortized at 8.9400 % for 20 years Principal & Interest of \$698,953 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.8206
- (2) 20% ROE (\$1,625,405) times the ROE factor (0.020100) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5525
- (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	56.1152	56.1152	0.9763	55.1389
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	20.3622	0.3543	20.0079
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.7038
Supplemental Rate Add-on				9.9025
Totals	235.2107	241.9229	4.2089	263.3203

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 204170-00 - 2015/01

263.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	6,357,282	0.00	1.9179	1.9179		120	8.65	6,357,282	3,352,680	
1985/01		0.10	1.1471	1.1471		120	8.65	6,357,282	3,391,080	
1985/10		0.10	0.8522	0.8522		120	8.65	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	8.65	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	8.65	3,420,000	3,441,840	
1987/01	45,406	0.30	1.0091	1.0091		120	8.65	3,465,406	3,503,400	
1987/07	288,982	0.30	0.9007	0.9007		120	7.82	3,754,388	3,530,760	
1988/01		0.40	0.9007	0.9007		120	12.00	3,754,388	3,559,440	
1988/07		0.40	0.5899	0.5899		120	11.75	3,754,388	3,557,520	
1989/01		0.50	0.5899	0.5899		120	19.02	3,754,388	3,578,520	
1989/07		0.50	0.5899	0.5899		120	18.59	3,754,388	3,602,760	
1990/01		0.60	0.5899	0.5899		120	18.59	3,754,388	3,620,880	
1990/07		0.60	0.5899	0.5899		120	22.75	3,754,388	3,642,240	
1991/01		0.70	0.5899	0.5899		120	23.00	3,754,388	3,663,600	
1991/07		0.70	1.4932	1.4932		120	26.56	3,773,338	3,718,320	
1992/01		0.80	2.0117	2.0117		120	26.56	3,802,664	3,793,080	
1992/07		0.80	1.8152	1.8152		120	26.56	3,829,331	3,861,960	
1993/01		0.90	1.7710	1.7710		120	26.56	3,858,806	3,930,360	
1993/07		0.90	1.5329	1.5329		120	26.56	3,884,514	3,990,600	
1994/01		1.00	1.6983	1.6983		120	26.56	3,916,372	4,058,400	
1994/07		1.00	1.5991	1.5991		120	26.56	3,946,615	4,123,320	
1995/01		1.00	1.5812	1.5812		120	28.81	3,979,303	4,188,480	
1995/07		1.00	1.5250	1.5250		120	28.81	4,011,091	4,252,320	
1996/01		1.00	1.7228	1.7228		120	25.79	4,043,494	4,325,640	
1996/07		1.00	1.3294	1.3294		120	25.79	4,068,700	4,383,120	
1997/01		1.00	1.4109	1.4109		120	20.66	4,068,700	4,444,920	
1997/07		1.00	1.0917	1.0917		120	22.16	4,068,700	4,493,400	
1998/01		1.00	1.1663	1.1663		120	22.16	4,068,700	4,545,840	
1998/07		1.00	1.0794	1.0794		120	21.71	4,068,700	4,594,920	
1999/01		1.00	1.4499	1.4499		120	21.71	4,068,700	4,661,520	



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 204170-00 - 2015/01

263.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	22.93	4,068,700	4,718,880	
2000/01		1.00	1.3356	1.3356		120	22.93	4,068,700	4,781,880	
2000/07	2,291,460	1.00	1.1129	1.1129		180	23.36	6,360,160	7,252,560	
2001/01		1.00	1.2976	1.2976		180	23.36	6,360,160	7,346,700	
2001/07	69,956	1.00	0.9615	0.9615		180	22.60	6,430,116	7,417,260	
2002/01		1.00	1.0301	1.0301		180	22.60	6,430,116	7,493,580	
2002/07		1.00	0.8337	0.8337		180	21.60	6,430,116	7,556,040	
2003/01		1.00	1.3271	1.3271		180	21.60	6,430,116	7,656,300	
2003/07		1.00	1.1664	1.1664		180	21.60	6,430,116	7,745,580	5
2004/01		1.00	1.1103	1.1103		180	33.71	6,473,874	7,831,620	
2004/07	49,692	1.00	0.8378	0.8378		180	38.00	6,561,040	7,897,320	
2005/01		0.95	0.8595	0.8595		180	38.00	6,598,053	7,965,180	
2005/07		0.95	0.7364	0.7364		180	38.00	6,629,945	8,023,860	
2006/01		0.90	0.9068	0.9068		180	39.64	6,668,941	8,096,580	
2006/07	38,161	0.90	0.8133	0.8133		180	40.73	6,743,253	8,162,460	
2007/01		0.85	1.0133	1.0133		180	40.73	6,786,264	8,245,080	
2007/07		0.85	1.1050	1.1050		180	40.73	6,833,469	8,336,160	
2008/01		0.80	0.8556	0.8556		180	45.06	6,871,791	8,407,440	
2008/07		0.80	0.6104	0.6104		180	45.06	6,899,282	8,458,740	
2009/01	744,467	0.75	1.3268	1.3268		180	48.73	7,704,577	8,571,060	
2009/07		0.75	0.6841	0.6841		180	48.73	7,739,603	8,629,740	
2010/01		0.70	0.8643	0.8643		180	49.20	7,781,490	8,704,260	
2010/07		0.70	0.7107	0.7107		180	49.89	7,816,606	8,766,180	
2011/01		0.65	0.9198	0.9198		180	49.89	7,858,999	8,846,820	
2011/07		0.65	0.9028	0.9028		180	49.89	7,900,831	8,926,740	
2012/01	28,690	0.60	0.3865	0.3865		180	46.22	7,944,918	8,961,300	
2012/07		0.60	0.9417	0.9417		180	48.59	7,984,575	9,045,720	
2013/01		0.55	0.4901	0.4901		180	48.59	8,003,593	9,090,000	
2013/07		0.55	0.6196	0.6196		180	47.46	8,027,130	9,146,340	
2014/01		0.50	0.8564	0.8564		180	47.46	8,056,790	9,224,640	



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 204170-00 - 2015/01

263.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		180	49.85	8,102,006	9,338,940	
2015/01		0.45	0.7571	0.7571		180	49.85	8,127,025	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: 204170022820140301201306022014133351



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 204391-00 - 2015/01

248.30

Olds Hall Good Samaritan

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
325 S SEGRAVE STREET	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
DAYTONA BEACH, FL 32114	Days in CR 365	Maximum: 43,800	Standard: 243
County: Volusia [64]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 31,742	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 2,032	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,533	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	70.98797%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	72.47032%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1975	Low Occupancy Adjustment Factor:	92.54133%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1975	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	1,197,658	2,151,661	1,235,686	242,455		4,827,460	
1a	Audit Adjustments							
2	Cost Per Diem	53.1513	95.4893	54.8389	10.7600		214.2395	
3	Cost Per Diem Inflated	55.4581	98.5933	57.2190				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.4581	98.5933	57.2190	10.7600		222.0304	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.9891		52.2722				
7	Provider Target Rate	46.6366		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	46.6366	96.4319	54.1865	10.7600		208.0150	
12/13	Medical Adjustment Rate		2.2769	1.2794				
14	Prospective Per Diem 11	46.6366	98.7088	55.4659	10.7600		211.5713	
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 204391-00 - 2015/01

248.30

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

Olds Hall Good Samaritan

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,340,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,844,949	12.7993
RS to Start Calcs:	1975/01	<60% of Base:	False	20% ROE(2):	1,211,237	0.5761
Indexed Asset Value	6,056,186	Interest Rate:	8.5000%	Insurance Cost(3):	28,451	0.8963
FRVS Base Asset:	2,103,013	Chase Rate:	9.0000%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	32,055	1.0099
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	4,240	0.0000
		Yearly Payment:	504,547	Total FRVS PD:		15.2816

- (1) 80% Capital (\$4,844,949) amortized at 8.5000 % for 20 years Principal & Interest of \$504,547 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.7993
- (2) 20% ROE (\$1,211,237) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5761
- (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	46.6366	46.6366	0.8114	45.8252
Direct Care	98.7088	98.7088	1.7173	96.9915
Indirect Care	55.4659	55.4659	0.9650	54.5009
Property	10.7600	15.2816	0.2659	15.0157
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.0673
Supplemental Rate Add-on				9.9025
Totals	211.5713	216.0929	3.7596	248.3031

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 204391-00 - 2015/01

248.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1975/01	710,965	0.00	3.0905	3.0000	0.0905	120	100.00	710,965	1,669,320	
1975/07	3,073	0.10	4.1539	3.0000	1.1539	120	100.00	716,171	1,737,240	
1976/01		0.10	5.1984	3.0000	2.1984	120	100.00	718,320	1,807,440	
1976/07	660,855	0.20	5.6836	3.0000	2.6836	120	100.00	1,383,485	1,870,440	
1977/01	1,359	0.20	6.4342	3.0000	3.4342	120	100.00	1,393,145	1,940,640	
1977/07		0.30	8.4918	3.0000	5.4918	120	100.00	1,405,683	2,038,680	
1978/01		0.30	10.2315	3.0000	7.2315	120	100.00	1,418,334	2,135,400	
1978/07		0.40	12.7709	3.0000	9.7709	120	100.00	1,435,354	2,253,600	
1979/01	109,196	0.40	14.8982	3.0000	11.8982	120	100.00	1,561,774	2,369,160	
1979/07		0.50	16.0964	3.0000	13.0964	120	100.00	1,585,201	2,468,640	
1980/01		0.50	19.2621	3.0000	16.2621	120	69.06	1,608,979	2,620,920	
1980/07		0.60	20.0727	3.0000	17.0727	120	69.06	1,637,941	2,720,760	
1981/01		0.60	20.8968	3.0000	17.8968	120	67.12	1,667,424	2,824,800	
1981/07		0.70	20.4856	3.0000	17.4856	120	67.12	1,702,440	2,897,880	
1982/01		0.70	20.1616	3.0000	17.1616	120	62.81	1,738,191	2,975,520	
1982/07		0.80	19.4593	3.0000	16.4593	120	100.00	1,779,908	3,043,800	
1983/04	2,064	0.80	19.0881	3.0000	16.0881	120	100.00	1,824,690	3,123,840	
1983/07		0.90	20.0459	3.0000	17.0459	120	100.00	1,873,957	3,247,440	
1984/01		0.90	18.3411	3.0000	15.3411	120	100.00	1,924,554	3,289,560	
1984/07		1.00	17.2590	3.0000	14.2590	120	65.03	1,982,291	3,352,680	
1985/01		1.00	15.4061	3.0000	12.4061	120	65.03	2,041,760	3,391,080	
1985/10		1.00	13.2583	3.0000	10.2583	120	68.35	2,103,013	3,420,000	
1986/01		1.00	11.0882	3.0000	8.0882	120	68.35	2,166,103	3,448,440	
1986/07		1.00	8.3856	3.0000	5.3856	120	67.45	2,231,086	3,441,840	
1987/01		1.00	6.3947	3.0000	3.3947	120	67.45	2,298,019	3,503,400	
1987/07		1.00	4.2954	3.0000	1.2954	120	67.45	2,366,960	3,530,760	
1988/01	18,210	1.00	2.1961	2.1961		120	67.45	2,437,151	3,559,440	
1988/07		1.00	0.5899	0.5899		120	68.95	2,451,528	3,557,520	
1989/01		1.00	0.5899	0.5899		120	68.95	2,465,990	3,578,520	
1989/07	43,933	1.00	0.5899	0.5899		120	67.02	2,524,470	3,602,760	



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 204391-00 - 2015/01

248.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01		1.00	0.5899	0.5899		120	67.02	2,539,362	3,620,880	
1990/07		1.00	0.5899	0.5899		120	66.31	2,554,342	3,642,240	
1991/01		1.00	0.5899	0.5899		120	66.31	2,569,410	3,663,600	
1991/07		1.00	1.4932	1.4932		120	62.36	2,607,776	3,718,320	
1992/01		1.00	2.0117	2.0117		120	62.36	2,660,237	3,793,080	
1992/07		1.00	1.8152	1.8152		120	61.39	2,708,526	3,861,960	
1993/01		1.00	1.7710	1.7710		120	61.39	2,756,494	3,930,360	
1993/07		1.00	1.5329	1.5329		120	59.11	2,798,748	3,990,600	
1994/01		1.00	1.6983	1.6983		120	59.11	2,846,279	4,058,400	
1994/07		1.00	1.5991	1.5991		120	57.14	2,891,794	4,123,320	
1995/01		1.00	1.5812	1.5812		120	57.14	2,937,519	4,188,480	
1995/07	284,043	0.95	1.5250	1.5250		120	63.80	3,264,121	4,252,320	
1996/01		0.95	1.7228	1.7228		120	63.80	3,317,545	4,325,640	
1996/07	45,917	0.90	1.3294	1.3294		120	63.25	3,403,156	4,383,120	
1997/01		0.90	1.4109	1.4109		120	63.25	3,446,369	4,444,920	
1997/07		0.85	1.0917	1.0917		120	64.74	3,478,348	4,493,400	
1998/01		0.85	1.1663	1.1663		120	64.74	3,512,832	4,545,840	
1998/07	53,798	0.80	1.0794	1.0794		120	71.22	3,596,963	4,594,920	
1999/01		0.80	1.4499	1.4499		120	71.22	3,638,684	4,661,520	
1999/07		0.75	1.2299	1.2299		120	71.22	3,672,247	4,718,880	
2000/01	988,950	0.75	1.3356	1.3356		120	67.56	4,697,982	4,781,880	
2000/07	129,405	0.70	1.1129	1.1129		120	71.95	4,835,040	4,835,040	8
2001/01		0.70	1.2976	1.2976		120	71.95	4,878,957	4,897,800	
2001/07	44,295	0.65	0.9615	0.9615		120	70.95	4,944,840	4,944,840	8
2002/01		0.65	1.0301	1.0301		120	70.95	4,977,951	4,995,720	
2002/07	31,272	0.60	0.8337	0.8337		120	75.51	5,034,123	5,037,360	
2003/01		0.60	1.3271	1.3271		120	75.51	5,074,210	5,104,200	
2003/07	45,106	0.55	1.1664	1.1664		120	71.62	5,151,867	5,163,720	
2004/01		0.55	1.1103	1.1103		120	71.62	5,183,329	5,221,080	
2004/07		0.50	0.8378	0.8378		120	80.49	5,205,042	5,264,880	



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 204391-00 - 2015/01

248.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		0.50	0.8595	0.8595		120	80.49	5,227,413	5,310,120	
2005/07	99,189	0.45	0.7364	0.7364		120	75.44	5,343,926	5,349,240	
2006/01		0.45	0.9068	0.9068		120	75.44	5,365,735	5,397,720	
2006/07	36,557	0.40	0.8133	0.8133		120	73.64	5,419,747	5,441,640	
2007/01		0.40	1.0133	1.0133		120	73.64	5,441,713	5,496,720	
2007/07	33,047	0.35	1.1050	1.1050		120	67.40	5,495,809	5,557,440	
2008/01		0.35	0.8556	0.8556		120	67.40	5,495,809	5,604,960	5
2008/07	94,910	0.30	0.6104	0.6104		120	61.65	5,617,272	5,639,160	
2009/01		0.30	1.3268	1.3268		120	61.65	5,639,629	5,714,040	
2009/07		0.25	0.6841	0.6841		120	61.65	5,649,273	5,753,160	
2010/01		0.25	0.8643	0.8643		120	62.97	5,661,481	5,802,840	
2010/07		0.20	0.7107	0.7107		120	66.45	5,669,526	5,844,120	
2011/01		0.20	0.9198	0.9198		120	66.45	5,669,526	5,897,880	5
2011/07	28,847	0.15	0.9028	0.9028		120	75.10	5,716,496	5,951,160	
2012/01		0.15	0.3865	0.3865		120	75.10	5,719,812	5,974,200	
2012/07	531,895	0.10	0.9417	0.9417		120	79.89	6,030,480	6,030,480	8
2013/01		0.10	0.4901	0.4901		120	79.89	6,033,435	6,060,000	
2013/07		0.05	0.6196	0.6196		120	79.89	6,035,305	6,097,560	
2014/01		0.05	0.8564	0.8564		120	71.41	6,037,888	6,149,760	
2014/07	18,298	0.00	1.2383	1.2383		120	70.99	6,056,186	6,225,960	
2015/01		0.00	0.7571	0.7571		120	70.99	6,056,186	6,273,120	

Message Code:

- | |
|--|
| 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 204536-00 - 2015/01

205.40

TAYLOR HOME FOR THE AGED, 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
3937 SPRING PARK ROAD	9/1/2012-8/31/2013	Number of Beds: 24	Superior: 243
JACKSONVILLE, FL 32207	Days in CR 365	Maximum: 8,760	Standard: 0
County: Duval [16]	First Used : 2014/07	Max Annualized: 8,760	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 8,323	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 281	Inflation
Current Class North Small	Initial CR? False	Medicaid: 5,344	FY Index: 1.30580299
Class at 1/94: North Small	Medical Utilization	64.20762%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.01142%	Cost: 1.05040266
Open Date: 01/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 02/01/1976	Low Occupancy Adjustment Factor:	121.32530%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/1976	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	247,641	448,443	242,530	10,688		949,302	
1a	Audit Adjustments							
2	Cost Per Diem	46.3400	83.9153	45.3836	2.0000		177.6389	
3	Cost Per Diem Inflated	48.6757	86.9652	47.6711				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.6757	86.9652	47.6711	2.0000		185.3120	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.8971		64.7660				
7	Provider Target Rate	57.9441		67.1378				
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	48.6757	86.9652	47.6711	2.0000		185.3120	
12/13	Medical Adjustment Rate		1.3900	0.7620				
14	Prospective Per Diem 11	48.6757	88.3552	48.4331	2.0000		187.4640	
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 204536-00 - 2015/01

205.40

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

TAYLOR HOME FOR THE AGED, INC.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,857,900.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	964,877 12.7449
RS to Start Calcs:	1972/01	<60% of Base:	False	20% ROE(2):	241,219 0.4813
Indexed Asset Value	1,206,096	Interest Rate:	8.5000%	Insurance Cost(3):	906 0.1089
FRVS Base Asset:	555,185	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	1,318 0.1584
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	74,510 0.0000
		Yearly Payment:	100,481	Total FRVS PD:	13.4935

- (1) 80% Capital (\$964,877) amortized at 8.5000 % for 20 years Principal & Interest of \$100,481 divided by annual available days (8760) divided by Occup. Adj. (0.90) = \$12.7449
- (2) 20% ROE (\$241,219) times the ROE factor (0.015730) divided by annual available days (8760) 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:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	24	Effective PBS Limitation	684,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.6757	48.6757	0.8468	47.8289
Direct Care	88.3552	88.3552	1.5372	86.8180
Indirect Care	48.4331	48.4331	0.8426	47.5905
Property	2.0000	13.4935	0.2348	13.2587
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	187.4640	198.9575	3.4614	205.3986

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: 8/31/2013

0 204536-00 - 2015/01

205.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	325,644	0.00	3.9787	3.0000	0.9787	24	100.00	325,644	256,056	
1972/07		0.10	5.9113	3.0000	2.9113	24	100.00	326,621	268,680	
1973/01		0.10	8.0622	3.0000	5.0622	24	100.00	327,601	282,528	
1973/07		0.20	10.7186	3.0000	7.7186	24	100.00	329,567	298,512	
1974/01		0.20	12.9457	3.0000	9.9457	24	100.00	331,544	314,112	
1974/07		0.30	13.0494	3.0000	10.0494	24	100.00	334,528	323,856	
1975/01		0.30	13.1399	3.0000	10.1399	24	100.00	337,539	333,864	
1975/07		0.40	14.2033	3.0000	11.2033	24	100.00	341,589	347,448	
1976/01		0.40	15.2478	3.0000	12.2478	24	100.00	345,688	361,488	
1976/07		0.50	15.7330	3.0000	12.7330	24	100.00	350,873	374,088	
1977/01		0.50	16.4836	3.0000	13.4836	24	100.00	356,136	388,128	
1977/07		0.60	18.5412	3.0000	15.5412	24	100.00	362,546	407,736	
1978/01		0.60	20.2809	3.0000	17.2809	24	100.00	369,072	427,080	
1978/07		0.70	22.8203	3.0000	19.8203	24	100.00	376,823	450,720	
1979/01		0.70	24.9476	3.0000	21.9476	24	100.00	384,736	473,832	
1979/07		0.80	26.1458	3.0000	23.1458	24	100.00	393,970	493,728	
1980/01		0.80	29.3115	3.0000	26.3115	24	71.96	403,425	524,184	
1980/07		0.90	30.1222	3.0000	27.1222	24	71.96	414,317	544,152	
1981/01		0.90	30.9462	3.0000	27.9462	24	69.04	425,504	564,960	
1981/07		1.00	30.5350	3.0000	27.5350	24	69.04	438,269	579,576	
1982/01		1.00	30.2110	3.0000	27.2110	24	73.74	451,417	595,104	
1982/07		1.00	29.5087	3.0000	26.5087	24	100.00	464,960	608,760	
1983/04		1.00	29.1375	3.0000	26.1375	24	100.00	478,909	624,768	
1983/07		1.00	30.0953	3.0000	27.0953	24	81.37	493,276	649,488	
1984/01		1.00	28.3905	3.0000	25.3905	24	78.36	508,074	657,912	
1984/07		1.00	27.3084	3.0000	24.3084	24	100.00	523,316	670,536	
1985/01		1.00	25.4555	3.0000	22.4555	24	100.00	539,015	678,216	
1985/10		1.00	23.3077	3.0000	20.3077	24	100.00	555,185	684,000	
1986/01		1.00	21.1376	3.0000	18.1376	24	78.36	571,841	689,688	
1986/07		1.00	18.4350	3.0000	15.4350	24	78.36	588,996	688,368	



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: 8/31/2013

0 204536-00 - 2015/01

205.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	24	66.00	606,666	700,680	
1987/07		1.00	14.3448	3.0000	11.3448	24	61.35	624,866	706,152	
1988/01		1.00	12.2455	3.0000	9.2455	24	61.35	643,612	711,888	
1988/07	4,008	1.00	9.8354	3.0000	6.8354	24	78.95	666,928	711,504	
1989/01		1.00	7.4253	3.0000	4.4253	24	78.95	686,936	715,704	
1989/07		1.00	5.0152	3.0000	2.0152	24	78.74	707,544	720,552	
1990/01		1.00	2.6051	2.6051		24	78.74	725,976	724,176	
1990/07		1.00	0.5899	0.5899		24	75.05	730,259	728,448	
1991/01		1.00	0.5899	0.5899		24	75.05	734,567	732,720	
1991/07	16,503	1.00	1.4932	1.4932		24	80.21	762,039	743,664	
1992/01		1.00	2.0117	2.0117		24	80.21	777,369	758,616	
1992/07	242,160	0.95	1.8152	1.8152		24	81.63	1,032,934	772,392	
1993/01		0.95	1.7710	1.7710		24	81.63	1,050,313	786,072	
1993/07	7,613	0.90	1.5329	1.5329		24	84.99	1,072,416	798,120	
1994/01		0.90	1.6983	1.6983		24	84.99	1,088,808	811,680	
1994/07		0.85	1.5991	1.5991		24	92.37	1,103,607	824,664	
1995/01		0.85	1.5812	1.5812		24	92.37	1,118,439	837,696	
1995/07	4,483	0.80	1.5250	1.5250		24	87.13	1,136,567	850,464	
1996/01		0.80	1.7228	1.7228		24	87.13	1,152,231	865,128	
1996/07	7,480	0.75	1.3294	1.3294		24	87.09	1,152,231	876,624	3
1997/01		0.75	1.4109	1.4109		24	87.09	1,152,231	888,984	3
1997/07	23,975	0.70	1.0917	1.0917		24	85.46	1,152,231	898,680	3
1998/01		0.70	1.1663	1.1663		24	85.46	1,152,231	909,168	3
1998/07	19,366	0.65	1.0794	1.0794		24	90.73	1,152,231	918,984	3
1999/01		0.65	1.4499	1.4499		24	90.73	1,152,231	932,304	3
1999/07	38,080	0.60	1.2299	1.2299		24	91.63	1,152,231	943,776	3
2000/01		0.60	1.3356	1.3356		24	91.63	1,152,231	956,376	3
2000/07	35,143	0.55	1.1129	1.1129		24	86.34	1,152,231	967,008	3
2001/01		0.55	1.2976	1.2976		24	86.34	1,152,231	979,560	3
2001/07	34,680	0.50	0.9615	0.9615		24	83.75	1,152,231	988,968	3



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: 8/31/2013

0 204536-00 - 2015/01

205.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01	13,659	0.50	1.0301	1.0301		24	78.36	1,152,231	999,144	3
2002/07		0.45	0.8337	0.8337		24	78.36	1,152,231	1,007,472	3
2003/01	38,864	0.45	1.3271	1.3271		24	69.01	1,152,231	1,020,840	3
2003/07		0.40	1.1664	1.1664		24	69.01	1,152,231	1,032,744	3
2004/01	11,419	0.40	1.1103	1.1103		24	75.85	1,152,231	1,044,216	3
2004/07		0.35	0.8378	0.8378		24	75.85	1,152,231	1,052,976	3
2005/01	13,461	0.35	0.8595	0.8595		24	77.80	1,152,231	1,062,024	3
2005/07		0.30	0.7364	0.7364		24	77.80	1,152,231	1,069,848	3
2006/01		0.30	0.9068	0.9068		24	76.25	1,152,231	1,079,544	3
2006/07		0.25	0.8133	0.8133		24	76.25	1,152,231	1,088,328	3
2007/01		0.25	1.0133	1.0133		24	52.52	1,152,231	1,099,344	3
2007/07		0.20	1.1050	1.1050		24	52.52	1,152,231	1,111,488	3
2008/01		0.20	0.8556	0.8556		24	52.52	1,152,231	1,120,992	3
2008/07	64,846	0.15	0.6104	0.6104		24	67.05	1,152,231	1,127,832	3
2009/01	88,375	0.15	1.3268	1.3268		24	60.20	1,152,231	1,142,808	3
2009/07		0.10	0.6841	0.6841		24	60.20	1,152,231	1,150,632	3
2010/01		0.10	0.8643	0.8643		24	60.20	1,153,227	1,160,568	
2010/07	14,514	0.05	0.7107	0.7107		24	54.87	1,168,149	1,168,824	
2011/01		0.05	0.9198	0.9198		24	54.87	1,168,685	1,179,576	
2011/07	251,736	0.00	0.9028	0.9028		24	74.79	1,190,232	1,190,232	8
2012/01		0.00	0.3865	0.3865		24	74.79	1,190,232	1,194,840	
2012/07	207,682	0.00	0.9417	0.9417		24	56.79	1,206,096	1,206,096	8
2013/01		0.00	0.4901	0.4901		24	56.79	1,206,096	1,212,000	
2013/07		0.00	0.6196	0.6196		24	63.13	1,206,096	1,219,512	
2014/01		0.00	0.8564	0.8564		24	63.13	1,206,096	1,229,952	
2014/07		0.00	1.2383	1.2383		24	64.21	1,206,096	1,245,192	
2015/01		0.00	0.7571	0.7571		24	64.21	1,206,096	1,254,624	

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

0 204625-00 - 2015/01

210.54

Tri-County Nursing Home

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
7280 SW STATE RD 26	7/1/2013-6/30/2014	Number of Beds: 81	Superior: 0
TRENTON, FL 32693	Days in CR 365	Maximum: 29,565	Standard: 243
County: Gilchrist [21]	First Used : 2015/01	Max Annualized: 29,565	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 27,224	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,315	Inflation
Current Class North Small	Initial CR? False	Medicaid: 16,007	FY Index: 1.32215372
Class at 1/94: North Small	Medical Utilization	58.79738%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.08185%	Cost: 1.03741261
Open Date: 05/18/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/18/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 05/18/1992	Low Occupancy Adjustment Factor:	117.58437%	DC Sem Index: 1.25449501
Med # Active Date: 05/18/1992	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	620,110	1,201,916	717,844	444,034		2,983,904	
1a	Audit Adjustments							
2	Cost Per Diem	38.7399	75.0869	44.8456	27.7400		186.4124	
3	Cost Per Diem Inflated	40.1893	77.0206	46.5234				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.1893	77.0206	46.5234	27.7400		191.4733	
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	40.1893	77.0206	46.5234	13.6500		177.3833	
12/13	Medical Adjustment Rate		0.7623	0.4604				
14	Prospective Per Diem 11	40.1893	77.7829	46.9838	13.6500		178.6060	
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 204625-00 - 2015/01

210.54

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

Tri-County Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/18/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,984,646.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed	80% Capital(1):	3,374,565	14.6864
Indexed Asset Value	4,218,206	<60% of Base:	False	20% ROE(2):	843,641	0.7200
FRVS Base Asset:	1,859,160	Interest Rate:	10.0000%	Insurance Cost(3):	49,648	1.8237
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	1,800	0.0661
ROE Factor	0.022710	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	9,769	0.0000
		Yearly Payment:	390,783	Total FRVS PD:		17.2962

(1) 80% Capital (\$3,374,565) amortized at 10.0000 % for 20 years Principal & Interest of \$390,783 divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$14.6864

(2) 20% ROE (\$843,641) times the ROE factor (0.022710) divided by annual available days (29565) divided by Occup. Adj. (0.90) = \$0.7200

(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	40.1893	40.1893	0.6992	39.4901
Direct Care	77.7829	77.7829	1.3532	76.4297
Indirect Care	46.9838	46.9838	0.8174	46.1664
Property	13.6500	17.2962	0.3009	16.9953
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.5575
Supplemental Rate Add-on				9.9025
Totals	178.6060	182.2522	3.1707	210.5415

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 204625-00 - 2015/01

210.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/01	3,122,588	0.00	2.0117	2.0117		60	79.08	1,859,160	1,859,160	1
1992/07		0.10	1.8152	1.8152		60	79.08	1,862,534	1,930,980	
1993/01		0.10	1.7710	1.7710		60	79.08	1,865,833	1,965,180	
1993/07		0.20	1.5329	1.5329		60	79.08	1,871,554	1,995,300	
1994/01	43,799	0.20	1.6983	1.6983		60	79.08	1,921,711	2,029,200	
1994/07		0.30	1.5991	1.5991		60	79.08	1,930,929	2,061,660	
1995/01		0.30	1.5812	1.5812		60	79.08	1,940,089	2,094,240	
1995/07		0.40	1.5250	1.5250		60	86.96	1,951,924	2,126,160	
1996/01		0.40	1.7228	1.7228		60	86.96	1,965,375	2,162,820	
1996/07		0.50	1.3294	1.3294		60	89.25	1,978,439	2,191,560	
1997/01		0.50	1.4109	1.4109		60	88.98	1,992,397	2,222,460	
1997/07		0.60	1.0917	1.0917		60	88.98	2,005,447	2,246,700	
1998/01		0.60	1.1663	1.1663		60	88.98	2,019,481	2,272,920	
1998/07		0.70	1.0794	1.0794		60	86.56	2,034,740	2,297,460	
1999/01		0.70	1.4499	1.4499		60	86.56	2,055,391	2,330,760	
1999/07		0.80	1.2299	1.2299		60	82.92	2,075,614	2,359,440	
2000/01		0.80	1.3356	1.3356		60	80.62	2,097,792	2,390,940	
2000/07		0.90	1.1129	1.1129		60	80.62	2,118,803	2,417,520	
2001/01		0.90	1.2976	1.2976		60	80.62	2,143,546	2,448,900	
2001/07	1,205,100	1.00	0.9615	0.9615		81	76.48	3,337,767	3,337,767	8
2002/01		1.00	1.0301	1.0301		81	76.57	3,372,111	3,372,111	8
2002/07		1.00	0.8337	0.8337		81	76.57	3,400,218	3,400,218	8
2003/01		1.00	1.3271	1.3271		81	73.79	3,445,335	3,445,335	8
2003/07		1.00	1.1664	1.1664		81	73.79	3,485,511	3,485,511	8
2004/01		1.00	1.1103	1.1103		81	70.48	3,524,211	3,524,229	
2004/07		1.00	0.8378	0.8378		81	70.48	3,553,737	3,553,794	
2005/01		1.00	0.8595	0.8595		81	70.05	3,584,281	3,584,331	
2005/07		1.00	0.7364	0.7364		81	70.05	3,610,676	3,610,737	
2006/01		1.00	0.9068	0.9068		81	70.05	3,643,418	3,643,461	
2006/07		1.00	0.8133	0.8133		81	69.16	3,673,050	3,673,107	



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 204625-00 - 2015/01

210.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/01		1.00	1.0133	1.0133		81	69.89	3,710,269	3,710,286	
2007/07		1.00	1.1050	1.1050		81	69.89	3,751,267	3,751,272	
2008/01		1.00	0.8556	0.8556		81	69.89	3,783,348	3,783,348	8
2008/07	39,148	1.00	0.6104	0.6104		81	67.14	3,806,433	3,806,433	8
2009/01		1.00	1.3268	1.3268		81	69.11	3,856,937	3,856,977	
2009/07		1.00	0.6841	0.6841		81	69.11	3,883,322	3,883,383	
2010/01		1.00	0.8643	0.8643		81	69.11	3,916,886	3,916,917	
2010/07		1.00	0.7107	0.7107		81	67.46	3,944,723	3,944,781	
2011/01		1.00	0.9198	0.9198		81	67.46	3,981,007	3,981,069	
2011/07		1.00	0.9028	0.9028		81	61.45	4,016,948	4,017,033	
2012/01		1.00	0.3865	0.3865		81	62.27	4,032,474	4,032,585	
2012/07		0.95	0.9417	0.9417		81	62.27	4,068,549	4,070,574	
2013/01		0.95	0.4901	0.4901		81	62.27	4,087,492	4,090,500	
2013/07	743,957	0.90	0.6196	0.6196		81	63.65	4,115,853	4,115,853	8
2014/01		0.90	0.8564	0.8564		81	63.65	4,147,578	4,151,088	
2014/07		0.85	1.2383	1.2383		81	56.06	4,191,235	4,202,523	
2015/01		0.85	0.7571	0.7571		81	58.80	4,218,206	4,234,356	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
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 205303-00 - 2015/01

226.59

Kissimmee Good Samaritan

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
1500 SOUTHGATE DRIVE	8/1/2013-7/31/2014	Number of Beds: 170	Superior: 0
KISSIMMEE, FL 34746	Days in CR 365	Maximum: 62,050	Standard: 188
County: Osceola [49]	First Used : 2015/01	Max Annualized: 62,050	Conditional: 55
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 57,524	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 6,981	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 37,471	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	65.13977%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.70588%	Cost: 1.03444406
Open Date: 08/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 08/01/1979	Low Occupancy Adjustment Factor:	118.38123%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/1979	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,634,197	3,118,346	1,901,524	453,399		7,107,466	
1a	Audit Adjustments							
2	Cost Per Diem	43.6123	83.2203	50.7466	12.1000		189.6792	
3	Cost Per Diem Inflated	45.1145	85.3053	52.4945				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.1145	85.3053	52.4945	12.1000		195.0143	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.5849		54.4474				
7	Provider Target Rate	47.2543		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	45.1145	85.3053	52.4945	12.1000		195.0143	
12/13	Medical Adjustment Rate		1.1241	0.6917				
14	Prospective Per Diem 11	45.1145	86.4294	53.1862	12.1000		196.8301	
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 205303-00 - 2015/01

226.59

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

Kissimmee Good Samaritan

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,316,177.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	6,441,823 8.8773
RS to Start Calcs:	1979/07	<60% of Base:	False	20% ROE(2):	1,610,456 0.6578
Indexed Asset Value	8,052,279	Interest Rate:	4.6600%	Insurance Cost(3):	29,906 0.5199
FRVS Base Asset:	3,137,717	Chase Rate:	3.2500%	Taxes Cost(3):	592 0.0103
Occup Adj Factor	0.9000	Amortization Rate:	4.6600%	Home Office(3):	58,087 1.0098
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	910,500 0.0000
		Yearly Payment:	495,751	Total FRVS PD:	11.0751

- (1) 80% Capital (\$6,441,823) amortized at 4.6600 % for 20 years Principal & Interest of \$495,751 divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$8.8773
- (2) 20% ROE (\$1,610,456) times the ROE factor (0.022810) divided by annual available days (62050) divided by Occup. Adj. (0.90) = \$0.6578
- (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	45.1145	45.1145	0.7849	44.3296
Direct Care	86.4294	86.4294	1.5037	84.9257
Indirect Care	53.1862	53.1862	0.9253	52.2609
Property	12.1000	11.0751	0.1927	10.8824
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2860
Supplemental Rate Add-on				9.9025
Totals	196.8301	195.8052	3.4066	226.5871

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: 7/31/2014

0 205303-00 - 2015/01

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
1979/07	2,235,005	0.00	4.1982	3.0000	1.1982	170	100.00	2,235,005	3,497,240	
1980/01	175,319	0.10	7.3640	3.0000	4.3640	170	52.78	2,416,758	3,712,970	
1980/07		0.10	8.1746	3.0000	5.1746	170	52.78	2,423,716	3,854,410	
1981/01	31,147	0.20	8.9986	3.0000	5.9986	170	61.89	2,469,405	4,001,800	
1981/07		0.20	8.5874	3.0000	5.5874	170	61.89	2,484,221	4,105,330	
1982/01	37,180	0.30	8.2634	3.0000	5.2634	170	65.20	2,543,759	4,215,320	
1982/07		0.30	7.5611	3.0000	4.5611	170	65.20	2,566,653	4,312,050	
1983/04	115,134	0.40	7.1899	3.0000	4.1899	170	65.20	2,712,587	4,425,440	
1983/07		0.40	8.1477	3.0000	5.1477	170	65.20	2,745,138	4,600,540	
1984/01	133,100	0.50	6.4429	3.0000	3.4429	170	65.20	2,919,415	4,660,210	
1984/07		0.50	5.3608	3.0000	2.3608	170	69.89	2,963,206	4,749,630	
1985/01	95,773	0.60	3.5079	3.0000	0.5079	170	69.89	3,112,317	4,804,030	
1985/10		0.60	1.3601	1.3601		170	69.10	3,137,717	4,845,000	
1986/01		0.70	0.8299	0.8299		170	69.10	3,155,944	4,885,290	
1986/07		0.70	0.2974	0.2974		170	68.32	3,162,515	4,875,940	
1987/01	36,720	0.80	1.0091	1.0091		170	68.32	3,224,766	4,963,150	
1987/07		0.80	0.9007	0.9007		170	62.68	3,248,004	5,001,910	
1988/01	44,437	0.90	0.9007	0.9007		170	62.68	3,318,769	5,042,540	
1988/07	448,689	0.90	0.5899	0.5899		170	65.70	3,785,077	5,039,820	
1989/01		1.00	0.5899	0.5899		170	65.70	3,807,405	5,069,570	
1989/07	78,990	1.00	0.5899	0.5899		170	67.39	3,908,855	5,103,910	
1990/01		1.00	0.5899	0.5899		170	67.39	3,931,913	5,129,580	
1990/07		1.00	0.5899	0.5899		170	61.03	3,955,107	5,159,840	
1991/01		1.00	0.5899	0.5899		170	61.03	3,978,438	5,190,100	
1991/07	91,838	1.00	1.4932	1.4932		170	62.68	4,070,276	5,267,620	5
1992/01		1.00	2.0117	2.0117		170	62.68	4,212,759	5,373,530	
1992/07		1.00	1.8152	1.8152		170	66.30	4,289,229	5,471,110	
1993/01		1.00	1.7710	1.7710		170	66.30	4,365,191	5,568,010	
1993/07		1.00	1.5329	1.5329		170	70.24	4,432,105	5,653,350	
1994/01		1.00	1.6983	1.6983		170	70.24	4,507,375	5,749,400	



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: 7/31/2014

0 205303-00 - 2015/01

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
1994/07	35,982	1.00	1.5991	1.5991		170	69.88	4,615,434	5,841,370	
1995/01		1.00	1.5812	1.5812		170	69.88	4,688,413	5,933,680	
1995/07	72,925	1.00	1.5250	1.5250		170	69.88	4,832,836	6,024,120	
1996/01		1.00	1.7228	1.7228		170	69.88	4,916,096	6,127,990	
1996/07		1.00	1.3294	1.3294		170	66.96	4,981,451	6,209,420	
1997/01		1.00	1.4109	1.4109		170	66.96	5,051,734	6,296,970	
1997/07	96,455	1.00	1.0917	1.0917		170	68.28	5,203,339	6,365,650	
1998/01		1.00	1.1663	1.1663		170	68.28	5,264,026	6,439,940	
1998/07	102,206	1.00	1.0794	1.0794		170	68.44	5,423,052	6,509,470	
1999/01		1.00	1.4499	1.4499		170	68.44	5,501,681	6,603,820	
1999/07	55,962	1.00	1.2299	1.2299		170	63.99	5,625,308	6,685,080	
2000/01		0.95	1.3356	1.3356		170	63.99	5,696,682	6,774,330	
2000/07	75,508	0.95	1.1129	1.1129		170	65.44	5,832,421	6,849,640	
2001/01		0.90	1.2976	1.2976		170	65.44	5,900,532	6,938,550	
2001/07		0.90	0.9615	0.9615		170	60.13	5,951,595	7,005,190	
2002/01	44,253	0.85	1.0301	1.0301		170	57.46	6,047,960	7,077,270	
2002/07		0.85	0.8337	0.8337		170	57.46	6,090,816	7,136,260	
2003/01	120,265	0.80	1.3271	1.3271		170	59.37	6,275,747	7,230,950	
2003/07		0.80	1.1664	1.1664		170	59.37	6,334,306	7,315,270	
2004/01	48,177	0.75	1.1103	1.1103		170	57.08	6,435,229	7,396,530	
2004/07		0.75	0.8378	0.8378		170	57.08	6,475,668	7,458,580	
2005/01	53,214	0.70	0.8595	0.8595		170	67.18	6,567,846	7,522,670	
2005/07		0.70	0.7364	0.7364		170	67.18	6,601,703	7,578,090	
2006/01	50,991	0.65	0.9068	0.9068		170	60.47	6,691,604	7,646,770	
2006/07		0.65	0.8133	0.8133		170	60.47	6,726,976	7,708,990	
2007/01	73,027	0.60	1.0133	1.0133		170	60.51	6,840,903	7,787,020	
2007/07		0.60	1.1050	1.1050		170	60.51	6,886,258	7,873,040	
2008/01	72,301	0.55	0.8556	0.8556		170	59.99	6,990,966	7,940,360	
2008/07		0.55	0.6104	0.6104		170	59.99	7,014,435	7,988,810	
2009/01	33,181	0.50	1.3268	1.3268		170	59.80	7,094,150	8,094,890	



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: 7/31/2014

0 205303-00 - 2015/01

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
2009/07		0.50	0.6841	0.6841		170	59.80	7,118,419	8,150,310	
2010/01	327,470	0.45	0.8643	0.8643		170	64.28	7,473,573	8,220,690	
2010/07		0.45	0.7107	0.7107		170	64.28	7,497,473	8,279,170	
2011/01	84,031	0.40	0.9198	0.9198		170	61.34	7,609,087	8,355,330	
2011/07		0.40	0.9028	0.9028		170	61.34	7,636,563	8,430,810	
2012/01		0.35	0.3865	0.3865		170	61.34	7,646,895	8,463,450	
2012/07	70,775	0.35	0.9417	0.9417		170	63.65	7,742,874	8,543,180	
2013/01	43,408	0.30	0.4901	0.4901		170	60.68	7,797,664	8,585,000	
2013/07		0.30	0.6196	0.6196		170	60.68	7,812,160	8,638,210	
2014/01		0.25	0.8564	0.8564		170	60.68	7,828,886	8,712,160	
2014/07	157,386	0.25	1.2383	1.2383		170	63.58	8,010,510	8,820,110	
2015/01	29,641	0.20	0.7571	0.7571		170	65.14	8,052,279	8,886,920	

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 205460-00 - 2015/01

259.27

American Finnish Nursing Home

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
1800 SOUTH DRIVE	7/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
LAKE WORTH, FL 33461	Days in CR 365	Maximum: 21,900	Standard: 243
County: Palm Beach [50]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 16,138	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,387	Inflation
Current Class South Small	Initial CR? False	Medicaid: 9,762	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization	60.49077%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	73.68950%	Cost: 1.05607860
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: 1.20850000
Entered Medicaid 12/01/1979	Low Occupancy Adjustment Factor:	94.09817%	DC Sem Index: 1.25449501
Med # Active Date: 12/14/1979	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	498,693	866,366	622,858	103,672		2,091,589	
1a	Audit Adjustments							
2	Cost Per Diem	51.0851	88.7489	63.8043	10.6200		214.2583	
3	Cost Per Diem Inflated	53.9499	92.1266	67.3824				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.9499	92.1266	67.3824	10.6200		224.0789	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.2580		69.1600				
7	Provider Target Rate	71.7943		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	53.9499	92.1266	67.3824	10.6200		224.0789	
12/13	Medical Adjustment Rate		1.0873	0.7953				
14	Prospective Per Diem 11	53.9499	93.2139	68.1777	10.6200		225.9615	
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 205460-00 - 2015/01

259.27

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

American Finnish Nursing Home

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):	1,641,582 10.3548
RS to Start Calcs:	1979/07	<60% of Base:	True	20% ROE(2):	410,396 0.2994
Indexed Asset Value	2,051,978	Interest Rate:	12.5000%	Insurance Cost(3):	54,304 3.3650
FRVS Base Asset:	1,081,568	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	23,648 0.0000
		Yearly Payment:	204,094	Total FRVS PD:	14.0192

(1) 80% Capital (\$1,641,582) amortized at 12.5000 % for 20 years Interest of \$204,094 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.3548

(2) 20% ROE (\$410,396) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.2994

(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	53.9499	53.9499	0.9386	53.0113
Direct Care	93.2139	93.2139	1.6217	91.5922
Indirect Care	68.1777	68.1777	1.1861	66.9916
Property	10.6200	14.0192	0.2439	13.7753
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.9990
Supplemental Rate Add-on				9.9025
Totals	225.9615	229.3607	3.9903	259.2719

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 205460-00 - 2015/01

259.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/07	952,783	0.00	4.1982	3.0000	1.1982	60	100.00	952,783	1,234,320	
1980/01	23,082	0.10	7.3640	3.0000	4.3640	60	2.51	975,865	1,310,460	
1980/07	4,000	0.10	8.1746	3.0000	5.1746	60	2.51	979,865	1,360,380	
1981/01		0.20	8.9986	3.0000	5.9986	60	29.83	983,054	1,412,400	
1981/07		0.20	8.5874	3.0000	5.5874	60	29.83	986,253	1,448,940	
1982/01		0.30	8.2634	3.0000	5.2634	60	29.31	990,983	1,487,760	
1982/07		0.30	7.5611	3.0000	4.5611	60	29.31	995,736	1,521,900	
1983/04	17,600	0.40	7.1899	3.0000	4.1899	60	29.31	1,019,704	1,561,920	
1983/07	8,255	0.40	8.1477	3.0000	5.1477	60	29.31	1,034,480	1,623,720	
1984/01		0.50	6.4429	3.0000	3.4429	60	43.89	1,046,863	1,644,780	
1984/07		0.50	5.3608	3.0000	2.3608	60	43.89	1,059,394	1,676,340	
1985/01		0.60	3.5079	3.0000	0.5079	60	43.89	1,074,611	1,695,540	
1985/10		0.60	1.3601	1.3601		60	43.63	1,081,568	1,710,000	
1986/01		0.70	0.8299	0.8299		60	43.63	1,086,552	1,724,220	
1986/07		0.70	0.2974	0.2974		60	41.03	1,088,240	1,720,920	
1987/01		0.80	1.0091	1.0091		60	45.18	1,095,457	1,751,700	
1987/07		0.80	0.9007	0.9007		60	45.18	1,101,941	1,765,380	
1988/01	31,635	0.90	0.9007	0.9007		60	41.60	1,140,332	1,779,720	
1988/07		0.90	0.5899	0.5899		60	41.60	1,144,911	1,778,760	
1989/01		1.00	0.5899	0.5899		60	41.60	1,150,019	1,789,260	
1989/07	64,576	1.00	0.5899	0.5899		60	49.13	1,220,655	1,801,380	
1990/01		1.00	0.5899	0.5899		60	41.95	1,226,147	1,810,440	
1990/07		1.00	0.5899	0.5899		60	41.95	1,231,664	1,821,120	
1991/01		1.00	0.5899	0.5899		60	39.57	1,236,891	1,831,800	
1991/07		1.00	1.4932	1.4932		60	39.57	1,250,179	1,859,160	
1992/01		1.00	2.0117	2.0117		60	41.40	1,269,110	1,896,540	
1992/07		1.00	1.8152	1.8152		60	41.40	1,286,450	1,930,980	
1993/01		1.00	1.7710	1.7710		60	42.98	1,304,254	1,965,180	
1993/07		1.00	1.5329	1.5329		60	42.98	1,319,878	1,995,300	
1994/01	16,037	1.00	1.6983	1.6983		60	45.29	1,354,373	2,029,200	



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: 6/30/2013

0 205460-00 - 2015/01

259.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07		1.00	1.5991	1.5991		60	45.29	1,372,207	2,061,660	
1995/01		1.00	1.5812	1.5812		60	42.28	1,388,886	2,094,240	
1995/07		1.00	1.5250	1.5250		60	42.28	1,405,168	2,126,160	
1996/01		1.00	1.7228	1.7228		60	43.28	1,424,218	2,162,820	
1996/07		1.00	1.3294	1.3294		60	43.28	1,439,117	2,191,560	
1997/01		1.00	1.4109	1.4109		60	45.51	1,455,918	2,222,460	
1997/07		1.00	1.0917	1.0917		60	45.51	1,469,070	2,246,700	
1998/01	20,622	1.00	1.1663	1.1663		60	47.02	1,504,340	2,272,920	
1998/07		1.00	1.0794	1.0794		60	47.02	1,518,222	2,297,460	
1999/01		1.00	1.4499	1.4499		60	52.51	1,539,238	2,330,760	
1999/07		1.00	1.2299	1.2299		60	52.51	1,557,312	2,359,440	
2000/01		0.95	1.3356	1.3356		60	48.32	1,574,671	2,390,940	
2000/07		0.95	1.1129	1.1129		60	48.32	1,589,298	2,417,520	
2001/01	11,684	0.90	1.2976	1.2976		60	40.95	1,614,801	2,448,900	
2001/07		0.90	0.9615	0.9615		60	40.95	1,625,206	2,472,420	
2002/01		0.85	1.0301	1.0301		60	37.86	1,635,002	2,497,860	
2002/07		0.85	0.8337	0.8337		60	37.86	1,642,977	2,518,680	
2003/01		0.80	1.3271	1.3271		60	35.82	1,654,337	2,552,100	
2003/07		0.80	1.1664	1.1664		60	35.82	1,664,390	2,581,860	
2004/01	24,217	0.75	1.1103	1.1103		60	40.66	1,698,853	2,610,540	
2004/07		0.75	0.8378	0.8378		60	40.66	1,706,745	2,632,440	
2005/01		0.70	0.8595	0.8595		60	44.61	1,715,074	2,655,060	
2005/07		0.70	0.7364	0.7364		60	44.61	1,722,245	2,674,620	
2006/01		0.65	0.9068	0.9068		60	44.61	1,730,478	2,698,860	
2006/07	86,118	0.65	0.8133	0.8133		60	42.37	1,823,643	2,720,820	
2007/01	17,854	0.60	1.0133	1.0133		60	48.26	1,851,226	2,748,360	
2007/07		0.60	1.1050	1.1050		60	48.26	1,861,996	2,778,720	
2008/01		0.55	0.8556	0.8556		60	48.26	1,869,685	2,802,480	
2008/07	85,876	0.55	0.6104	0.6104		60	46.89	1,960,912	2,819,580	
2009/01		0.50	1.3268	1.3268		60	50.36	1,972,823	2,857,020	



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 205460-00 - 2015/01

259.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		0.50	0.6841	0.6841		60	50.36	1,979,003	2,876,580	
2010/01		0.45	0.8643	0.8643		60	55.94	1,986,699	2,901,420	
2010/07		0.45	0.7107	0.7107		60	55.94	1,993,052	2,922,060	
2011/01		0.40	0.9198	0.9198		60	55.94	2,000,384	2,948,940	
2011/07	14,689	0.40	0.9028	0.9028		60	56.12	2,022,296	2,975,580	
2012/01		0.35	0.3865	0.3865		60	58.37	2,025,032	2,987,100	
2012/07		0.35	0.9417	0.9417		60	58.37	2,031,707	3,015,240	
2013/01		0.30	0.4901	0.4901		60	58.37	2,034,694	3,030,000	
2013/07		0.30	0.6196	0.6196		60	50.81	2,038,188	3,048,780	
2014/01		0.25	0.8564	0.8564		60	60.49	2,042,552	3,074,880	
2014/07		0.25	1.2383	1.2383		60	60.49	2,048,876	3,112,980	
2015/01		0.20	0.7571	0.7571		60	60.49	2,051,978	3,136,560	

Message Code:

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

Report Printed: 12/23/2014 ID: 205460063020130701201210292013100628



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 205745-00 - 2015/01

259.67

Health Center at Abbey Delray

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
2105 SW 11TH COURT	1/1/2013-12/31/2013	Number of Beds: 100	Superior: 0
DELRAY BEACH, FL 33445	Days in CR 365	Maximum: 36,500	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 36,500	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 34,669	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,135	Inflation
Current Class South Small	Initial CR? False	Medicaid: 8,398	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	24.22337%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.98356%	Cost: 1.04340134
Open Date: 06/01/1978	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1978	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	121.28972%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1980	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	422,923	885,481	675,281	150,576		2,134,261	
1a	Audit Adjustments							
2	Cost Per Diem	50.3600	105.4395	80.4097	17.9300		254.1392	
3	Cost Per Diem Inflated	52.5457	108.8669	83.8996				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.5457	108.8669	83.8996	17.9300		263.2422	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.5227		73.1282				
7	Provider Target Rate	71.0321		75.8062				
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	52.5457	107.6155	75.8062	13.6500		249.6174	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.5457	107.6155	75.8062	13.6500		249.6174	
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 205745-00 - 2015/01

259.67

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

Health Center at Abbey Delray

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):	3,452,730	13.0675
RS to Start Calcs:	1978/01	<60% of Base:	True	20% ROE(2):	863,182	0.4927
Indexed Asset Value	4,315,912	Interest Rate:	12.5000%	Insurance Cost(3):	131,155	3.7831
FRVS Base Asset:	1,041,660	Chase Rate:	12.5000%	Taxes Cost(3):	23,413	0.6753
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	6,891	0.1988
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	1,027,420	0.0000
		Yearly Payment:	429,269	Total FRVS PD:		18.2174

(1) 80% Capital (\$3,452,730) amortized at 12.5000 % for 20 years Interest of \$429,269 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$13.0675

(2) 20% ROE (\$863,182) times the ROE factor (0.018750) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.4927

(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	52.5457	52.5457	0.9142	51.6315
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	75.8062	75.8062	1.3188	74.4874
Property	13.6500	18.2174	0.3169	17.9005
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	249.6174	254.1848	4.4222	259.6651

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 205745-00 - 2015/01

259.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/01	582,162	0.00	4.7397	3.0000	1.7397	100	100.00	582,162	1,779,500	
1978/07		0.10	7.2791	3.0000	4.2791	100	100.00	583,908	1,878,000	
1979/01	227,823	0.10	9.4064	3.0000	6.4064	100	100.00	813,483	1,974,300	
1979/07		0.20	10.6046	3.0000	7.6046	100	100.00	818,364	2,057,200	
1980/01		0.20	13.7703	3.0000	10.7703	100	0.44	818,364	2,184,100	
1980/07	218,993	0.30	14.5810	3.0000	11.5810	100	0.44	1,037,357	2,267,300	
1981/01		0.30	15.4050	3.0000	12.4050	100	5.00	1,037,357	2,354,000	
1981/07		0.40	14.9938	3.0000	11.9938	100	5.00	1,037,357	2,414,900	
1982/01		0.40	14.6698	3.0000	11.6698	100	4.48	1,037,357	2,479,600	
1982/07		0.50	13.9675	3.0000	10.9675	100	3.10	1,037,357	2,536,500	
1983/04		0.50	13.5963	3.0000	10.5963	100	3.10	1,037,357	2,603,200	
1983/07		0.60	14.5541	3.0000	11.5541	100	3.10	1,037,357	2,706,200	
1984/01		0.60	12.8493	3.0000	9.8493	100	3.10	1,037,357	2,741,300	
1984/07	4,303	0.70	11.7672	3.0000	8.7672	100	3.10	1,041,660	2,793,900	
1985/01		0.70	9.9143	3.0000	6.9143	100	5.10	1,041,660	2,825,900	
1985/10		0.80	7.7665	3.0000	4.7665	100	5.10	1,041,660	2,850,000	
1986/01		0.80	5.5964	3.0000	2.5964	100	6.50	1,041,660	2,873,700	
1986/07	38,687	0.90	2.8938	2.8938		100	6.50	1,080,347	2,868,200	
1987/01	75,438	0.90	1.0091	1.0091		100	6.99	1,155,785	2,919,500	
1987/07	42,598	1.00	0.9007	0.9007		100	5.29	1,198,383	2,942,300	
1988/01		1.00	0.9007	0.9007		100	5.29	1,198,383	2,966,200	
1988/07		1.00	0.5899	0.5899		100	5.24	1,198,383	2,964,600	
1989/01		1.00	0.5899	0.5899		100	5.24	1,198,383	2,982,100	
1989/07		1.00	0.5899	0.5899		100	3.05	1,198,383	3,002,300	
1990/01		1.00	0.5899	0.5899		100	3.05	1,198,383	3,017,400	
1990/07		1.00	0.5899	0.5899		100	3.05	1,198,383	3,035,200	
1991/01		1.00	0.5899	0.5899		100	3.38	1,198,383	3,053,000	
1991/07	11,390	1.00	1.4932	1.4932		100	4.05	1,209,773	3,098,600	
1992/01		1.00	2.0117	2.0117		100	4.05	1,209,773	3,160,900	
1992/07		1.00	1.8152	1.8152		100	6.35	1,209,773	3,218,300	



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 205745-00 - 2015/01

259.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01		1.00	1.7710	1.7710		100	6.35	1,209,773	3,275,300	
1993/07		1.00	1.5329	1.5329		100	7.03	1,209,773	3,325,500	
1994/01		1.00	1.6983	1.6983		100	7.03	1,209,773	3,382,000	
1994/07		1.00	1.5991	1.5991		100	8.47	1,209,773	3,436,100	
1995/01		1.00	1.5812	1.5812		100	8.47	1,209,773	3,490,400	
1995/07		1.00	1.5250	1.5250		100	7.28	1,209,773	3,543,600	
1996/01		1.00	1.7228	1.7228		100	7.28	1,209,773	3,604,700	
1996/07		1.00	1.3294	1.3294		100	6.38	1,209,773	3,652,600	
1997/01		1.00	1.4109	1.4109		100	6.38	1,209,773	3,704,100	
1997/07	17,094	1.00	1.0917	1.0917		100	5.99	1,226,867	3,744,500	
1998/01		1.00	1.1663	1.1663		100	5.99	1,226,867	3,788,200	
1998/07		0.95	1.0794	1.0794		100	12.82	1,226,867	3,829,100	
1999/01		0.95	1.4499	1.4499		100	12.82	1,226,867	3,884,600	
1999/07		0.90	1.2299	1.2299		100	12.82	1,226,867	3,932,400	
2000/01		0.90	1.3356	1.3356		100	15.36	1,226,867	3,984,900	
2000/07		0.85	1.1129	1.1129		100	16.13	1,226,867	4,029,200	
2001/01		0.85	1.2976	1.2976		100	16.13	1,226,867	4,081,500	
2001/07		0.80	0.9615	0.9615		100	16.13	1,226,867	4,120,700	
2002/01	2,901,558	0.80	1.0301	1.0301		100	14.29	4,128,425	4,163,100	5
2002/07		0.75	0.8337	0.8337		100	14.29	4,128,425	4,197,800	
2003/01	5,607,722	0.75	1.3271	1.3271		100	10.27	4,253,500	4,253,500	8
2003/07	4,774,173	0.70	1.1664	1.1664		100	13.80	4,303,100	4,303,100	8
2004/01		0.70	1.1103	1.1103		100	13.80	4,303,100	4,350,900	
2004/07		0.65	0.8378	0.8378		100	12.52	4,303,100	4,387,400	
2005/01		0.65	0.8595	0.8595		100	12.52	4,303,100	4,425,100	
2005/07		0.60	0.7364	0.7364		100	12.52	4,303,100	4,457,700	
2006/01		0.60	0.9068	0.9068		100	17.37	4,303,100	4,498,100	
2006/07		0.55	0.8133	0.8133		100	17.37	4,303,100	4,534,700	
2007/01		0.55	1.0133	1.0133		100	18.23	4,303,100	4,580,600	
2007/07		0.50	1.1050	1.1050		100	18.23	4,303,100	4,631,200	



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: 12/31/2013

0 205745-00 - 2015/01

259.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		0.50	0.8556	0.8556		114	23.98	4,303,100	5,324,712	
2008/07		0.45	0.6104	0.6104		114	23.98	4,303,100	5,357,202	
2009/01		0.45	1.3268	1.3268		114	20.64	4,303,100	5,428,338	
2009/07		0.40	0.6841	0.6841		114	20.64	4,303,100	5,465,502	
2010/01		0.40	0.8643	0.8643		114	23.68	4,303,100	5,512,698	
2010/07		0.35	0.7107	0.7107		114	23.68	4,303,100	5,551,914	
2011/01		0.35	0.9198	0.9198		114	23.75	4,303,100	5,602,986	
2011/07		0.30	0.9028	0.9028		114	23.75	4,303,100	5,653,602	
2012/01		0.30	0.3865	0.3865		114	22.69	4,303,100	5,675,490	
2012/07		0.25	0.9417	0.9417		114	22.69	4,303,100	5,728,956	
2013/01		0.25	0.4901	0.4901		100	26.03	4,305,595	5,050,000	
2013/07		0.20	0.6196	0.6196		100	26.03	4,308,120	5,081,300	
2014/01		0.20	0.8564	0.8564		100	27.85	4,311,857	5,124,800	
2014/07		0.15	1.2383	1.2383		100	27.85	4,315,912	5,188,300	
2015/01		0.15	0.7571	0.7571		100	24.22	4,315,912	5,227,600	

Message Code:

- | |
|--|
| 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 205796-00 - 2015/01

217.75

The Commons at Orlando Lutheran Towers

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
210 LAKE AVENUE	9/1/2013-8/31/2014	Number of Beds: 135	Superior: 0
ORLANDO, FL 32801	Days in CR 365	Maximum: 49,275	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 49,275	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 46,635	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 11,358	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,968	FY Index: 1.32975299
Class at 1/94: North Large	Medical Utilization	53.53919%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.64231%	Cost: 1.03148401
Open Date: 06/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	120.85396%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1980	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,241,825	1,893,232	1,702,423	472,145		5,309,625	
1a	Audit Adjustments							
2	Cost Per Diem	49.7367	75.8263	68.1842	18.9100		212.6572	
3	Cost Per Diem Inflated	51.3026	77.6732	70.3309				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.3026	77.6732	70.3309	18.9100		218.2167	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.9735		64.0122				
7	Provider Target Rate	56.9867		66.3564				
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	51.3026	77.6732	63.5578	13.6500		206.1836	
12/13	Medical Adjustment Rate		0.3093	0.2531				
14	Prospective Per Diem 11	51.3026	77.9825	63.8109	13.6500		206.7460	
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 205796-00 - 2015/01

217.75

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

The Commons at Orlando Lutheran Towers

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:	3,105,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed	80% Capital(1):	5,643,451	15.8350
Indexed Asset Value	7,054,314	<60% of Base:	False	20% ROE(2):	1,410,863	0.7324
FRVS Base Asset:	1,710,000	Interest Rate:	11.0700%	Insurance Cost(3):	48,234	1.0343
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	38,580	0.8273
ROE Factor	0.023020	Amortization Rate:	11.0700%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	212,793	0.0000
		Yearly Payment:	702,242	Total FRVS PD:		18.4290

- (1) 80% Capital (\$5,643,451) amortized at 11.0700 % for 20 years Principal & Interest of \$702,242 divided by annual available days (49275) divided by Occup. Adj. (0.90) = \$15.8350
- (2) 20% ROE (\$1,410,863) times the ROE factor (0.023020) divided by annual available days (49275) divided by Occup. Adj. (0.90) = \$0.7324
- (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	51.3026	51.3026	0.8925	50.4101
Direct Care	77.9825	77.9825	1.3567	76.6258
Indirect Care	63.8109	63.8109	1.1102	62.7007
Property	13.6500	18.4290	0.3206	18.1084
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	206.7460	211.5250	3.6800	217.7475

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 205796-00 - 2015/01

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
1980/01	1,743,018	0.00	6.1657	3.0000	3.1657	60	6.26	1,743,018	1,310,460	
1980/07	28,322	0.10	6.9764	3.0000	3.9764	60	6.26	1,771,340	1,360,380	
1981/01		0.10	7.8004	3.0000	4.8004	60	4.11	1,771,340	1,412,400	
1981/07		0.20	7.3892	3.0000	4.3892	60	4.11	1,771,340	1,448,940	
1982/01		0.20	7.0652	3.0000	4.0652	60	3.91	1,771,340	1,487,760	
1982/07		0.30	6.3629	3.0000	3.3629	60	3.91	1,771,340	1,521,900	
1983/04		0.30	5.9917	3.0000	2.9917	60	7.60	1,771,340	1,561,920	
1983/07		0.40	6.9495	3.0000	3.9495	60	7.60	1,771,340	1,623,720	
1984/01		0.40	5.2447	3.0000	2.2447	60	90.34	1,792,596	1,644,780	
1984/07		0.50	4.1626	3.0000	1.1626	60	90.34	1,819,485	1,676,340	
1985/01		0.50	2.3097	2.3097		60	7.60	1,819,485	1,695,540	
1985/10		0.60	0.8522	0.8522		60	9.26	1,710,000	1,710,000	1
1986/01		0.60	0.8299	0.8299		60	9.26	1,710,000	1,724,220	
1986/07		0.70	0.2974	0.2974		60	9.44	1,710,000	1,720,920	
1987/01		0.70	1.0091	1.0091		60	9.44	1,710,000	1,751,700	
1987/07		0.80	0.9007	0.9007		60	9.44	1,710,000	1,765,380	
1988/01		0.80	0.9007	0.9007		60	18.38	1,710,000	1,779,720	
1988/07		0.90	0.5899	0.5899		60	18.38	1,710,000	1,778,760	
1989/01		0.90	0.5899	0.5899		60	15.23	1,710,000	1,789,260	
1989/07		1.00	0.5899	0.5899		60	15.23	1,710,000	1,801,380	
1990/01		1.00	0.5899	0.5899		60	19.18	1,710,000	1,810,440	
1990/07	32,397	1.00	0.5899	0.5899		60	19.18	1,742,397	1,821,120	
1991/01	12,882	1.00	0.5899	0.5899		60	18.03	1,755,279	1,831,800	
1991/07		1.00	1.4932	1.4932		60	18.03	1,755,279	1,859,160	
1992/01		1.00	2.0117	2.0117		60	20.37	1,755,279	1,896,540	
1992/07	130,052	1.00	1.8152	1.8152		60	22.10	1,885,331	1,930,980	
1993/01		1.00	1.7710	1.7710		60	22.10	1,885,331	1,965,180	
1993/07		1.00	1.5329	1.5329		60	28.07	1,900,081	1,995,300	
1994/01		1.00	1.6983	1.6983		60	28.07	1,916,550	2,029,200	
1994/07	45,522	1.00	1.5991	1.5991		60	32.70	1,980,293	2,061,660	



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 205796-00 - 2015/01

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
1995/01		1.00	1.5812	1.5812		60	32.70	1,998,910	2,094,240	
1995/07	90,902	1.00	1.5250	1.5250		60	41.53	2,112,830	2,126,160	
1996/01		1.00	1.7228	1.7228		60	41.53	2,140,315	2,162,820	
1996/07	72,892	1.00	1.3294	1.3294		60	36.58	2,191,560	2,191,560	8
1997/01		1.00	1.4109	1.4109		60	36.58	2,212,125	2,222,460	
1997/07	42,947	1.00	1.0917	1.0917		60	29.20	2,246,700	2,246,700	8
1998/01		1.00	1.1663	1.1663		60	29.20	2,260,612	2,272,920	6
1998/07	3,030,701	1.00	1.0794	1.0794		126	27.81	4,824,666	4,824,666	8
1999/01		1.00	1.4499	1.4499		126	27.81	4,860,037	4,894,596	
1999/07	119,532	1.00	1.2299	1.2299		126	31.24	4,954,824	4,954,824	8
2000/01		1.00	1.3356	1.3356		126	31.24	4,992,412	5,020,974	
2000/07	73,942	0.95	1.1129	1.1129		126	53.36	5,076,792	5,076,792	8
2001/01		0.95	1.2976	1.2976		126	53.36	5,137,508	5,142,690	
2001/07	87,158	0.90	0.9615	0.9615		126	56.80	5,192,082	5,192,082	8
2002/01	58,625	0.90	1.0301	1.0301		126	47.67	5,245,506	5,245,506	8
2002/07		0.85	0.8337	0.8337		126	47.67	5,277,722	5,289,228	
2003/01	68,011	0.85	1.3271	1.3271		126	52.32	5,359,410	5,359,410	8
2003/07		0.80	1.1664	1.1664		126	52.32	5,406,982	5,421,906	
2004/01		0.80	1.1103	1.1103		126	52.32	5,452,667	5,482,134	
2004/07	149,000	0.75	0.8378	0.8378		126	34.05	5,528,124	5,528,124	8
2005/01	67,771	0.75	0.8595	0.8595		126	31.43	5,575,626	5,575,626	8
2005/07		0.70	0.7364	0.7364		126	31.43	5,592,051	5,616,702	
2006/01		0.70	0.9068	0.9068		126	31.43	5,612,337	5,667,606	
2006/07	99,496	0.65	0.8133	0.8133		126	37.12	5,713,722	5,713,722	8
2007/01		0.65	1.0133	1.0133		126	37.12	5,713,722	5,771,556	5
2007/07	423,030	0.60	1.1050	1.1050		126	40.09	5,835,312	5,835,312	8
2008/01	705,835	0.60	0.8556	0.8556		126	48.81	5,885,208	5,885,208	8
2008/07		0.55	0.6104	0.6104		126	48.81	5,902,741	5,921,118	
2009/01	54,724	0.55	1.3268	1.3268		126	40.80	5,989,417	5,999,742	
2009/07		0.50	0.6841	0.6841		126	40.80	6,004,617	6,040,818	



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 205796-00 - 2015/01

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
2010/01		0.50	0.8643	0.8643		126	40.80	6,023,869	6,092,982	
2010/07	97,930	0.45	0.7107	0.7107		126	35.60	6,134,268	6,136,326	
2011/01	528,355	0.45	0.9198	0.9198		135	41.86	6,635,115	6,635,115	8
2011/07		0.40	0.9028	0.9028		135	41.86	6,653,350	6,695,055	
2012/01		0.40	0.3865	0.3865		135	41.86	6,661,179	6,720,975	
2012/07	78,360	0.35	0.9417	0.9417		135	48.21	6,758,784	6,784,290	
2013/01		0.35	0.4901	0.4901		135	48.21	6,768,944	6,817,500	
2013/07	44,671	0.30	0.6196	0.6196		135	52.84	6,825,704	6,859,755	
2014/01	45,269	0.30	0.8564	0.8564		135	50.85	6,887,185	6,918,480	
2014/07		0.25	1.2383	1.2383		135	50.85	6,906,899	7,004,205	
2015/01	134,687	0.25	0.7571	0.7571		135	53.54	7,054,314	7,057,260	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation
5 Uncorrected Licensure Deficiency
6 Not Limited to Current Per Bed Standard
8 Limited to Current RS Per Bed Standard |
|--|

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

Report Printed: 12/23/2014 ID: 205796083120140901201310172014090747



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 205800-00 - 2015/01

262.68

St. John's Nursing Home

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
3075 NW 35TH AVE	10/1/2012-9/30/2013	Number of Beds: 181	Superior: 0
LAUDERDALE LAKES, FL	Days in CR 365	Maximum: 66,065	Standard: 243
33311	First Used : 2014/07	Max Annualized: 66,065	Conditional: 0
County: Broward [6]	Last Used: 2015/01	Total Patient: 63,506	Total: 243
Region: South Area: 10	Unaudited	Medicare: 4,846	Inflation
Control: Nonprofit : Church	Initial CR? False	Medicaid: 48,516	FY Index: 1.30932625
Current Class South Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	76.39593%	Cost: 1.04757614
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	96.12654%	Target: 1.02563464
Open Date: 09/01/1980	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21150000
Acquired Date: 09/01/1980	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 09/01/1980	Weighted Low Occ Adjustment Factor:	122.74926%	DC Inflation: 1.03548907
Med # Active Date: 09/12/1980		100.00000%	PS Target: 1.03662091
Previous Med #			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,730,226	4,365,881	3,510,797	1,077,055	11,799	11,695,758	
1a	Audit Adjustments							
2	Cost Per Diem	56.2748	89.9885	72.3637	22.2000	0.2432	241.0702	
3	Cost Per Diem Inflated	58.9521	93.1821	75.8065				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.9521	93.1821	75.8065	22.2000	0.2432	250.3839	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.6102		76.3410				
7	Provider Target Rate	59.7199		79.1367				
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	93.1821	65.5807	13.6500	0.2432	229.3979	
12/13	Medical Adjustment Rate		2.7671	1.9474				
14	Prospective Per Diem 11	56.7419	95.9492	67.5281	13.6500	0.2432	234.1124	
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 205800-00 - 2015/01

262.68

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

St. John's Nursing Home

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:	6,150,000.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	6,781,664 10.1241
Indexed Asset Value	8,477,080	<60% of Base:	False	20% ROE(2):	1,695,416 0.4753
FRVS Base Asset:	4,560,000	Interest Rate:	6.4000%	Insurance Cost(3):	114,336 1.8004
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	6.4000%	Home Office(3):	68,443 1.0777
		Interest Only:	False	Replacement(3&4):	632,454 0.0000
		Yearly Payment:	601,966	Total FRVS PD:	13.4775

- (1) 80% Capital (\$6,781,664) amortized at 6.4000 % for 20 years Principal & Interest of \$601,966 divided by annual available days (66065) divided by Occup. Adj. (0.90) = \$10.1241
- (2) 20% ROE (\$1,695,416) times the ROE factor (0.016670) divided by annual available days (66065) divided by Occup. Adj. (0.90) = \$0.4753
- (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	160	Effective PBS Limitation	4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	95.9492	95.9492	1.6693	94.2799
Indirect Care	67.5281	67.5281	1.1748	66.3533
Property	13.6500	13.4775	0.2375	13.4125
ROE	0.2432	0.2196	0.0042	0.2390
ROE Adjustment	-0.2196	-0.2196	-0.0038	-0.2158
Quality Assess-Medicaid Share				22.9551
Supplemental Rate Add-on				9.9025
Totals	233.8928	233.6967	4.0692	262.6812

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: 9/30/2013

0 205800-00 - 2015/01

262.68

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	5,398,802	0.00	3.8106	3.0000	0.8106	160	13.23	5,398,802	3,627,680	
1981/01		0.10	4.6347	3.0000	1.6347	160	13.23	5,398,802	3,766,400	
1981/07		0.10	4.2235	3.0000	1.2235	160	13.23	5,398,802	3,863,840	
1982/01	47,850	0.20	3.8995	3.0000	0.8995	160	13.23	5,446,652	3,967,360	
1982/07		0.20	3.1971	3.0000	0.1971	160	13.23	5,446,652	4,058,400	
1983/04		0.30	2.8260	2.8260		160	15.36	5,446,652	4,165,120	
1983/07		0.30	3.9578	3.0000	0.9578	160	15.36	5,446,652	4,329,920	
1984/01		0.40	2.2530	2.2530		160	17.99	5,446,652	4,386,080	
1984/07		0.40	1.9179	1.9179		180	15.36	5,446,652	5,029,020	
1985/01		0.50	1.1471	1.1471		180	15.36	5,446,652	5,086,620	
1985/10	734,710	0.50	0.8522	0.8522		180	18.02	4,560,000	4,560,000	1
1986/01		0.60	0.8299	0.8299		180	18.02	4,560,000	5,172,660	
1986/07		0.60	0.2974	0.2974		160	23.28	4,560,000	4,589,120	
1987/01		0.70	1.0091	1.0091		160	23.28	4,560,000	4,671,200	
1987/07		0.70	0.9007	0.9007		160	30.76	4,576,080	4,707,680	
1988/01		0.80	0.9007	0.9007		160	30.76	4,594,522	4,745,920	
1988/07		0.80	0.5899	0.5899		160	47.65	4,613,306	4,743,360	
1989/01		0.90	0.5899	0.5899		160	47.65	4,634,525	4,771,360	
1989/07		0.90	0.5899	0.5899		160	61.19	4,659,130	4,803,680	
1990/01		1.00	0.5899	0.5899		160	61.19	4,686,614	4,827,840	
1990/07		1.00	0.5899	0.5899		160	51.09	4,712,295	4,856,320	
1991/01		1.00	0.5899	0.5899		160	51.09	4,738,117	4,884,800	
1991/07	203,960	1.00	1.4932	1.4932		160	56.77	5,012,827	4,957,760	
1992/01		1.00	2.0117	2.0117		160	56.77	5,113,670	5,057,440	
1992/07	43,145	1.00	1.8152	1.8152		160	62.68	5,249,638	5,149,280	
1993/01		1.00	1.7710	1.7710		160	62.68	5,342,609	5,240,480	
1993/07	34,097	1.00	1.5329	1.5329		160	68.14	5,458,603	5,320,800	
1994/01		1.00	1.6983	1.6983		160	68.14	5,551,306	5,411,200	
1994/07	63,651	1.00	1.5991	1.5991		160	77.30	5,703,728	5,497,760	
1995/01		1.00	1.5812	1.5812		160	77.30	5,793,915	5,584,640	



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: 9/30/2013

0 205800-00 - 2015/01

262.68

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		1.00	1.5250	1.5250		160	78.30	5,882,272	5,669,760	
1996/01		1.00	1.7228	1.7228		160	78.30	5,983,612	5,767,520	
1996/07		1.00	1.3294	1.3294		160	73.99	5,983,612	5,844,160	3
1997/01		1.00	1.4109	1.4109		160	73.99	5,983,612	5,926,560	3
1997/07	119,698	1.00	1.0917	1.0917		160	76.20	5,991,200	5,991,200	8
1998/01		1.00	1.1663	1.1663		160	76.20	6,061,075	6,061,120	
1998/07	79,942	1.00	1.0794	1.0794		160	77.15	6,126,560	6,126,560	8
1999/01		1.00	1.4499	1.4499		160	77.15	6,215,360	6,215,360	8
1999/07	77,032	1.00	1.2299	1.2299		160	75.85	6,291,840	6,291,840	8
2000/01		1.00	1.3356	1.3356		160	75.85	6,375,840	6,375,840	8
2000/07	95,258	1.00	1.1129	1.1129		160	74.10	6,446,720	6,446,720	8
2001/01		0.95	1.2976	1.2976		160	74.10	6,526,189	6,530,400	
2001/07	70,644	0.95	0.9615	0.9615		160	72.14	6,593,120	6,593,120	8
2002/01		0.90	1.0301	1.0301		160	72.14	6,654,245	6,660,960	
2002/07	66,729	0.90	0.8337	0.8337		160	70.63	6,716,480	6,716,480	8
2003/01		0.85	1.3271	1.3271		160	70.63	6,792,242	6,805,600	
2003/07	39,249	0.85	1.1664	1.1664		160	70.71	6,884,960	6,884,960	8
2004/01		0.80	1.1103	1.1103		160	70.71	6,946,112	6,961,440	
2004/07		0.80	0.8378	0.8378		160	70.68	6,992,665	7,019,840	
2005/01		0.75	0.8595	0.8595		160	72.40	7,037,740	7,080,160	
2005/07		0.75	0.7364	0.7364		160	72.40	7,076,609	7,132,320	
2006/01		0.70	0.9068	0.9068		160	72.40	7,121,531	7,196,960	
2006/07	101,630	0.70	0.8133	0.8133		160	63.70	7,255,520	7,255,520	8
2007/01		0.65	1.0133	1.0133		160	63.70	7,303,305	7,328,960	
2007/07	258,069	0.65	1.1050	1.1050		181	57.05	7,613,834	8,382,472	
2008/01		0.60	0.8556	0.8556		181	57.05	7,652,923	8,454,148	
2008/07	27,578	0.60	0.6104	0.6104		181	63.92	7,708,526	8,505,733	
2009/01		0.55	1.3268	1.3268		181	63.92	7,764,775	8,618,677	
2009/07	91,463	0.55	0.6841	0.6841		181	63.02	7,885,457	8,677,683	
2010/01		0.50	0.8643	0.8643		181	63.02	7,919,538	8,752,617	



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: 9/30/2013

0 205800-00 - 2015/01

262.68

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	48,712	0.50	0.7107	0.7107		181	62.59	7,968,250	8,814,881	5
2011/01		0.45	0.9198	0.9198		181	62.59	8,029,493	8,895,969	
2011/07	113,944	0.45	0.9028	0.9028		181	73.73	8,176,061	8,976,333	
2012/01		0.40	0.3865	0.3865		181	73.73	8,188,701	9,011,085	
2012/07	50,232	0.40	0.9417	0.9417		181	74.36	8,269,780	9,095,974	
2013/01		0.35	0.4901	0.4901		181	74.36	8,283,963	9,140,500	
2013/07		0.35	0.6196	0.6196		181	76.58	8,301,931	9,197,153	
2014/01		0.30	0.8564	0.8564		181	76.58	8,323,259	9,275,888	
2014/07	106,883	0.30	1.2383	1.2383		181	76.40	8,461,063	9,390,823	
2015/01		0.25	0.7571	0.7571		181	76.40	8,477,080	9,461,956	

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 205923-00 - 2015/01

273.22

Lourdes-Noreen McKeen Residence

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
315 S FLAGLER DR	1/1/2013-12/31/2013	Number of Beds: 132	Superior: 0
WEST PALM BEACH, FL 33401	Days in CR 365	Maximum: 48,180	Standard: 243
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 48,180	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 46,679	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 3,978	Inflation
Current Class South Large	Initial CR? False	Medicaid: 29,055	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	62.24426%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.88460%	Cost: 1.04340134
Open Date: 12/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 12/01/1980	Low Occupancy Adjustment Factor:	123.71727%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/1980	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	1,676,895	3,147,558	1,927,605	827,196		7,579,254	
1a	Audit Adjustments							
2	Cost Per Diem	57.7145	108.3310	66.3433	28.4700		260.8588	
3	Cost Per Diem Inflated	60.2194	111.8524	69.2227				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.2194	111.8524	69.2227	28.4700		269.7645	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	73.7256		62.6764				
7	Provider Target Rate	76.4255		64.9717				
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	99.8648	64.9717	13.6500		235.2284	
12/13	Medical Adjustment Rate		1.3756	0.8950				
14	Prospective Per Diem 11	56.7419	101.2404	65.8667	13.6500		237.4990	
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 205923-00 - 2015/01

273.22

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

Lourdes-Noreen McKeen Residence

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1993	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,400,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,929,929 12.7171
RS to Start Calcs:	1980/07	<60% of Base:	False	20% ROE(2):	1,232,482 0.5329
Indexed Asset Value	6,162,411	Interest Rate:	9.5000%	Insurance Cost(3):	329,420 7.0571
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	1,576,581 0.0000
		Yearly Payment:	551,441	Total FRVS PD:	20.3071

- (1) 80% Capital (\$4,929,929) amortized at 9.5000 % for 20 years Principal & Interest of \$551,441 divided by annual available days (48180) divided by Occup. Adj. (0.90) = \$12.7171
- (2) 20% ROE (\$1,232,482) times the ROE factor (0.018750) divided by annual available days (48180) divided by Occup. Adj. (0.90) = \$0.5329
- (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	101.2404	101.2404	1.7613	99.4791
Indirect Care	65.8667	65.8667	1.1459	64.7208
Property	13.6500	20.3071	0.3533	19.9538
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4121
Supplemental Rate Add-on				9.9025
Totals	237.4990	244.1561	4.2477	273.2230

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 205923-00 - 2015/01

273.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	4,135,620	0.00	3.8106	3.0000	0.8106	120	17.81	4,135,620	2,720,760	
1981/01		0.10	4.6347	3.0000	1.6347	120	17.81	4,135,620	2,824,800	
1981/07	614,546	0.10	4.2235	3.0000	1.2235	120	17.81	4,750,166	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	17.81	4,750,166	2,975,520	
1982/07		0.20	3.1971	3.0000	0.1971	120	100.00	4,778,667	3,043,800	
1983/04	25,150	0.30	2.8260	2.8260		120	100.00	4,844,331	3,123,840	
1983/07		0.30	3.9578	3.0000	0.9578	120	100.00	4,887,930	3,247,440	
1984/01		0.40	2.2530	2.2530		120	100.00	4,931,980	3,289,560	
1984/07		0.40	1.9179	1.9179		120	17.22	4,931,980	3,352,680	
1985/01		0.50	1.1471	1.1471		120	16.90	4,931,980	3,391,080	
1985/10		0.50	0.8522	0.8522		120	100.00	3,420,000	3,420,000	1
1986/01		0.60	0.8299	0.8299		120	100.00	3,437,028	3,448,440	
1986/07		0.60	0.2974	0.2974		120	100.00	3,443,160	3,441,840	
1987/01		0.70	1.0091	1.0091		120	100.00	3,467,482	3,503,400	
1987/07		0.70	0.9007	0.9007		120	22.23	3,467,482	3,530,760	
1988/01		0.80	0.9007	0.9007		120	22.23	3,467,482	3,559,440	
1988/07		0.80	0.5899	0.5899		120	26.24	3,475,289	3,557,520	
1989/01		0.90	0.5899	0.5899		120	26.24	3,484,091	3,578,520	
1989/07		0.90	0.5899	0.5899		120	25.28	3,492,593	3,602,760	
1990/01		1.00	0.5899	0.5899		120	25.28	3,502,063	3,620,880	
1990/07		1.00	0.5899	0.5899		120	25.28	3,511,558	3,642,240	
1991/01		1.00	0.5899	0.5899		120	30.86	3,523,181	3,663,600	
1991/07		1.00	1.4932	1.4932		120	30.86	3,552,699	3,718,320	
1992/01		1.00	2.0117	2.0117		120	30.34	3,592,124	3,793,080	
1992/07		1.00	1.8152	1.8152		120	31.86	3,629,895	3,861,960	
1993/01		1.00	1.7710	1.7710		120	31.86	3,667,134	3,930,360	
1993/07		1.00	1.5329	1.5329		120	39.16	3,707,158	3,990,600	
1994/01		1.00	1.6983	1.6983		120	39.16	3,751,985	4,058,400	
1994/07		1.00	1.5991	1.5991		120	42.85	3,798,729	4,123,320	
1995/01		1.00	1.5812	1.5812		120	42.85	3,845,525	4,188,480	



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 205923-00 - 2015/01

273.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	65,258	1.00	1.5250	1.5250		120	41.84	3,955,395	4,252,320	
1996/01		1.00	1.7228	1.7228		120	41.84	4,007,234	4,325,640	
1996/07	43,771	1.00	1.3294	1.3294		120	47.51	4,097,022	4,383,120	
1997/01		1.00	1.4109	1.4109		120	47.51	4,146,955	4,444,920	
1997/07	133,055	1.00	1.0917	1.0917		120	48.05	4,319,562	4,493,400	
1998/01		1.00	1.1663	1.1663		120	48.05	4,363,575	4,545,840	
1998/07	23,798	1.00	1.0794	1.0794		120	47.98	4,428,462	4,594,920	
1999/01		1.00	1.4499	1.4499		120	47.98	4,484,475	4,661,520	
1999/07	6,175,040	1.00	1.2299	1.2299		120	48.83	4,718,880	4,718,880	8
2000/01		1.00	1.3356	1.3356		120	48.83	4,774,835	4,781,880	
2000/07		1.00	1.1129	1.1129		120	48.83	4,822,013	4,835,040	
2001/01		0.95	1.2976	1.2976		120	41.68	4,867,058	4,897,800	
2001/07		0.95	0.9615	0.9615		132	38.21	4,897,943	5,439,324	
2002/01		0.90	1.0301	1.0301		132	38.21	4,929,490	5,495,292	
2002/07		0.90	0.8337	0.8337		132	43.15	4,958,507	5,541,096	
2003/01		0.85	1.3271	1.3271		132	43.15	5,002,388	5,614,620	
2003/07		0.85	1.1664	1.1664		132	49.84	5,047,329	5,680,092	
2004/01		0.80	1.1103	1.1103		132	49.84	5,087,953	5,743,188	
2004/07	92,907	0.80	0.8378	0.8378		132	51.65	5,212,882	5,791,368	
2005/01		0.75	0.8595	0.8595		132	51.65	5,244,438	5,841,132	
2005/07		0.75	0.7364	0.7364		132	48.35	5,269,901	5,884,164	
2006/01		0.70	0.9068	0.9068		132	48.35	5,299,310	5,937,492	
2006/07		0.70	0.8133	0.8133		132	48.35	5,325,831	5,985,804	
2007/01		0.65	1.0133	1.0133		132	47.24	5,355,958	6,046,392	
2007/07	180,333	0.65	1.1050	1.1050		132	49.73	5,571,077	6,113,184	
2008/01		0.60	0.8556	0.8556		132	49.73	5,596,938	6,165,456	
2008/07		0.60	0.6104	0.6104		132	48.34	5,614,952	6,203,076	
2009/01		0.55	1.3268	1.3268		132	48.34	5,650,963	6,285,444	
2009/07		0.55	0.6841	0.6841		132	53.39	5,671,605	6,328,476	
2010/01		0.50	0.8643	0.8643		132	53.39	5,695,400	6,383,124	



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 205923-00 - 2015/01

273.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		132	53.89	5,715,233	6,428,532	
2011/01		0.45	0.9198	0.9198		132	53.89	5,738,411	6,487,668	
2011/07		0.45	0.9028	0.9028		132	53.89	5,761,256	6,546,276	
2012/01		0.40	0.3865	0.3865		132	58.53	5,770,163	6,571,620	
2012/07		0.40	0.9417	0.9417		132	64.16	5,791,899	6,633,528	
2013/01		0.35	0.4901	0.4901		132	64.16	5,801,832	6,666,000	
2013/07	68,636	0.35	0.6196	0.6196		132	62.96	5,883,052	6,707,316	
2014/01		0.30	0.8564	0.8564		132	62.96	5,898,166	6,764,736	
2014/07	230,690	0.30	1.2383	1.2383		132	62.24	6,150,768	6,848,556	
2015/01		0.25	0.7571	0.7571		132	62.24	6,162,411	6,900,432	

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: 205923123120130101201303202014175515



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 206300-00 - 2015/01

254.70

Suwannee Valley Nursing 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
427 15TH AVENUE NORTHWEST JASPER, FL 32052-5874	9/1/2012-8/31/2013	Number of Beds: 60	Superior: 0
County: Hamilton [24]	Days in CR 365	Maximum: 21,900	Standard: 243
Region: North Area: 3	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Control: Nonprofit : 501(c)(3) Organization	Last Used: 2015/01	Total Patient: 21,297	Total: 243
Current Class North Small	Unaudited	Medicare: 1,919	Inflation
Class at 1/94: North Small	Initial CR? False	Medicaid: 18,543	FY Index: 1.30580299
Operating Ex > 18 months	Medical Utilization	87.06860%	Semester Index: 1.37161894
Open Date: 07/01/1969	Occupancy:	97.24658%	Cost: 1.05040266
Acquired Date: 07/01/1969	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Entered Medicaid 07/01/1969	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Med # Active Date: 07/01/1981	Low Occupancy Adjustment Factor:	124.17950%	DC Sem Index: 1.25449501
Previous Med #	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	932,956	1,637,583	1,083,449	108,106	7,458	3,769,552	
1a	Audit Adjustments							
2	Cost Per Diem	50.3131	88.3127	58.4290	5.8300	0.4022	203.2870	
3	Cost Per Diem Inflated	52.8490	91.5224	61.3740				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.8490	91.5224	61.3740	5.8300	0.4022	211.9776	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.7973		58.4050				
7	Provider Target Rate	67.1702		60.5438				
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	52.8490	91.5224	60.5438	5.8300	0.4022	211.1474	
12/13	Medical Adjustment Rate		3.8167	2.5248				
14	Prospective Per Diem 11	52.8490	95.3391	63.0686	5.8300	0.4022	217.4889	
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 206300-00 - 2015/01

254.70

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

Suwannee Valley Nursing 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:	237,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	1,921,078 12.1179
Indexed Asset Value	2,401,347	<60% of Base:	True	20% ROE(2):	480,269 0.3833
FRVS Base Asset:	463,784	Interest Rate:	8.5000%	Insurance Cost(3):	22,009 1.0334
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.015730	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
		Interest Only:	True	Replacement(3&4):	98,847 0.0000
		Yearly Payment:	238,843	Total FRVS PD:	13.5346

(1) 80% Capital (\$1,921,078) amortized at 12.5000 % for 20 years Interest of \$238,843 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$12.1179

(2) 20% ROE (\$480,269) times the ROE factor (0.015730) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3833

(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	52.8490	52.8490	0.9194	51.9296
Direct Care	95.3391	95.3391	1.6587	93.6804
Indirect Care	63.0686	63.0686	1.0972	61.9714
Property	5.8300	13.5346	0.2355	13.2991
ROE	0.4022	0.2447	0.0043	0.2404
ROE Adjustment	-0.2447	-0.2447	-0.0043	-0.2404
Quality Assess-Medicaid Share				23.9157
Supplemental Rate Add-on				9.9025
Totals	217.2442	224.7913	3.9108	254.6987

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: 8/31/2013

0 206300-00 - 2015/01

254.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	264,900	0.10	3.9787	3.0000	0.9787	60	100.00	264,900	640,140	
1972/07		0.10	5.9113	3.0000	2.9113	60	100.00	265,695	671,700	
1973/01		0.20	8.0622	3.0000	5.0622	60	100.00	267,289	706,320	
1973/07		0.20	10.7186	3.0000	7.7186	60	100.00	268,893	746,280	
1974/01		0.30	12.9457	3.0000	9.9457	60	100.00	271,313	785,280	
1974/07		0.30	13.0494	3.0000	10.0494	60	100.00	273,755	809,640	
1975/01		0.40	13.1399	3.0000	10.1399	60	100.00	277,040	834,660	
1975/07		0.40	14.2033	3.0000	11.2033	60	100.00	280,364	868,620	
1976/01		0.50	15.2478	3.0000	12.2478	60	100.00	284,569	903,720	
1976/07		0.50	15.7330	3.0000	12.7330	60	100.00	288,838	935,220	
1977/01		0.60	16.4836	3.0000	13.4836	60	100.00	294,037	970,320	
1977/07		0.60	18.5412	3.0000	15.5412	60	100.00	299,330	1,019,340	
1978/01		0.70	20.2809	3.0000	17.2809	60	100.00	305,616	1,067,700	
1978/07		0.70	22.8203	3.0000	19.8203	60	100.00	312,034	1,126,800	
1979/01		0.80	24.9476	3.0000	21.9476	60	100.00	319,523	1,184,580	
1979/07		0.80	26.1458	3.0000	23.1458	60	100.00	327,192	1,234,320	
1980/01		0.90	29.3115	3.0000	26.3115	60	55.00	336,026	1,310,460	
1980/07		0.90	30.1222	3.0000	27.1222	60	55.00	345,099	1,360,380	
1981/01		1.00	30.9462	3.0000	27.9462	60	55.00	355,452	1,412,400	
1981/07		1.00	30.5350	3.0000	27.5350	60	55.00	366,116	1,448,940	
1982/01		1.00	30.2110	3.0000	27.2110	60	83.81	377,099	1,487,760	
1982/07		1.00	29.5087	3.0000	26.5087	60	100.00	388,412	1,521,900	
1983/04		1.00	29.1375	3.0000	26.1375	60	100.00	400,064	1,561,920	
1983/07		1.00	30.0953	3.0000	27.0953	60	79.66	412,066	1,623,720	
1984/01		1.00	28.3905	3.0000	25.3905	60	100.00	424,428	1,644,780	
1984/07		1.00	27.3084	3.0000	24.3084	60	100.00	437,161	1,676,340	
1985/01		1.00	25.4555	3.0000	22.4555	60	87.12	450,276	1,695,540	
1985/10		1.00	23.3077	3.0000	20.3077	60	87.12	463,784	1,710,000	
1986/01		1.00	21.1376	3.0000	18.1376	60	84.96	477,698	1,724,220	
1986/07		1.00	18.4350	3.0000	15.4350	60	84.96	492,029	1,720,920	



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: 8/31/2013

0 206300-00 - 2015/01

254.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	60	81.53	506,790	1,751,700	
1987/07		1.00	14.3448	3.0000	11.3448	60	81.53	521,994	1,765,380	
1988/01		1.00	12.2455	3.0000	9.2455	60	81.25	537,654	1,779,720	
1988/07		1.00	9.8354	3.0000	6.8354	60	81.25	553,784	1,778,760	
1989/01		1.00	7.4253	3.0000	4.4253	60	85.47	570,398	1,789,260	
1989/07		1.00	5.0152	3.0000	2.0152	60	85.47	587,510	1,801,380	
1990/01		1.00	2.6051	2.6051		60	86.15	602,815	1,810,440	
1990/07		1.00	0.5899	0.5899		60	86.15	606,371	1,821,120	
1991/01		1.00	0.5899	0.5899		60	87.95	609,948	1,831,800	
1991/07		1.00	1.4932	1.4932		60	87.95	619,056	1,859,160	
1992/01		0.95	2.0117	2.0117		60	88.26	630,887	1,896,540	
1992/07		0.95	1.8152	1.8152		60	88.26	641,766	1,930,980	
1993/01		0.90	1.7710	1.7710		60	85.65	651,995	1,965,180	
1993/07		0.90	1.5329	1.5329		60	85.65	660,990	1,995,300	
1994/01	35,611	0.85	1.6983	1.6983		60	88.80	706,143	2,029,200	
1994/07		0.85	1.5991	1.5991		60	88.80	715,741	2,061,660	
1995/01	22,346	0.80	1.5812	1.5812		60	83.73	747,141	2,094,240	
1995/07		0.80	1.5250	1.5250		60	83.73	756,256	2,126,160	
1996/01	718,393	0.75	1.7228	1.7228		60	85.99	1,484,421	2,162,820	
1996/07		0.75	1.3294	1.3294		60	85.99	1,499,222	2,191,560	
1997/01		0.70	1.4109	1.4109		60	85.99	1,514,028	2,222,460	
1997/07	12,082	0.70	1.0917	1.0917		60	85.55	1,537,680	2,246,700	
1998/01	69,430	0.65	1.1663	1.1663		60	94.21	1,618,767	2,272,920	
1998/07		0.65	1.0794	1.0794		60	94.21	1,630,124	2,297,460	
1999/01	38,307	0.60	1.4499	1.4499		60	89.66	1,682,611	2,330,760	
1999/07		0.60	1.2299	1.2299		60	89.66	1,695,027	2,359,440	
2000/01		0.55	1.3356	1.3356		60	90.44	1,707,479	2,390,940	
2000/07		0.55	1.1129	1.1129		60	90.44	1,717,930	2,417,520	
2001/01	18,439	0.50	1.2976	1.2976		60	92.43	1,747,515	2,448,900	
2001/07		0.50	0.9615	0.9615		60	92.43	1,755,917	2,472,420	



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: 8/31/2013

0 206300-00 - 2015/01

254.70

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		0.45	1.0301	1.0301		60	86.40	1,764,056	2,497,860	
2002/07		0.45	0.8337	0.8337		60	86.40	1,770,675	2,518,680	
2003/01		0.40	1.3271	1.3271		60	85.34	1,780,074	2,552,100	
2003/07		0.40	1.1664	1.1664		60	85.34	1,788,380	2,581,860	
2004/01	12,550	0.35	1.1103	1.1103		60	90.90	1,807,880	2,610,540	
2004/07		0.35	0.8378	0.8378		60	90.90	1,813,181	2,632,440	
2005/01		0.30	0.8595	0.8595		60	90.90	1,817,857	2,655,060	
2005/07		0.30	0.7364	0.7364		60	92.94	1,821,873	2,674,620	
2006/01		0.25	0.9068	0.9068		60	87.52	1,826,003	2,698,860	
2006/07		0.25	0.8133	0.8133		60	87.52	1,829,715	2,720,820	
2007/01		0.20	1.0133	1.0133		60	89.66	1,833,424	2,748,360	
2007/07		0.20	1.1050	1.1050		60	89.66	1,837,476	2,778,720	
2008/01		0.15	0.8556	0.8556		60	89.66	1,839,833	2,802,480	
2008/07		0.15	0.6104	0.6104		60	86.89	1,841,518	2,819,580	
2009/01		0.10	1.3268	1.3268		60	86.89	1,843,962	2,857,020	
2009/07		0.10	0.6841	0.6841		60	86.69	1,845,223	2,876,580	
2010/01		0.05	0.8643	0.8643		60	86.69	1,846,020	2,901,420	
2010/07		0.05	0.7107	0.7107		60	89.26	1,846,675	2,922,060	
2011/01		0.00	0.9198	0.9198		60	89.26	1,846,675	2,948,940	
2011/07	33,070	0.00	0.9028	0.9028		60	88.80	1,879,745	2,975,580	
2012/01		0.00	0.3865	0.3865		60	88.80	1,879,745	2,987,100	
2012/07		0.00	0.9417	0.9417		60	86.09	1,879,745	3,015,240	
2013/01		0.00	0.4901	0.4901		60	86.09	1,879,745	3,030,000	
2013/07		0.00	0.6196	0.6196		60	84.59	1,879,745	3,048,780	
2014/01		0.00	0.8564	0.8564		60	84.59	1,879,745	3,074,880	
2014/07	521,602	0.00	1.2383	1.2383		60	87.07	2,401,347	3,112,980	
2015/01		0.00	0.7571	0.7571		60	87.07	2,401,347	3,136,560	

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 206431-00 - 2015/01

243.39

Morton Plant Rehabilitation Center

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
400 CORBETT ST	1/1/2013-12/31/2013	Number of Beds: 126	Superior: 243
BELLEAIR, FL 33756	Days in CR 365	Maximum: 45,990	Standard: 0
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 45,990	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 41,189	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 17,237	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 8,805	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	21.37707%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.56077%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1983	Low Occupancy Adjustment Factor:	114.36507%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1983	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	834,783	922,076	1,025,548	164,918		2,947,325	
1a	Audit Adjustments							
2	Cost Per Diem	94.8078	104.7218	116.4734	18.7300		334.7330	
3	Cost Per Diem Inflated	98.9226	108.1259	121.5285				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	98.9226	108.1259	121.5285	18.7300		347.3070	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	95.4900		88.5577				
7	Provider Target Rate	98.9869		91.8008				
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	98.1484	63.5578	13.6500		229.5111	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1549	98.1484	63.5578	13.6500		229.5111	
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 206431-00 - 2015/01

243.39

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

Morton Plant Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	570,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,065,408 6.2039
RS to Start Calcs:	1982/07	<60% of Base:	True	20% ROE(2):	516,352 0.2339
Indexed Asset Value	2,581,760	Interest Rate:	9.3400%	Insurance Cost(3):	0 0.0000
FRVS Base Asset:	1,906,865	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	251,838 6.1142
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	101,420 0.0000
		Yearly Payment:	256,787	Total FRVS PD:	12.5520

(1) 80% Capital (\$2,065,408) amortized at 12.5000 % for 20 years Interest of \$256,787 divided by annual available days (45990) divided by Occup. Adj. (0.90) = \$6.2039

(2) 20% ROE (\$516,352) times the ROE factor (0.018750) divided by annual available days (45990) divided by Occup. Adj. (0.90) = \$0.2339

(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	124	Effective PBS Limitation	3,534,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	13.6500	12.5520	0.2184	12.3336
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				9.0472
Supplemental Rate Add-on				9.9025
Totals	229.5111	228.4131	3.9739	243.3889

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 206431-00 - 2015/01

243.39

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,898,777	0.00	2.6288	2.6288		124	5.27	1,898,777	3,227,968	
1983/07		0.10	3.9578	3.0000	0.9578	124	5.27	1,898,777	3,355,688	
1984/01	8,088	0.10	2.2530	2.2530		124	5.13	1,906,865	3,399,212	
1984/07		0.20	1.9179	1.9179		126	5.27	1,906,865	3,520,314	
1985/01		0.20	1.1471	1.1471		126	5.27	1,906,865	3,560,634	
1985/10		0.30	0.8522	0.8522		124	5.27	1,906,865	3,534,000	
1986/01		0.30	0.8299	0.8299		124	5.27	1,906,865	3,563,388	
1986/07		0.40	0.2974	0.2974		124	4.71	1,906,865	3,556,568	
1987/01		0.40	1.0091	1.0091		124	4.71	1,906,865	3,620,180	
1987/07		0.50	0.9007	0.9007		124	5.94	1,906,865	3,648,452	
1988/01		0.50	0.9007	0.9007		124	5.94	1,906,865	3,678,088	
1988/07		0.60	0.5899	0.5899		124	9.76	1,906,865	3,676,104	
1989/01		0.60	0.5899	0.5899		124	9.76	1,906,865	3,697,804	
1989/07		0.70	0.5899	0.5899		124	11.19	1,906,865	3,722,852	
1990/01		0.70	0.5899	0.5899		124	11.19	1,906,865	3,741,576	
1990/07		0.80	0.5899	0.5899		124	11.73	1,906,865	3,763,648	
1991/01		0.80	0.5899	0.5899		124	11.73	1,906,865	3,785,720	
1991/07		0.90	1.4932	1.4932		124	14.95	1,906,865	3,842,264	
1992/01		0.90	2.0117	2.0117		124	14.95	1,906,865	3,919,516	
1992/07		1.00	1.8152	1.8152		124	15.90	1,906,865	3,990,692	
1993/01		1.00	1.7710	1.7710		124	15.90	1,906,865	4,061,372	
1993/07	69,623	1.00	1.5329	1.5329		124	18.27	1,976,488	4,123,620	
1994/01		1.00	1.6983	1.6983		124	18.27	1,976,488	4,193,680	
1994/07		1.00	1.5991	1.5991		124	19.07	1,976,488	4,260,764	
1995/01		1.00	1.5812	1.5812		124	19.07	1,976,488	4,328,096	
1995/07		1.00	1.5250	1.5250		126	18.68	1,976,488	4,464,936	
1996/01		1.00	1.7228	1.7228		126	18.68	1,976,488	4,541,922	
1996/07		1.00	1.3294	1.3294		126	19.33	1,976,488	4,602,276	
1997/01		1.00	1.4109	1.4109		126	19.33	1,976,488	4,667,166	
1997/07		1.00	1.0917	1.0917		126	20.92	1,976,488	4,718,070	



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 206431-00 - 2015/01

243.39

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		1.00	1.1663	1.1663		126	20.92	1,976,488	4,773,132	
1998/07		1.00	1.0794	1.0794		126	18.74	1,976,488	4,824,666	
1999/01		1.00	1.4499	1.4499		126	18.74	1,976,488	4,894,596	
1999/07		1.00	1.2299	1.2299		126	11.57	1,976,488	4,954,824	
2000/01		1.00	1.3356	1.3356		126	11.57	1,976,488	5,020,974	
2000/07		1.00	1.1129	1.1129		126	13.75	1,976,488	5,076,792	
2001/01		1.00	1.2976	1.2976		126	13.75	1,976,488	5,142,690	
2001/07		1.00	0.9615	0.9615		126	11.06	1,976,488	5,192,082	
2002/01		1.00	1.0301	1.0301		126	11.06	1,976,488	5,245,506	
2002/07		1.00	0.8337	0.8337		126	7.25	1,976,488	5,289,228	
2003/01		1.00	1.3271	1.3271		126	7.25	1,976,488	5,359,410	
2003/07		0.95	1.1664	1.1664		126	7.25	1,976,488	5,421,906	
2004/01	61,417	0.95	1.1103	1.1103		126	8.61	2,037,905	5,482,134	
2004/07	212,720	0.90	0.8378	0.8378		126	8.64	2,250,625	5,528,124	
2005/01		0.90	0.8595	0.8595		126	8.64	2,250,625	5,575,626	
2005/07	30,851	0.85	0.7364	0.7364		126	9.55	2,281,476	5,616,702	
2006/01		0.85	0.9068	0.9068		126	9.55	2,281,476	5,667,606	
2006/07		0.80	0.8133	0.8133		126	9.55	2,281,476	5,713,722	
2007/01	26,941	0.80	1.0133	1.0133		120	10.42	2,308,417	5,496,720	
2007/07		0.75	1.1050	1.1050		120	10.42	2,308,417	5,557,440	
2008/01	24,943	0.75	0.8556	0.8556		126	11.86	2,333,360	5,885,208	
2008/07		0.70	0.6104	0.6104		126	11.86	2,333,360	5,921,118	
2009/01	49,742	0.70	1.3268	1.3268		126	13.09	2,383,102	5,999,742	
2009/07		0.65	0.6841	0.6841		126	13.09	2,383,102	6,040,818	
2010/01		0.65	0.8643	0.8643		126	13.94	2,383,102	6,092,982	
2010/07		0.60	0.7107	0.7107		126	13.94	2,383,102	6,136,326	
2011/01	54,495	0.60	0.9198	0.9198		126	19.45	2,437,597	6,192,774	
2011/07		0.55	0.9028	0.9028		126	19.45	2,437,597	6,248,718	
2012/01	86,736	0.55	0.3865	0.3865		126	17.95	2,524,333	6,272,910	
2012/07		0.50	0.9417	0.9417		126	17.95	2,524,333	6,332,004	



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 206431-00 - 2015/01

243.39

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	57,427	0.50	0.4901	0.4901		126	17.95	2,581,760	6,363,000	
2013/07		0.45	0.6196	0.6196		126	17.95	2,581,760	6,402,438	
2014/01		0.45	0.8564	0.8564		126	17.95	2,581,760	6,457,248	
2014/07		0.40	1.2383	1.2383		126	17.95	2,581,760	6,537,258	
2015/01		0.40	0.7571	0.7571		126	17.87	2,581,760	6,586,776	

Message Code:

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

Report Printed: 12/23/2014 ID: 206431123120130101201312072014112918



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 206521-00 - 2015/01

249.77

Saint Andrews Estates North

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
6152 N VERDE TRAIL	1/1/2013-12/31/2013	Number of Beds: 119	Superior: 0
BOCA RATON, FL 33433	Days in CR 365	Maximum: 43,435	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 43,435	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 26,249	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,606	Inflation
Current Class South Large	Initial CR? False	Medicaid: 4,174	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	15.90156%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	60.43283%	Cost: 1.04340134
Open Date: 12/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/01/1982	Low Occupancy Adjustment Factor:	77.17000%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1986	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	234,147	423,284	407,469	98,506		1,163,406	
1a	Audit Adjustments							
2	Cost Per Diem	56.0966	101.4096	97.6207	23.5999		278.7268	
3	Cost Per Diem Inflated	58.5313	104.7060	101.8576				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.5313	104.7060	101.8576	23.5999		288.6948	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.7229		87.0513				
7	Provider Target Rate	66.0565		90.2392				
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	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
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Nursing Home Medicaid Reimbursement Rate

0 206521-00 - 2015/01

249.77

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

Saint Andrews Estates North

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:	2,324,046.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed	80% Capital(1):	4,146,706	12.4956
Indexed Asset Value	5,183,383	<60% of Base:	False	20% ROE(2):	1,036,677	0.4972
FRVS Base Asset:	3,420,000	Interest Rate:	10.2500%	Insurance Cost(3):	39,146	1.4913
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	82,255	3.1336
ROE Factor	0.018750	Amortization Rate:	10.2500%	Home Office(3):	113,038	4.3064
		Interest Only:	False	Replacement(3&4):	14,791,476	0.0000
		Yearly Payment:	488,470	Total FRVS PD:		21.9241

- (1) 80% Capital (\$4,146,706) amortized at 10.2500 % for 20 years Principal & Interest of \$488,470 divided by annual available days (43435) divided by Occup. Adj. (0.90) = \$12.4956
- (2) 20% ROE (\$1,036,677) times the ROE factor (0.018750) divided by annual available days (43435) 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	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	21.9241	0.3814	21.5427
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	235.8374	244.1115	4.2469	249.7671

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 206521-00 - 2015/01

249.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	3,420,000	0.00	2.6760	2.6760		120		3,420,000	2,975,520	
1982/07		0.10	2.2977	2.2977		120		3,420,000	3,043,800	
1983/04		0.10	2.6288	2.6288		120		3,420,000	3,123,840	
1983/07		0.20	3.9578	3.0000	0.9578	120		3,420,000	3,247,440	
1984/01		0.20	2.2530	2.2530		60	85.00	3,435,411	1,644,780	
1984/07		0.30	1.9179	1.9179		60	85.00	3,455,178	1,676,340	
1985/01		0.30	1.1471	1.1471		60	85.00	3,467,067	1,695,540	
1985/10		0.40	0.8522	0.8522		120	2.13	3,420,000	3,420,000	1
1986/01		0.40	0.8299	0.8299		120	2.13	3,420,000	3,448,440	
1986/07		0.50	0.2974	0.2974		120	2.13	3,420,000	3,441,840	
1987/01		0.50	1.0091	1.0091		120	5.22	3,420,000	3,503,400	
1987/07		0.60	0.9007	0.9007		120	5.22	3,420,000	3,530,760	
1988/01		0.60	0.9007	0.9007		120	9.61	3,420,000	3,559,440	
1988/07		0.70	0.5899	0.5899		120	9.61	3,420,000	3,557,520	
1989/01		0.70	0.5899	0.5899		120	8.44	3,420,000	3,578,520	
1989/07		0.80	0.5899	0.5899		120	8.44	3,420,000	3,602,760	
1990/01		0.80	0.5899	0.5899		120	6.70	3,420,000	3,620,880	5
1990/07		0.90	0.5899	0.5899		120	6.70	3,420,000	3,642,240	
1991/01		0.90	0.5899	0.5899		120	5.42	3,420,000	3,663,600	
1991/07		1.00	1.4932	1.4932		120	5.42	3,420,000	3,718,320	
1992/01		1.00	2.0117	2.0117		120	5.42	3,420,000	3,793,080	
1992/07		1.00	1.8152	1.8152		120	4.98	3,420,000	3,861,960	
1993/01		1.00	1.7710	1.7710		120	2.88	3,420,000	3,930,360	
1993/07		1.00	1.5329	1.5329		120	2.88	3,420,000	3,990,600	
1994/01		1.00	1.6983	1.6983		120	2.59	3,420,000	4,058,400	
1994/07		1.00	1.5991	1.5991		120	2.59	3,420,000	4,123,320	
1995/01	73,100	1.00	1.5812	1.5812		120	4.10	3,493,100	4,188,480	
1995/07		1.00	1.5250	1.5250		120	4.10	3,493,100	4,252,320	
1996/01		1.00	1.7228	1.7228		120	5.39	3,493,100	4,325,640	
1996/07		1.00	1.3294	1.3294		120	5.39	3,493,100	4,383,120	



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 206521-00 - 2015/01

249.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		120	4.24	3,493,100	4,444,920	
1997/07		1.00	1.0917	1.0917		120	3.01	3,493,100	4,493,400	
1998/01		1.00	1.1663	1.1663		120	3.01	3,493,100	4,545,840	
1998/07		1.00	1.0794	1.0794		120	3.01	3,493,100	4,594,920	
1999/01		1.00	1.4499	1.4499		120	1.02	3,493,100	4,661,520	
1999/07		1.00	1.2299	1.2299		120	1.84	3,493,100	4,718,880	
2000/01		1.00	1.3356	1.3356		120	1.84	3,493,100	4,781,880	
2000/07		1.00	1.1129	1.1129		120	1.84	3,493,100	4,835,040	
2001/01	2,250,678	1.00	1.2976	1.2976		120	1.84	4,897,800	4,897,800	8
2001/07	1,300,632	1.00	0.9615	0.9615		120	3.92	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	3.92	4,944,840	4,995,720	
2002/07		0.95	0.8337	0.8337		120	3.92	4,944,840	5,037,360	
2003/01	289,764	0.95	1.3271	1.3271		120	4.70	5,104,200	5,104,200	8
2003/07		0.90	1.1664	1.1664		120	4.70	5,104,200	5,163,720	
2004/01	63,229	0.90	1.1103	1.1103		119	6.12	5,167,429	5,177,571	
2004/07		0.85	0.8378	0.8378		119	6.12	5,167,429	5,221,006	
2005/01		0.85	0.8595	0.8595		119	9.66	5,167,429	5,265,869	
2005/07		0.80	0.7364	0.7364		119	9.66	5,167,429	5,304,663	
2006/01		0.80	0.9068	0.9068		119	9.67	5,167,429	5,352,739	
2006/07		0.75	0.8133	0.8133		119	9.67	5,167,429	5,396,293	
2007/01		0.75	1.0133	1.0133		119	11.62	5,167,429	5,450,914	
2007/07		0.70	1.1050	1.1050		119	11.62	5,167,429	5,511,128	
2008/01		0.70	0.8556	0.8556		119	14.68	5,167,429	5,558,252	
2008/07		0.65	0.6104	0.6104		119	14.68	5,167,429	5,592,167	
2009/01		0.65	1.3268	1.3268		119	14.90	5,167,429	5,666,423	
2009/07		0.60	0.6841	0.6841		119	14.90	5,167,429	5,705,217	
2010/01		0.60	0.8643	0.8643		119	22.69	5,167,429	5,754,483	
2010/07		0.55	0.7107	0.7107		119	22.69	5,167,429	5,795,419	
2011/01		0.55	0.9198	0.9198		119	22.85	5,167,429	5,848,731	
2011/07		0.50	0.9028	0.9028		119	22.85	5,167,429	5,901,567	



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 206521-00 - 2015/01

249.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		119	27.50	5,172,423	5,924,415	
2012/07		0.45	0.9417	0.9417		119	27.50	5,183,383	5,980,226	
2013/01		0.45	0.4901	0.4901		119	17.21	5,183,383	6,009,500	
2013/07		0.40	0.6196	0.6196		119	17.21	5,183,383	6,046,747	
2014/01		0.40	0.8564	0.8564		119	18.28	5,183,383	6,098,512	
2014/07		0.35	1.2383	1.2383		119	18.28	5,183,383	6,174,077	
2015/01		0.35	0.7571	0.7571		119	15.90	5,183,383	6,220,844	

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: 206521123120130101201305222014154011



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 206610-00 - 2015/01

270.13

The Waterford

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
601 UNIVERSE BLVD	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
JUNO BEACH, FL 33408	Days in CR 365	Maximum: 21,900	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 20,122	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,218	Inflation
Current Class South Small	Initial CR? False	Medicaid: 1,915	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	9.51695%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.88128%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 04/01/1982	Low Occupancy Adjustment Factor:	117.32825%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/1982	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	115,238	193,301	180,639	55,554		544,732	
1a	Audit Adjustments							
2	Cost Per Diem	60.1765	100.9404	94.3285	29.0099		284.4553	
3	Cost Per Diem Inflated	62.7882	104.2216	98.4225				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.7882	104.2216	98.4225	29.0099		294.4422	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	73.5346		102.7662				
7	Provider Target Rate	76.2275		106.5296				
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	104.2216	82.3953	13.6500		262.4385	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	104.2216	82.3953	13.6500		262.4385	
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 206610-00 - 2015/01

270.13

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

The Waterford

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,116,720.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,482,796 8.7538
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	370,699 0.3526
Indexed Asset Value	1,853,495	Interest Rate:	10.0700%	Insurance Cost(3):	99,766 4.9581
FRVS Base Asset:	1,710,000	Chase Rate:	13.0000%	Taxes Cost(3):	34,580 1.7185
Occup Adj Factor	0.9000	Amortization Rate:	10.0700%	Home Office(3):	5,224 0.2596
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	2,118,083 0.0000
		Yearly Payment:	172,538	Total FRVS PD:	16.0426

(1) 80% Capital (\$1,482,796) amortized at 10.0700 % for 20 years Principal & Interest of \$172,538 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$8.7538

(2) 20% ROE (\$370,699) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3526

(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	62.1716	62.1716	1.0816	61.0900
Direct Care	104.2216	104.2216	1.8132	102.4084
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	13.6500	16.0426	0.2791	15.7635
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	262.4385	264.8311	4.6074	270.1262

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 206610-00 - 2015/01

270.13

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	1,791,539	0.00	2.2977	2.2977		60	2.42	1,791,539	1,521,900	
1983/04		0.10	2.6288	2.6288		60	5.48	1,791,539	1,561,920	
1983/07	32,251	0.10	3.9578	3.0000	0.9578	60	5.48	1,823,790	1,623,720	
1984/01		0.20	2.2530	2.2530		60	100.00	1,832,008	1,644,780	
1984/07	14,738	0.20	1.9179	1.9179		60	100.00	1,853,774	1,676,340	
1985/01		0.30	1.1471	1.1471		60	72.21	1,860,153	1,695,540	
1985/10	9,112	0.30	0.8522	0.8522		60	72.21	1,710,000	1,710,000	1
1986/01		0.40	0.8299	0.8299		60	11.70	1,710,000	1,724,220	
1986/07		0.40	0.2974	0.2974		60	11.70	1,710,000	1,720,920	
1987/01		0.50	1.0091	1.0091		60	7.28	1,710,000	1,751,700	
1987/07	56,938	0.50	0.9007	0.9007		60	6.76	1,766,938	1,765,380	
1988/01	41,052	0.60	0.9007	0.9007		60	6.76	1,807,990	1,779,720	
1988/07		0.60	0.5899	0.5899		60	5.60	1,807,990	1,778,760	
1989/01		0.70	0.5899	0.5899		60	5.60	1,807,990	1,789,260	
1989/07		0.70	0.5899	0.5899		60	7.38	1,807,990	1,801,380	
1990/01		0.80	0.5899	0.5899		60	7.38	1,807,990	1,810,440	
1990/07		0.80	0.5899	0.5899		60	5.13	1,807,990	1,821,120	
1991/01		0.90	0.5899	0.5899		60	5.13	1,807,990	1,831,800	
1991/07		0.90	1.4932	1.4932		60	3.31	1,807,990	1,859,160	
1992/01		1.00	2.0117	2.0117		60	3.31	1,807,990	1,896,540	
1992/07		1.00	1.8152	1.8152		60	5.37	1,807,990	1,930,980	
1993/01		1.00	1.7710	1.7710		60	5.37	1,807,990	1,965,180	
1993/07		1.00	1.5329	1.5329		60	6.68	1,807,990	1,995,300	
1994/01		1.00	1.6983	1.6983		60	6.68	1,807,990	2,029,200	
1994/07		1.00	1.5991	1.5991		60	4.91	1,807,990	2,061,660	
1995/01		1.00	1.5812	1.5812		60	4.91	1,807,990	2,094,240	
1995/07		1.00	1.5250	1.5250		60	3.73	1,807,990	2,126,160	
1996/01		1.00	1.7228	1.7228		60	3.73	1,807,990	2,162,820	
1996/07	36,711	1.00	1.3294	1.3294		60	4.03	1,844,701	2,191,560	
1997/01		1.00	1.4109	1.4109		60	4.03	1,844,701	2,222,460	



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 206610-00 - 2015/01

270.13

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		60	4.03	1,844,701	2,246,700	
1998/01		1.00	1.1663	1.1663		60	6.59	1,844,701	2,272,920	
1998/07		1.00	1.0794	1.0794		60	6.59	1,844,701	2,297,460	
1999/01		1.00	1.4499	1.4499		60	6.59	1,844,701	2,330,760	5
1999/07		1.00	1.2299	1.2299		60	13.27	1,844,701	2,359,440	
2000/01		1.00	1.3356	1.3356		60	13.27	1,844,701	2,390,940	
2000/07		1.00	1.1129	1.1129		60	11.16	1,844,701	2,417,520	
2001/01		1.00	1.2976	1.2976		60	11.16	1,844,701	2,448,900	
2001/07		1.00	0.9615	0.9615		60	11.84	1,844,701	2,472,420	
2002/01		1.00	1.0301	1.0301		60	11.84	1,844,701	2,497,860	
2002/07		1.00	0.8337	0.8337		60	11.84	1,844,701	2,518,680	
2003/01		0.95	1.3271	1.3271		60	16.36	1,844,701	2,552,100	
2003/07		0.95	1.1664	1.1664		60	14.80	1,844,701	2,581,860	5
2004/01		0.90	1.1103	1.1103		60	14.80	1,844,701	2,610,540	
2004/07		0.90	0.8378	0.8378		60	14.80	1,844,701	2,632,440	
2005/01		0.85	0.8595	0.8595		60	16.66	1,844,701	2,655,060	
2005/07		0.85	0.7364	0.7364		60	16.66	1,844,701	2,674,620	
2006/01		0.80	0.9068	0.9068		60	19.26	1,844,701	2,698,860	
2006/07		0.80	0.8133	0.8133		60	19.26	1,844,701	2,720,820	
2007/01		0.75	1.0133	1.0133		60	22.44	1,844,701	2,748,360	
2007/07		0.75	1.1050	1.1050		60	22.44	1,844,701	2,778,720	
2008/01		0.70	0.8556	0.8556		60	25.52	1,849,827	2,802,480	
2008/07		0.70	0.6104	0.6104		60	25.52	1,853,495	2,819,580	
2009/01		0.65	1.3268	1.3268		60	14.96	1,853,495	2,857,020	
2009/07		0.65	0.6841	0.6841		60	14.96	1,853,495	2,876,580	
2010/01		0.60	0.8643	0.8643		60	16.43	1,853,495	2,901,420	
2010/07		0.60	0.7107	0.7107		60	16.43	1,853,495	2,922,060	
2011/01		0.55	0.9198	0.9198		60	19.20	1,853,495	2,948,940	
2011/07		0.55	0.9028	0.9028		60	19.20	1,853,495	2,975,580	
2012/01		0.50	0.3865	0.3865		60	14.81	1,853,495	2,987,100	5



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 206610-00 - 2015/01

270.13

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		60	14.81	1,853,495	3,015,240	
2013/01		0.45	0.4901	0.4901		60	14.29	1,853,495	3,030,000	
2013/07		0.45	0.6196	0.6196		60	14.29	1,853,495	3,048,780	
2014/01		0.40	0.8564	0.8564		60	9.64	1,853,495	3,074,880	
2014/07		0.40	1.2383	1.2383		60	9.64	1,853,495	3,112,980	
2015/01		0.35	0.7571	0.7571		60	9.52	1,853,495	3,136,560	

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: 206610123120130101201309172014144454



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 206865-00 - 2015/01

251.85

Abbey Delray South

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
1717 HOMEWOOD BLVD	1/1/2013-12/31/2013	Number of Beds: 90	Superior: 0
DELRAY BEACH, FL 33445	Days in CR 365	Maximum: 32,850	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 32,850	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 27,551	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,731	Inflation
Current Class South Small	Initial CR? False	Medicaid: 6,192	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	22.47468%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.86910%	Cost: 1.04340134
Open Date: 07/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1982	Low Occupancy Adjustment Factor:	107.09706%	DC Sem Index: 1.25449501
Med # Active Date: 07/15/1982	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	248,609	660,922	588,434	60,929		1,558,894	
1a	Audit Adjustments							
2	Cost Per Diem	40.1500	106.7381	95.0313	9.8400		251.7594	
3	Cost Per Diem Inflated	41.8926	110.2077	99.1558				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.8926	110.2077	99.1558	9.8400		261.0961	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	71.1454		88.1124				
7	Provider Target Rate	73.7508		91.3392				
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	41.8926	107.6155	82.3953	9.8400		241.7434	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.8926	107.6155	82.3953	9.8400		241.7434	
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 206865-00 - 2015/01

251.85

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

Abbey Delray South

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,200,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,311,842 10.9934
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	577,961 0.3665
Indexed Asset Value	2,889,803	Interest Rate:	13.0000%	Insurance Cost(3):	57,937 2.1029
FRVS Base Asset:	1,710,000	Chase Rate:	13.0000%	Taxes Cost(3):	20,477 0.7432
Occup Adj Factor	0.9000	Amortization Rate:	13.0000%	Home Office(3):	3,326 0.1207
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	3,088,679 0.0000
		Yearly Payment:	325,020	Total FRVS PD:	14.3267

(1) 80% Capital (\$2,311,842) amortized at 13.0000 % for 20 years Principal & Interest of \$325,020 divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$10.9934

(2) 20% ROE (\$577,961) times the ROE factor (0.018750) divided by annual available days (32850) divided by Occup. Adj. (0.90) = \$0.3665

(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	41.8926	41.8926	0.7288	41.1638
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	9.8400	14.3267	0.2493	14.0774
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	241.7434	246.2301	4.2839	251.8487

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 206865-00 - 2015/01

251.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	1,722,256	0.00	2.2977	2.2977		60	5.60	1,722,256	1,521,900	
1983/04	77,460	0.10	2.6288	2.6288		60	5.60	1,799,716	1,561,920	
1983/07		0.10	3.9578	3.0000	0.9578	60	5.60	1,799,716	1,623,720	
1984/01		0.20	2.2530	2.2530		60	100.00	1,807,826	1,644,780	
1984/07		0.20	1.9179	1.9179		60	100.00	1,814,761	1,676,340	
1985/01		0.30	1.1471	1.1471		60	76.10	1,821,006	1,695,540	
1985/10		0.30	0.8522	0.8522		60	76.10	1,710,000	1,710,000	1
1986/01		0.40	0.8299	0.8299		60	3.43	1,710,000	1,724,220	
1986/07		0.40	0.2974	0.2974		60	3.43	1,710,000	1,720,920	
1987/01		0.50	1.0091	1.0091		60	5.00	1,710,000	1,751,700	
1987/07		0.50	0.9007	0.9007		60	5.78	1,710,000	1,765,380	
1988/01		0.60	0.9007	0.9007		60	5.78	1,710,000	1,779,720	
1988/07		0.60	0.5899	0.5899		60	8.17	1,710,000	1,778,760	
1989/01	20,747	0.70	0.5899	0.5899		60	8.17	1,730,747	1,789,260	
1989/07	21,023	0.70	0.5899	0.5899		60	9.65	1,751,770	1,801,380	
1990/01		0.80	0.5899	0.5899		60	9.65	1,751,770	1,810,440	
1990/07		0.80	0.5899	0.5899		60	5.07	1,751,770	1,821,120	
1991/01		0.90	0.5899	0.5899		60	5.07	1,751,770	1,831,800	
1991/07		0.90	1.4932	1.4932		60	7.26	1,751,770	1,859,160	
1992/01		1.00	2.0117	2.0117		60	7.26	1,751,770	1,896,540	
1992/07		1.00	1.8152	1.8152		60	11.48	1,751,770	1,930,980	
1993/01		1.00	1.7710	1.7710		60	11.48	1,751,770	1,965,180	
1993/07		1.00	1.5329	1.5329		60	9.80	1,751,770	1,995,300	
1994/01		1.00	1.6983	1.6983		60	9.80	1,751,770	2,029,200	
1994/07	999,238	1.00	1.5991	1.5991		90	10.06	2,751,008	3,092,490	
1995/01		1.00	1.5812	1.5812		90	10.06	2,751,008	3,141,360	
1995/07		1.00	1.5250	1.5250		90	17.27	2,751,008	3,189,240	
1996/01		1.00	1.7228	1.7228		90	17.27	2,751,008	3,244,230	
1996/07	31,564	1.00	1.3294	1.3294		90	22.56	2,782,572	3,287,340	
1997/01		1.00	1.4109	1.4109		90	22.56	2,782,572	3,333,690	



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 206865-00 - 2015/01

251.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07		1.00	1.0917	1.0917		90	22.04	2,782,572	3,370,050	
1998/01		1.00	1.1663	1.1663		90	22.04	2,782,572	3,409,380	
1998/07		1.00	1.0794	1.0794		90	22.04	2,782,572	3,446,190	
1999/01		1.00	1.4499	1.4499		90	22.04	2,782,572	3,496,140	
1999/07		1.00	1.2299	1.2299		90	16.10	2,782,572	3,539,160	
2000/01		1.00	1.3356	1.3356		90	14.01	2,782,572	3,586,410	
2000/07		1.00	1.1129	1.1129		90	15.31	2,782,572	3,626,280	
2001/01		1.00	1.2976	1.2976		90	15.31	2,782,572	3,673,350	
2001/07	15,750	1.00	0.9615	0.9615		90	19.78	2,798,322	3,708,630	
2002/01		1.00	1.0301	1.0301		90	19.78	2,798,322	3,746,790	
2002/07		1.00	0.8337	0.8337		90	19.78	2,798,322	3,778,020	
2003/01	28,908	0.95	1.3271	1.3271		90	21.33	2,827,230	3,828,150	
2003/07		0.95	1.1664	1.1664		90	21.33	2,827,230	3,872,790	5
2004/01		0.90	1.1103	1.1103		90	26.83	2,841,012	3,915,810	
2004/07		0.90	0.8378	0.8378		90	26.83	2,851,462	3,948,660	
2005/01		0.85	0.8595	0.8595		90	28.00	2,862,068	3,982,590	
2005/07		0.85	0.7364	0.7364		90	28.00	2,871,188	4,011,930	
2006/01		0.80	0.9068	0.9068		90	22.64	2,871,188	4,048,290	
2006/07		0.80	0.8133	0.8133		90	22.64	2,871,188	4,081,230	
2007/01		0.75	1.0133	1.0133		90	21.06	2,871,188	4,122,540	
2007/07		0.75	1.1050	1.1050		90	21.06	2,871,188	4,168,080	
2008/01		0.70	0.8556	0.8556		90	24.78	2,871,188	4,203,720	
2008/07		0.70	0.6104	0.6104		90	24.78	2,871,188	4,229,370	
2009/01		0.65	1.3268	1.3268		90	27.24	2,883,452	4,285,530	
2009/07		0.65	0.6841	0.6841		90	27.24	2,889,803	4,314,870	
2010/01		0.60	0.8643	0.8643		90	22.47	2,889,803	4,352,130	
2010/07		0.60	0.7107	0.7107		90	22.47	2,889,803	4,383,090	
2011/01		0.55	0.9198	0.9198		90	21.89	2,889,803	4,423,410	
2011/07		0.55	0.9028	0.9028		90	21.89	2,889,803	4,463,370	
2012/01		0.50	0.3865	0.3865		90	23.43	2,889,803	4,480,650	



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 206865-00 - 2015/01

251.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		0.50	0.9417	0.9417		90	23.43	2,889,803	4,522,860	
2013/01		0.45	0.4901	0.4901		90	24.78	2,889,803	4,545,000	
2013/07		0.45	0.6196	0.6196		90	24.78	2,889,803	4,573,170	
2014/01		0.40	0.8564	0.8564		90	23.41	2,889,803	4,612,320	
2014/07		0.40	1.2383	1.2383		90	23.41	2,889,803	4,669,470	
2015/01		0.35	0.7571	0.7571		90	22.47	2,889,803	4,704,840	

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: 206865123120130101201309172014151336



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 207381-00 - 2015/01

246.07

Joseph L. Morse Geriatric Center, 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
4847 FRED GLADSTONE DRIVE	6/1/2013-5/31/2014	Number of Beds: 310	Superior: 0
WEST PALM BEACH, FL 33417	Days in CR 365	Maximum: 106,340	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 113,150	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 100,350	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 20,759	Inflation
Current Class South Large	Initial CR? False	Medicaid: 58,605	FY Index: 1.31964392
Class at 1/94: South Large	Medical Utilization	58.40060%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.36712%	Cost: 1.03938564
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: 1.22166521
Entered Medicaid 07/01/1983	Low Occupancy Adjustment Factor:	120.50256%	DC Sem Index: 1.25449501
Med # Active Date: 07/15/1983	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	3,688,646	6,161,412	4,050,115	1,274,073	55,842	15,230,088	
1a	Audit Adjustments							
2	Cost Per Diem	62.9408	105.1346	69.1087	21.7400	0.9529	259.8770	
3	Cost Per Diem Inflated	65.4198	107.9599	71.8306				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	65.4198	107.9599	71.8306	21.7400	0.9529	267.9032	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	77.0123		75.1642				
7	Provider Target Rate	79.8326		77.9168				
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	99.8648	65.5807	13.6500	0.9529	236.7903	
12/13	Medical Adjustment Rate		0.9438	0.6198				
14	Prospective Per Diem 11	56.7419	100.8086	66.2005	13.6500	0.9529	238.3539	
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 207381-00 - 2015/01

246.07

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

Joseph L. Morse Geriatric Center, Inc

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:	3,590,000.00	Total Amount	Per Diem	
1983/07	Type:	Fixed	80% Capital(1):	12,964,448	14.4895
16,205,560	<60% of Base:	False	20% ROE(2):	3,241,112	0.7094
3,420,000	Interest Rate:	9.7490%	Insurance Cost(3):	176,737	1.7612
0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	0	0.0000
0.022290	Amortization Rate:	9.7490%	Home Office(3):	6,241	0.0622
	Interest Only:	False	Replacement(3&4):	170,302	0.0000
	Yearly Payment:	1,475,537	Total FRVS PD:		17.0223

- (1) 80% Capital (\$12,964,448) amortized at 9.7490 % for 20 years Principal & Interest of \$1,475,537 divided by annual available days (113150) divided by Occup. Adj. (0.90) = \$14.4895
- (2) 20% ROE (\$3,241,112) times the ROE factor (0.022290) divided by annual available days (113150) divided by Occup. Adj. (0.90) = \$0.7094
- (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	100.8086	100.8086	1.7538	99.0548
Indirect Care	66.2005	66.2005	1.1517	65.0488
Property	13.6500	17.0223	0.2375	13.4125
ROE	0.9529	0.4332	0.0166	0.9363
ROE Adjustment	-0.4332	-0.4332	-0.0075	-0.4257
Quality Assess-Medicaid Share				2.3818
Supplemental Rate Add-on				9.9025
Totals	237.9207	240.7733	4.1393	246.0657

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: 5/31/2014

0 207381-00 - 2015/01

246.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	5,896,644	0.00	3.9578	3.0000	0.9578	120	47.57	5,896,644	3,247,440	
1984/01	181,243	0.10	2.2530	2.2530		120	47.57	6,089,377	3,289,560	
1984/07		0.10	1.9179	1.9179		120	47.57	6,099,479	3,352,680	
1985/01		0.20	1.1471	1.1471		120	47.57	6,111,581	3,391,080	
1985/10	152,000	0.20	0.8522	0.8522		120	47.57	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	47.57	3,427,365	3,448,440	
1986/07		0.30	0.2974	0.2974		120	48.81	3,430,078	3,441,840	
1987/01		0.40	1.0091	1.0091		120	48.81	3,442,364	3,503,400	
1987/07		0.40	0.9007	0.9007		120	53.59	3,454,449	3,530,760	
1988/01		0.50	0.9007	0.9007		120	53.59	3,469,609	3,559,440	
1988/07		0.50	0.5899	0.5899		120	55.57	3,479,844	3,557,520	
1989/01		0.60	0.5899	0.5899		120	55.57	3,492,159	3,578,520	
1989/07	31,910	0.60	0.5899	0.5899		120	55.67	3,536,428	3,602,760	
1990/01		0.70	0.5899	0.5899		120	55.67	3,551,030	3,620,880	
1990/07	17,389	0.70	0.5899	0.5899		120	56.28	3,583,081	3,642,240	
1991/01	4,771,360	0.80	0.5899	0.5899		280	62.70	8,371,350	8,548,400	
1991/07		0.80	1.4932	1.4932		280	62.70	8,471,354	8,676,080	
1992/01		0.90	2.0117	2.0117		280	69.13	8,624,728	8,850,520	
1992/07		0.90	1.8152	1.8152		280	69.13	8,765,630	9,011,240	
1993/01		1.00	1.7710	1.7710		280	66.13	8,920,869	9,170,840	
1993/07		1.00	1.5329	1.5329		280	66.13	9,057,617	9,311,400	
1994/01		1.00	1.6983	1.6983		280	68.30	9,211,443	9,469,600	
1994/07		1.00	1.5991	1.5991		280	68.30	9,358,743	9,621,080	
1995/01	121,545	1.00	1.5812	1.5812		280	66.53	9,628,268	9,773,120	
1995/07		1.00	1.5250	1.5250		280	66.53	9,775,099	9,922,080	
1996/01	65,782	1.00	1.7228	1.7228		280	66.29	10,009,286	10,093,160	
1996/07		1.00	1.3294	1.3294		280	66.29	10,142,349	10,227,280	
1997/01	75,283	1.00	1.4109	1.4109		280	68.43	10,360,730	10,371,480	
1997/07		1.00	1.0917	1.0917		280	68.43	10,473,838	10,484,600	
1998/01	151,793	1.00	1.1663	1.1663		280	68.87	10,606,960	10,606,960	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: 5/31/2014

0 207381-00 - 2015/01

246.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		280	68.87	10,721,452	10,721,480	
1999/01	89,774	1.00	1.4499	1.4499		280	68.09	10,876,880	10,876,880	8
1999/07		1.00	1.2299	1.2299		280	68.09	11,010,655	11,010,720	
2000/01	121,403	1.00	1.3356	1.3356		280	69.53	11,157,720	11,157,720	8
2000/07		1.00	1.1129	1.1129		280	69.53	11,281,760	11,281,760	8
2001/01	69,691	1.00	1.2976	1.2976		280	71.75	11,351,451	11,428,200	5
2001/07		1.00	0.9615	0.9615		280	71.75	11,537,960	11,537,960	8
2002/01	72,804	1.00	1.0301	1.0301		280	72.56	11,656,680	11,656,680	8
2002/07		1.00	0.8337	0.8337		280	72.56	11,753,840	11,753,840	8
2003/01		1.00	1.3271	1.3271		280	74.31	11,909,800	11,909,800	8
2003/07		1.00	1.1664	1.1664		280	74.31	12,048,680	12,048,680	8
2004/01		0.95	1.1103	1.1103		280	76.42	12,175,769	12,182,520	
2004/07		0.95	0.8378	0.8378		280	76.42	12,272,676	12,284,720	
2005/01		0.90	0.8595	0.8595		280	71.38	12,367,617	12,390,280	
2005/07		0.90	0.7364	0.7364		280	71.38	12,449,590	12,481,560	
2006/01	611,000	0.85	0.9068	0.9068		280	67.66	12,594,680	12,594,680	8
2006/07		0.85	0.8133	0.8133		280	67.66	12,681,747	12,697,160	
2007/01		0.80	1.0133	1.0133		280	70.66	12,784,545	12,825,680	
2007/07		0.80	1.1050	1.1050		280	70.66	12,897,560	12,967,360	
2008/01	253,450	0.75	0.8556	0.8556		280	71.46	13,078,240	13,078,240	8
2008/07		0.75	0.6104	0.6104		280	71.46	13,138,112	13,158,040	
2009/01		0.70	1.3268	1.3268		280	67.18	13,260,139	13,332,760	
2009/07		0.70	0.6841	0.6841		280	67.18	13,323,642	13,424,040	
2010/01	158,286	0.65	0.8643	0.8643		280	64.65	13,539,960	13,539,960	8
2010/07		0.65	0.7107	0.7107		280	64.65	13,602,515	13,636,280	
2011/01	206,171	0.60	0.9198	0.9198		280	62.79	13,761,720	13,761,720	8
2011/07		0.60	0.9028	0.9028		280	62.79	13,836,267	13,886,040	
2012/01	579,782	0.55	0.3865	0.3865		280	59.77	13,939,800	13,939,800	8
2012/07		0.55	0.9417	0.9417		280	59.77	14,011,994	14,071,120	
2013/01		0.50	0.4901	0.4901		280	59.77	14,046,337	14,140,000	



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: 5/31/2014

0 207381-00 - 2015/01

246.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07	97,680	0.50	0.6196	0.6196		280	60.30	14,187,533	14,227,640	
2014/01	71,279	0.45	0.8564	0.8564		280	60.75	14,313,491	14,349,440	
2014/07		0.45	1.2383	1.2383		280	60.75	14,393,246	14,527,240	
2015/01	35,604,696	0.40	0.7571	0.7571		310	58.40	16,205,560	16,205,560	8

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: 207381053120140601201310242014110255



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 207446-00 - 2015/01

235.23

TAYLOR CARE CENTER, 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
6535 CHESTER AVENUE	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE , FL 32217	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 38,918	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,821	Inflation
Current Class North Large	Initial CR? False	Medicaid: 21,639	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	55.60152%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.85388%	Cost: 1.05040266
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: 1.21049917
Entered Medicaid 09/01/1983	Low Occupancy Adjustment Factor:	113.46240%	DC Sem Index: 1.25449501
Med # Active Date: 09/22/1983	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	1,179,700	1,982,255	1,003,483	354,447		4,519,885	
1a	Audit Adjustments							
2	Cost Per Diem	54.5173	91.6057	46.3738	16.3800		208.8768	
3	Cost Per Diem Inflated	57.2651	94.9351	48.7112				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.2651	94.9351	48.7112	16.3800		217.2914	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.9694		59.7340				
7	Provider Target Rate	56.9824		61.9215				
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	94.9351	48.7112	13.6500		208.8641	
12/13	Medical Adjustment Rate		0.5983	0.3070				
14	Prospective Per Diem 11	51.5678	95.5334	49.0182	13.6500		209.7694	
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 207446-00 - 2015/01

235.23

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

TAYLOR CARE CENTER, INC.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2004	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:	1983/07	Type:	Variable	80% Capital(1):	4,937,630 8.7173
Indexed Asset Value	6,172,037	<60% of Base:	False	20% ROE(2):	1,234,407 0.4926
FRVS Base Asset:	2,825,639	Interest Rate:	3.5000%	Insurance Cost(3):	20,611 0.5296
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	0 0.0000
ROE Factor	0.015730	Amortization Rate:	3.5000%	Home Office(3):	8,709 0.2238
		Interest Only:	False	Replacement(3&4):	20,984 0.0000
		Yearly Payment:	343,635	Total FRVS PD:	9.9633

- (1) 80% Capital (\$4,937,630) amortized at 3.5000 % for 20 years Principal & Interest of \$343,635 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.7173
- (2) 20% ROE (\$1,234,407) times the ROE factor (0.015730) 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:	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	95.5334	95.5334	1.6621	93.8713
Indirect Care	49.0182	49.0182	0.8528	48.1654
Property	13.6500	9.9633	0.1733	9.7900
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.8310
Supplemental Rate Add-on				9.9025
Totals	209.7694	206.0827	3.5854	235.2308

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: 8/31/2013

0 207446-00 - 2015/01

235.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,770,112	0.00	3.9578	3.0000	0.9578	120	75.24	2,770,112	3,247,440	
1984/01	32,635	0.10	2.2530	2.2530		120	75.24	2,808,988	3,289,560	
1984/07		0.10	1.9179	1.9179		120	75.28	2,814,376	3,352,680	
1985/01		0.20	1.1471	1.1471		120	75.28	2,820,832	3,391,080	
1985/10		0.20	0.8522	0.8522		120	75.24	2,825,639	3,420,000	
1986/01		0.30	0.8299	0.8299		120	75.24	2,832,675	3,448,440	
1986/07		0.30	0.2974	0.2974		120	75.24	2,835,202	3,441,840	
1987/01		0.40	1.0091	1.0091		120	79.68	2,846,645	3,503,400	
1987/07		0.40	0.9007	0.9007		120	79.85	2,856,901	3,530,760	
1988/01		0.50	0.9007	0.9007		120	79.85	2,869,768	3,559,440	
1988/07		0.50	0.5899	0.5899		120	83.05	2,878,234	3,557,520	
1989/01		0.60	0.5899	0.5899		120	83.05	2,888,420	3,578,520	
1989/07		0.60	0.5899	0.5899		120	81.64	2,898,642	3,602,760	
1990/01		0.70	0.5899	0.5899		120	81.64	2,910,610	3,620,880	
1990/07		0.70	0.5899	0.5899		120	78.85	2,922,628	3,642,240	
1991/01		0.80	0.5899	0.5899		120	78.85	2,936,420	3,663,600	
1991/07		0.80	1.4932	1.4932		120	76.21	2,971,498	3,718,320	
1992/01		0.90	2.0117	2.0117		120	76.21	3,025,297	3,793,080	
1992/07		0.90	1.8152	1.8152		120	74.53	3,074,721	3,861,960	
1993/01		1.00	1.7710	1.7710		120	74.53	3,129,174	3,930,360	
1993/07	24,767	1.00	1.5329	1.5329		120	72.91	3,201,908	3,990,600	
1994/01		1.00	1.6983	1.6983		120	72.91	3,256,286	4,058,400	
1994/07	138,758	1.00	1.5991	1.5991		120	70.01	3,447,115	4,123,320	
1995/01		1.00	1.5812	1.5812		120	70.01	3,501,621	4,188,480	
1995/07	50,178	1.00	1.5250	1.5250		120	66.88	3,605,199	4,252,320	
1996/01		1.00	1.7228	1.7228		120	66.88	3,667,309	4,325,640	
1996/07	45,587	1.00	1.3294	1.3294		120	71.34	3,761,649	4,383,120	
1997/01		1.00	1.4109	1.4109		120	71.34	3,814,722	4,444,920	
1997/07	24,855	1.00	1.0917	1.0917		120	68.90	3,881,222	4,493,400	
1998/01		1.00	1.1663	1.1663		120	68.90	3,926,489	4,545,840	



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: 8/31/2013

0 207446-00 - 2015/01

235.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	32,445	1.00	1.0794	1.0794		120	67.08	4,001,317	4,594,920	
1999/01		1.00	1.4499	1.4499		120	67.08	4,059,332	4,661,520	
1999/07	46,800	1.00	1.2299	1.2299		120	64.86	4,156,058	4,718,880	
2000/01		1.00	1.3356	1.3356		120	64.86	4,211,566	4,781,880	
2000/07	41,491	1.00	1.1129	1.1129		120	70.86	4,299,928	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.86	4,355,724	4,897,800	
2001/07	25,755	1.00	0.9615	0.9615		120	72.64	4,423,359	4,944,840	
2002/01		1.00	1.0301	1.0301		120	75.14	4,468,924	4,995,720	
2002/07		1.00	0.8337	0.8337		120	75.14	4,506,181	5,037,360	
2003/01	59,981	1.00	1.3271	1.3271		120	70.75	4,625,964	5,104,200	
2003/07		1.00	1.1664	1.1664		120	70.75	4,679,921	5,163,720	
2004/01	420,419	0.95	1.1103	1.1103		120	69.83	5,149,704	5,221,080	
2004/07		0.95	0.8378	0.8378		120	69.83	5,190,690	5,264,880	
2005/01		0.90	0.8595	0.8595		120	69.99	5,230,845	5,310,120	
2005/07		0.90	0.7364	0.7364		120	69.99	5,265,515	5,349,240	
2006/01		0.85	0.9068	0.9068		120	68.40	5,306,102	5,397,720	
2006/07		0.85	0.8133	0.8133		120	68.40	5,342,783	5,441,640	
2007/01		0.80	1.0133	1.0133		120	62.12	5,386,092	5,496,720	
2007/07		0.80	1.1050	1.1050		120	62.12	5,433,705	5,557,440	
2008/01		0.75	0.8556	0.8556		120	62.12	5,468,573	5,604,960	
2008/07	22,048	0.75	0.6104	0.6104		120	53.84	5,515,128	5,639,160	
2009/01		0.70	1.3268	1.3268		120	53.84	5,565,272	5,714,040	
2009/07	27,999	0.70	0.6841	0.6841		120	49.71	5,617,360	5,753,160	
2010/01		0.65	0.8643	0.8643		120	58.28	5,648,918	5,802,840	
2010/07		0.65	0.7107	0.7107		120	58.28	5,675,016	5,844,120	
2011/01	171,368	0.60	0.9198	0.9198		120	67.17	5,877,704	5,897,880	
2011/07		0.60	0.9028	0.9028		120	67.17	5,909,544	5,951,160	
2012/01		0.55	0.3865	0.3865		120	67.17	5,922,108	5,974,200	
2012/07	49,468	0.55	0.9417	0.9417		120	52.16	6,000,663	6,030,480	
2013/01	19,582	0.50	0.4901	0.4901		120	51.91	6,034,126	6,060,000	



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: 8/31/2013

0 207446-00 - 2015/01

235.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	51.91	6,051,769	6,097,560	
2014/01		0.45	0.8564	0.8564		120	51.91	6,073,782	6,149,760	
2014/07	45,779	0.45	1.2383	1.2383		120	55.60	6,153,404	6,225,960	
2015/01		0.40	0.7571	0.7571		120	55.60	6,172,037	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 207446083120130901201204172014103209



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 207497-00 - 2015/01

253.32

Sunrise 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
4800 N NOB HILL RD	1/1/2013-12/31/2013	Number of Beds: 325	Superior: 0
SUNRISE, FL 33351-4722	Days in CR 365	Maximum: 118,625	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 118,625	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 67,918	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,411	Inflation
Current Class South Large	Initial CR? False	Medicaid: 42,578	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	62.69030%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	57.25437%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 10/01/1983	Low Occupancy Adjustment Factor:	73.11125%	DC Sem Index: 1.25449501
Med # Active Date: 10/07/1983	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	2,199,113	3,191,297	2,536,084	1,333,117		9,259,611	
1a	Audit Adjustments							
2	Cost Per Diem	51.6490	74.9518	59.5632	31.3100		217.4740	
3	Cost Per Diem Inflated	53.8906	77.3882	62.1483				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.8906	77.3882	62.1483	31.3100		224.7371	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.1330		67.6586				
7	Provider Target Rate	60.2619		70.1363				
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	53.8906	77.3882	62.1483	13.6500		207.0771	
12/13	Medical Adjustment Rate		1.1048	0.8873				
14	Prospective Per Diem 11	53.8906	78.4930	63.0356	13.6500		209.0692	
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 207497-00 - 2015/01

253.32

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

Sunrise Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	12,336,631	18.2589
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	3,084,158	0.5417
Indexed Asset Value	15,420,789	Interest Rate:	16.3270%	Insurance Cost(3):	255,680	3.7645
FRVS Base Asset:	6,689,269	Chase Rate:	13.0000%	Taxes Cost(3):	351,426	5.1743
Occup Adj Factor	0.9000	Amortization Rate:	15.0000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	50,567	0.0000
		Yearly Payment:	1,949,370	Total FRVS PD:		27.7394

- (1) 80% Capital (\$12,336,631) amortized at 15.0000 % for 20 years Principal & Interest of \$1,949,370 divided by annual available days (118625) divided by Occup. Adj. (0.90) = \$18.2589
 (2) 20% ROE (\$3,084,158) times the ROE factor (0.018750) divided by annual available days (118625) divided by Occup. Adj. (0.90) = \$0.5417
 (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	53.8906	53.8906	0.9376	52.9530
Direct Care	78.4930	78.4930	1.3656	77.1274
Indirect Care	63.0356	63.0356	1.0967	61.9389
Property	13.6500	27.7394	0.4826	27.2568
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1448
Supplemental Rate Add-on				9.9025
Totals	209.0692	223.1586	3.8825	253.3234

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 207497-00 - 2015/01

253.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	6,524,207	0.00	2.6288	2.6288		240		6,524,207	6,247,680	
1983/07		0.10	3.9578	3.0000	0.9578	240	44.57	6,540,068	6,494,880	
1984/01	45,924	0.10	2.2530	2.2530		240	44.57	6,597,933	6,579,120	
1984/07	44,608	0.20	1.9179	1.9179		240	44.57	6,663,051	6,705,360	
1985/01		0.20	1.1471	1.1471		240	44.57	6,675,437	6,782,160	
1985/10		0.30	0.8522	0.8522		240	44.57	6,689,269	6,840,000	
1986/01		0.30	0.8299	0.8299		240	44.57	6,702,767	6,896,880	
1986/07		0.40	0.2974	0.2974		240	44.57	6,709,231	6,883,680	
1987/01		0.40	1.0091	1.0091		240	52.25	6,734,956	7,006,800	
1987/07		0.50	0.9007	0.9007		240	65.70	6,765,290	7,061,520	
1988/01		0.50	0.9007	0.9007		240	65.70	6,795,761	7,118,880	
1988/07		0.60	0.5899	0.5899		240	65.70	6,819,811	7,115,040	
1989/01		0.60	0.5899	0.5899		240	66.34	6,843,946	7,157,040	
1989/07		0.70	0.5899	0.5899		240	63.09	6,872,205	7,205,520	
1990/01		0.70	0.5899	0.5899		240	63.09	6,900,580	7,241,760	
1990/07		0.80	0.5899	0.5899		240	63.09	6,933,144	7,284,480	
1991/01		0.80	0.5899	0.5899		240	60.69	6,965,862	7,327,200	
1991/07		0.90	1.4932	1.4932		240	60.69	7,059,476	7,436,640	
1992/01	2,595,050	0.90	2.0117	2.0117		325	65.87	9,782,338	10,272,925	
1992/07		1.00	1.8152	1.8152		325	68.83	9,782,338	10,459,475	5
1993/01		1.00	1.7710	1.7710		325	68.83	9,959,907	10,644,725	5
1993/07		1.00	1.5329	1.5329		325	65.69	10,291,676	10,807,875	
1994/01		1.00	1.6983	1.6983		325	65.69	10,466,460	10,991,500	
1994/07		1.00	1.5991	1.5991		325	67.98	10,633,829	11,167,325	
1995/01		1.00	1.5812	1.5812		325	67.98	10,801,971	11,343,800	
1995/07		1.00	1.5250	1.5250		325	67.59	10,966,701	11,516,700	
1996/01		1.00	1.7228	1.7228		325	67.59	11,155,635	11,715,275	
1996/07		1.00	1.3294	1.3294		325	70.72	11,303,938	11,870,950	
1997/01		1.00	1.4109	1.4109		325	70.72	11,463,425	12,038,325	
1997/07		1.00	1.0917	1.0917		325	73.30	11,588,571	12,169,625	



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 207497-00 - 2015/01

253.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		325	73.30	11,723,729	12,311,650	
1998/07	47,968	1.00	1.0794	1.0794		325	71.93	11,771,697	12,444,575	5
1999/01		1.00	1.4499	1.4499		325	71.93	12,070,756	12,624,950	
1999/07		1.00	1.2299	1.2299		325	73.99	12,219,214	12,780,300	
2000/01		1.00	1.3356	1.3356		325	73.99	12,382,414	12,950,925	
2000/07		1.00	1.1129	1.1129		325	70.39	12,520,218	13,094,900	
2001/01		1.00	1.2976	1.2976		325	70.39	12,682,680	13,264,875	
2001/07		1.00	0.9615	0.9615		325	62.38	12,804,624	13,392,275	
2002/01		1.00	1.0301	1.0301		325	62.38	12,936,524	13,530,075	
2002/07		1.00	0.8337	0.8337		325	64.82	13,044,376	13,642,850	
2003/01		1.00	1.3271	1.3271		325	64.82	13,217,488	13,823,875	
2003/07		0.95	1.1664	1.1664		325	66.64	13,363,951	13,985,075	
2004/01		0.95	1.1103	1.1103		325	66.64	13,363,951	14,140,425	5
2004/07		0.90	0.8378	0.8378		325	78.51	13,606,741	14,259,050	
2005/01		0.90	0.8595	0.8595		325	78.51	13,606,741	14,381,575	5
2005/07		0.85	0.7364	0.7364		325	62.84	13,797,826	14,487,525	
2006/01		0.85	0.9068	0.9068		325	62.84	13,904,180	14,618,825	
2006/07		0.80	0.8133	0.8133		325	74.22	13,994,641	14,737,775	
2007/01		0.80	1.0133	1.0133		325	74.22	14,108,082	14,886,950	
2007/07		0.75	1.1050	1.1050		325	56.51	14,225,010	15,051,400	
2008/01		0.75	0.8556	0.8556		325	56.51	14,316,292	15,180,100	
2008/07		0.70	0.6104	0.6104		325	56.51	14,377,466	15,272,725	
2009/01		0.70	1.3268	1.3268		325	57.90	14,511,004	15,475,525	
2009/07		0.65	0.6841	0.6841		325	57.90	14,575,534	15,581,475	
2010/01		0.65	0.8643	0.8643		325	60.94	14,657,419	15,716,025	
2010/07		0.60	0.7107	0.7107		325	64.99	14,719,918	15,827,825	
2011/01		0.60	0.9198	0.9198		325	64.99	14,801,157	15,973,425	
2011/07		0.55	0.9028	0.9028		325	64.99	14,801,157	16,117,725	5
2012/01		0.55	0.3865	0.3865		325	63.41	14,906,268	16,180,125	
2012/07		0.50	0.9417	0.9417		325	65.07	14,976,462	16,332,550	



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 207497-00 - 2015/01

253.32

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		325	65.07	15,013,169	16,412,500	
2013/07	184,703	0.45	0.6196	0.6196		325	66.81	15,239,729	16,514,225	
2014/01		0.45	0.8564	0.8564		325	66.81	15,298,463	16,655,600	
2014/07		0.40	1.2383	1.2383		325	66.81	15,374,236	16,861,975	
2015/01		0.40	0.7571	0.7571		325	62.69	15,420,789	16,989,700	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 207497123120130101201305292014135229



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 207527-00 - 2015/01

212.22

Auburndale Oaks 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
919 OLD WINTER HAVEN RD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
AUBURNDALE, FL 33823	Days in CR 365	Maximum: 43,800	Standard: 183
County: Polk [53]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 60
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 35,990	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,062	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 24,451	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	67.93832%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.16895%	Cost: 1.05040266
Open Date: 10/14/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/14/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 10/14/1983	Low Occupancy Adjustment Factor:	104.92605%	DC Sem Index: 1.25449501
Med # Active Date: 10/14/1983	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	2,464,976	1,499,420	1,118,614	741,843		5,824,853
1a	Audit Adjustments						
2	Cost Per Diem	100.8129	61.3235	45.7492	30.3400		238.2256
3	Cost Per Diem Inflated	105.8941	63.5523	48.0551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	105.8941	63.5523	48.0551	30.3400		247.8415
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	63.5523	48.0551	13.6500		171.9473
12/13	Medical Adjustment Rate		0.9659	0.7303			
14	Prospective Per Diem 11	46.6899	64.5182	48.7854	13.6500		173.6435
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 207527-00 - 2015/01

212.22

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

Auburndale Oaks Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,979,187 19.5070
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	1,244,797 0.4967
Indexed Asset Value	6,223,984	Interest Rate:	14.5950%	Insurance Cost(3):	27,725 0.7704
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	39,211 1.0895
Occup Adj Factor	0.9000	Amortization Rate:	14.5950%	Home Office(3):	20,688 0.5748
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	768,964	Total FRVS PD:	22.4384

- (1) 80% Capital (\$4,979,187) amortized at 14.5950 % for 20 years Principal & Interest of \$768,964 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$19.5070
- (2) 20% ROE (\$1,244,797) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4967
- (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	64.5182	64.5182	1.1225	63.3957
Indirect Care	48.7854	48.7854	0.8487	47.9367
Property	13.6500	22.4384	0.3904	22.0480
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.0602
Supplemental Rate Add-on				9.9025
Totals	173.6435	182.4319	3.1739	212.2207

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: 8/31/2013

0 207527-00 - 2015/01

212.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	3,645,386	0.00	3.9578	3.0000	0.9578	120	71.47	3,645,386	3,247,440	
1984/01	9,493	0.10	2.2530	2.2530		120	71.47	3,663,092	3,289,560	
1984/07	3,474	0.10	1.9179	1.9179		120	71.47	3,673,592	3,352,680	
1985/01	13,211	0.20	1.1471	1.1471		120	71.47	3,695,230	3,391,080	
1985/10		0.20	0.8522	0.8522		120	71.47	3,420,000	3,420,000	1
1986/01		0.30	0.8299	0.8299		120	71.47	3,428,516	3,448,440	
1986/07		0.30	0.2974	0.2974		120	73.43	3,431,574	3,441,840	
1987/01		0.40	1.0091	1.0091		120	73.43	3,445,424	3,503,400	
1987/07		0.40	0.9007	0.9007		120	73.43	3,457,838	3,530,760	
1988/01		0.50	0.9007	0.9007		120	73.43	3,473,412	3,559,440	
1988/07		0.50	0.5899	0.5899		120	66.18	3,483,659	3,557,520	
1989/01	25,277	0.60	0.5899	0.5899		120	66.18	3,521,265	3,578,520	
1989/07		0.60	0.5899	0.5899		120	67.80	3,533,727	3,602,760	
1990/01		0.70	0.5899	0.5899		120	67.80	3,548,318	3,620,880	
1990/07	20,797	0.70	0.5899	0.5899		120	69.59	3,583,766	3,642,240	
1991/01		0.80	0.5899	0.5899		120	69.59	3,600,678	3,663,600	
1991/07		0.80	1.4932	1.4932		120	59.10	3,643,692	3,718,320	
1992/01		0.90	2.0117	2.0117		120	59.10	3,709,661	3,793,080	
1992/07	18,297	0.90	1.8152	1.8152		120	62.77	3,788,563	3,861,960	
1993/01		1.00	1.7710	1.7710		120	62.77	3,855,658	3,930,360	
1993/07	27,214	1.00	1.5329	1.5329		120	66.02	3,941,975	3,990,600	
1994/01		1.00	1.6983	1.6983		120	66.02	4,008,922	4,058,400	
1994/07	22,746	1.00	1.5991	1.5991		120	64.68	4,095,775	4,123,320	
1995/01		1.00	1.5812	1.5812		120	64.68	4,160,537	4,188,480	
1995/07		1.00	1.5250	1.5250		120	65.89	4,223,985	4,252,320	
1996/01		1.00	1.7228	1.7228		120	65.89	4,296,756	4,325,640	
1996/07		1.00	1.3294	1.3294		120	65.89	4,353,877	4,383,120	
1997/01	83,973	1.00	1.4109	1.4109		120	66.38	4,444,920	4,444,920	8
1997/07	30,003	1.00	1.0917	1.0917		120	62.64	4,493,400	4,493,400	8
1998/01		1.00	1.1663	1.1663		120	62.64	4,545,807	4,545,840	



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: 8/31/2013

0 207527-00 - 2015/01

212.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	24,397	1.00	1.0794	1.0794		120	62.70	4,594,920	4,594,920	8
1999/01		1.00	1.4499	1.4499		120	62.70	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	66.88	4,718,852	4,718,880	
2000/01		1.00	1.3356	1.3356		120	66.88	4,781,877	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.17	4,835,040	4,835,040	8
2001/01		1.00	1.2976	1.2976		120	72.17	4,897,779	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.56	4,944,840	4,944,840	8
2002/01		1.00	1.0301	1.0301		120	70.37	4,995,720	4,995,720	8
2002/07		1.00	0.8337	0.8337		120	70.37	5,037,360	5,037,360	8
2003/01		1.00	1.3271	1.3271		120	73.85	5,104,200	5,104,200	8
2003/07		1.00	1.1664	1.1664		120	73.85	5,163,720	5,163,720	8
2004/01		0.95	1.1103	1.1103		120	72.25	5,218,187	5,221,080	
2004/07		0.95	0.8378	0.8378		120	72.25	5,259,719	5,264,880	
2005/01		0.90	0.8595	0.8595		120	69.47	5,300,408	5,310,120	
2005/07		0.90	0.7364	0.7364		120	69.47	5,335,539	5,349,240	
2006/01		0.85	0.9068	0.9068		120	69.47	5,376,665	5,397,720	
2006/07		0.85	0.8133	0.8133		120	76.58	5,413,834	5,441,640	
2007/01		0.80	1.0133	1.0133		120	76.58	5,457,719	5,496,720	
2007/07		0.80	1.1050	1.1050		120	71.18	5,505,965	5,557,440	
2008/01		0.75	0.8556	0.8556		120	71.18	5,541,297	5,604,960	
2008/07	65,410	0.75	0.6104	0.6104		120	66.88	5,632,075	5,639,160	
2009/01		0.70	1.3268	1.3268		120	66.88	5,684,386	5,714,040	
2009/07		0.70	0.6841	0.6841		120	62.62	5,711,609	5,753,160	
2010/01		0.65	0.8643	0.8643		120	62.62	5,743,697	5,802,840	
2010/07		0.65	0.7107	0.7107		120	58.81	5,770,233	5,844,120	
2011/01		0.60	0.9198	0.9198		120	58.81	5,802,079	5,897,880	
2011/07	24,490	0.60	0.9028	0.9028		120	55.85	5,857,999	5,951,160	
2012/01		0.55	0.3865	0.3865		120	55.85	5,870,453	5,974,200	
2012/07	99,570	0.55	0.9417	0.9417		120	61.71	6,000,426	6,030,480	
2013/01		0.50	0.4901	0.4901		120	61.71	6,015,133	6,060,000	



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: 8/31/2013

0 207527-00 - 2015/01

212.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07	58,098	0.50	0.6196	0.6196		120	68.48	6,091,866	6,097,560	
2014/01		0.45	0.8564	0.8564		120	68.48	6,115,344	6,149,760	
2014/07	55,776	0.45	1.2383	1.2383		120	67.94	6,205,195	6,225,960	
2015/01		0.40	0.7571	0.7571		120	67.94	6,223,984	6,273,120	

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: 207527083120130901201201312014081647



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 207683-00 - 2015/01

240.11

Lakeside 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
2501 N AUSTRALIAN AVENUE	8/1/2013-7/31/2014	Number of Beds: 107	Superior: 0
WEST PALM BEACH, FL 33407	Days in CR 365	Maximum: 39,055	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 39,055	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 37,217	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,432	Inflation
Current Class South Large	Initial CR? False	Medicaid: 28,888	FY Index: 1.32594791
Class at 1/94: South Large	Medical Utilization	77.62044%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.29382%	Cost: 1.03444406
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: 1.22383277
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	121.68591%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1984	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,347,102	2,441,587	1,452,119	317,190		5,557,998	
1a	Audit Adjustments							
2	Cost Per Diem	46.6319	84.5191	50.2672	10.9800		192.3982	
3	Cost Per Diem Inflated	48.2381	86.6367	51.9986				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.2381	86.6367	51.9986	10.9800		197.8534	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.2084		56.6225				
7	Provider Target Rate	59.3034		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	48.2381	86.6367	51.9986	10.9800		197.8534	
12/13	Medical Adjustment Rate		2.6921	1.6158				
14	Prospective Per Diem 11	48.2381	89.3288	53.6144	10.9800		202.1613	
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 207683-00 - 2015/01

240.11

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

Lakeside Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,062,500.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,326,334	14.3760
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,081,584	0.7019
Indexed Asset Value	5,407,918	Interest Rate:	10.1250%	Insurance Cost(3):	17,425	0.4682
FRVS Base Asset:	2,760,297	Chase Rate:	13.0000%	Taxes Cost(3):	97,753	2.6266
Occup Adj Factor	0.9000	Amortization Rate:	10.1250%	Home Office(3):	35,201	0.9458
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	220,784	0.0000
		Yearly Payment:	505,308	Total FRVS PD:		19.1185

- (1) 80% Capital (\$4,326,334) amortized at 10.1250 % for 20 years Principal & Interest of \$505,308 divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$14.3760
- (2) 20% ROE (\$1,081,584) times the ROE factor (0.022810) divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$0.7019
- (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	97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.2381	48.2381	0.8392	47.3989
Direct Care	89.3288	89.3288	1.5541	87.7747
Indirect Care	53.6144	53.6144	0.9328	52.6816
Property	10.9800	19.1185	0.3326	18.7859
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.5694
Supplemental Rate Add-on				9.9025
Totals	202.1613	210.2998	3.6587	240.1130

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: 7/31/2014

0 207683-00 - 2015/01

240.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,750,000	0.00	1.2952	1.2952		97	43.13	2,750,000	2,659,061	
1984/07		0.10	1.9179	1.9179		97	43.13	2,754,136	2,710,083	
1985/01		0.10	1.1471	1.1471		97	43.13	2,756,613	2,741,123	
1985/10		0.20	0.8522	0.8522		97	43.13	2,760,297	2,764,500	
1986/01		0.20	0.8299	0.8299		97	43.13	2,763,890	2,787,489	
1986/07		0.30	0.2974	0.2974		97	43.13	2,765,823	2,782,154	
1987/01		0.30	1.0091	1.0091		97	43.13	2,772,388	2,831,915	
1987/07		0.40	0.9007	0.9007		97	61.92	2,782,377	2,854,031	
1988/01		0.40	0.9007	0.9007		97	61.92	2,792,402	2,877,214	
1988/07		0.50	0.5899	0.5899		97	71.88	2,800,640	2,875,662	
1989/01		0.50	0.5899	0.5899		97	71.88	2,808,902	2,892,637	
1989/07		0.60	0.5899	0.5899		97	71.88	2,818,843	2,912,231	
1990/01		0.60	0.5899	0.5899		97	80.22	2,828,819	2,926,878	
1990/07		0.70	0.5899	0.5899		97	78.89	2,840,499	2,944,144	
1991/01		0.70	0.5899	0.5899		97	78.89	2,840,499	2,961,410	5
1991/07		0.80	1.4932	1.4932		97	82.97	2,886,300	3,005,642	
1992/01		0.80	2.0117	2.0117		97	82.97	2,932,752	3,066,073	
1992/07		0.90	1.8152	1.8152		97	86.61	2,980,664	3,121,751	
1993/01		0.90	1.7710	1.7710		97	86.61	3,028,173	3,177,041	
1993/07		1.00	1.5329	1.5329		97	87.16	3,074,592	3,225,735	
1994/01		1.00	1.6983	1.6983		97	87.16	3,126,808	3,280,540	
1994/07		1.00	1.5991	1.5991		97	87.74	3,176,809	3,333,017	
1995/01		1.00	1.5812	1.5812		97	87.74	3,227,041	3,385,688	
1995/07	16,068	1.00	1.5250	1.5250		97	84.54	3,292,321	3,437,292	
1996/01		1.00	1.7228	1.7228		97	84.54	3,349,041	3,496,559	
1996/07	343,610	1.00	1.3294	1.3294		107	82.33	3,737,173	3,908,282	
1997/01		1.00	1.4109	1.4109		107	82.33	3,789,901	3,963,387	
1997/07	21,635	1.00	1.0917	1.0917		107	75.11	3,852,910	4,006,615	
1998/01		1.00	1.1663	1.1663		107	75.11	3,852,910	4,053,374	5
1998/07		1.00	1.0794	1.0794		107	77.07	3,939,919	4,097,137	



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: 7/31/2014

0 207683-00 - 2015/01

240.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		107	77.07	3,939,919	4,156,522	5
1999/07	60,207	1.00	1.2299	1.2299		107	84.68	4,106,411	4,207,668	
2000/01		1.00	1.3356	1.3356		107	84.68	4,161,256	4,263,843	
2000/07	20,534	1.00	1.1129	1.1129		107	79.56	4,228,101	4,311,244	
2001/01		1.00	1.2976	1.2976		107	79.56	4,282,965	4,367,205	
2001/07	21,752	1.00	0.9615	0.9615		107	71.75	4,345,898	4,409,149	
2002/01	36,246	1.00	1.0301	1.0301		107	77.03	4,426,911	4,454,517	
2002/07		1.00	0.8337	0.8337		107	77.03	4,426,911	4,491,646	5
2003/01		1.00	1.3271	1.3271		107	71.29	4,523,057	4,551,245	
2003/07		1.00	1.1664	1.1664		107	71.29	4,523,057	4,604,317	5
2004/01		1.00	1.1103	1.1103		107	66.60	4,626,619	4,655,463	
2004/07		0.95	0.8378	0.8378		107	66.60	4,663,442	4,694,518	
2005/01	18,158	0.95	0.8595	0.8595		107	64.06	4,719,677	4,734,857	
2005/07		0.90	0.7364	0.7364		107	64.06	4,750,959	4,769,739	
2006/01		0.90	0.9068	0.9068		107	64.06	4,789,732	4,812,967	
2006/07	21,672	0.85	0.8133	0.8133		107	67.15	4,844,515	4,852,129	
2007/01		0.85	1.0133	1.0133		107	67.15	4,886,241	4,901,242	
2007/07	42,267	0.80	1.1050	1.1050		107	69.45	4,955,384	4,955,384	8
2008/01		0.80	0.8556	0.8556		107	69.45	4,989,304	4,997,756	
2008/07	88,020	0.75	0.6104	0.6104		107	65.52	5,028,251	5,028,251	8
2009/01		0.75	1.3268	1.3268		107	65.52	5,078,287	5,095,019	
2009/07	275,858	0.70	0.6841	0.6841		107	71.50	5,129,901	5,129,901	8
2010/01		0.70	0.8643	0.8643		107	77.83	5,160,937	5,174,199	
2010/07		0.65	0.7107	0.7107		107	77.83	5,184,781	5,211,007	
2011/01		0.65	0.9198	0.9198		107	72.05	5,184,781	5,258,943	5
2011/07		0.60	0.9028	0.9028		107	72.05	5,244,035	5,306,451	
2012/01		0.60	0.3865	0.3865		107	72.94	5,256,196	5,326,995	
2012/07		0.55	0.9417	0.9417		107	72.94	5,283,418	5,377,178	
2013/01		0.55	0.4901	0.4901		107	72.94	5,297,662	5,403,500	
2013/07	22,766	0.50	0.6196	0.6196		107	77.16	5,336,840	5,436,991	



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: 7/31/2014

0 207683-00 - 2015/01

240.11

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		0.50	0.8564	0.8564		107	77.16	5,359,692	5,483,536	
2014/07		0.45	1.2383	1.2383		107	73.40	5,389,556	5,551,481	
2015/01		0.45	0.7571	0.7571		107	77.62	5,407,918	5,593,532	

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: 207683073120140801201310192014102554



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 207799-00 - 2015/01

241.78

The Ponce Therapy 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
1999 OLD MOULTRIE ROAD	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
SAINT AUGUSTINE, FL 32086	Days in CR 365	Maximum: 43,800	Standard: 243
County: St Johns [55]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 38,110	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,944	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,569	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	69.71661%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.00913%	Cost: 1.05323681
Open Date: 05/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 05/01/1984	Low Occupancy Adjustment Factor:	111.10674%	DC Sem Index: 1.25449501
Med # Active Date: 05/08/1984	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,138,527	2,172,358	1,480,784	422,447		5,214,116
1a	Audit Adjustments						
2	Cost Per Diem	42.8517	81.7629	55.7335	15.9000		196.2481
3	Cost Per Diem Inflated	45.1330	84.8046	58.7006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1330	84.8046	58.7006	15.9000		204.5382
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8482		57.7385			
7	Provider Target Rate	54.7835		59.8529			
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	45.1330	84.8046	58.7006	13.6500		202.2882
12/13	Medical Adjustment Rate		1.8811	1.3020			
14	Prospective Per Diem 11	45.1330	86.6857	60.0026	13.6500		205.4713
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 207799-00 - 2015/01

241.78

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

The Ponce Therapy Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/2004	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,600,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,814,749 16.7742
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	1,203,687 0.4580
Indexed Asset Value	6,018,436	Interest Rate:	12.6180%	Insurance Cost(3):	98,167 2.5759
FRVS Base Asset:	3,007,294	Chase Rate:	13.0000%	Taxes Cost(3):	35,342 0.9274
Occup Adj Factor	0.9000	Amortization Rate:	12.6180%	Home Office(3):	69,844 1.8327
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	24,653 0.0000
		Yearly Payment:	661,240	Total FRVS PD:	22.5682

- (1) 80% Capital (\$4,814,749) amortized at 12.6180 % for 20 years Principal & Interest of \$661,240 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$16.7742
- (2) 20% ROE (\$1,203,687) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4580
- (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	45.1330	45.1330	0.7852	44.3478
Direct Care	86.6857	86.6857	1.5081	85.1776
Indirect Care	60.0026	60.0026	1.0439	58.9587
Property	13.6500	22.5682	0.3926	22.1756
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2154
Supplemental Rate Add-on				9.9025
Totals	205.4713	214.3895	3.7298	241.7776

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: 7/31/2013

0 207799-00 - 2015/01

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,992,997	0.00	1.2952	1.2952		120	77.71	2,992,997	3,289,560	
1984/07		0.10	1.9179	1.9179		120	77.71	2,998,738	3,352,680	
1985/01		0.10	1.1471	1.1471		120	75.01	3,002,178	3,391,080	
1985/10		0.20	0.8522	0.8522		120	77.71	3,007,294	3,420,000	
1986/01		0.20	0.8299	0.8299		120	77.71	3,012,286	3,448,440	
1986/07		0.30	0.2974	0.2974		120	77.71	3,014,973	3,441,840	
1987/01		0.30	1.0091	1.0091		120	77.71	3,024,099	3,503,400	
1987/07		0.40	0.9007	0.9007		120	77.71	3,034,995	3,530,760	
1988/01		0.40	0.9007	0.9007		120	72.15	3,045,930	3,559,440	
1988/07		0.50	0.5899	0.5899		120	76.84	3,054,915	3,557,520	
1989/01		0.50	0.5899	0.5899		120	76.84	3,063,927	3,578,520	
1989/07		0.60	0.5899	0.5899		120	83.91	3,074,770	3,602,760	
1990/01		0.60	0.5899	0.5899		120	83.91	3,085,652	3,620,880	
1990/07		0.70	0.5899	0.5899		120	83.91	3,098,393	3,642,240	
1991/01		0.70	0.5899	0.5899		120	75.83	3,111,186	3,663,600	
1991/07		0.80	1.4932	1.4932		120	70.46	3,148,352	3,718,320	
1992/01		0.80	2.0117	2.0117		120	70.46	3,199,022	3,793,080	
1992/07		0.90	1.8152	1.8152		120	72.35	3,251,284	3,861,960	
1993/01		0.90	1.7710	1.7710		120	72.35	3,303,106	3,930,360	
1993/07		1.00	1.5329	1.5329		120	72.24	3,353,739	3,990,600	
1994/01		1.00	1.6983	1.6983		120	72.24	3,410,696	4,058,400	
1994/07	63,514	1.00	1.5991	1.5991		120	71.95	3,528,750	4,123,320	
1995/01		1.00	1.5812	1.5812		120	71.95	3,584,547	4,188,480	
1995/07		1.00	1.5250	1.5250		120	69.57	3,639,211	4,252,320	
1996/01		1.00	1.7228	1.7228		120	69.57	3,701,907	4,325,640	
1996/07		1.00	1.3294	1.3294		120	63.41	3,751,120	4,383,120	
1997/01		1.00	1.4109	1.4109		120	63.41	3,804,045	4,444,920	
1997/07		1.00	1.0917	1.0917		120	62.96	3,845,574	4,493,400	
1998/01		1.00	1.1663	1.1663		120	62.96	3,890,425	4,545,840	
1998/07		1.00	1.0794	1.0794		120	64.14	3,932,418	4,594,920	



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: 7/31/2013

0 207799-00 - 2015/01

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		120	64.14	3,989,434	4,661,520	
1999/07	53,518	1.00	1.2299	1.2299		120	68.95	4,092,018	4,718,880	
2000/01		1.00	1.3356	1.3356		120	68.95	4,146,671	4,781,880	
2000/07		1.00	1.1129	1.1129		120	68.01	4,192,819	4,835,040	
2001/01		1.00	1.2976	1.2976		120	68.01	4,247,225	4,897,800	
2001/07	36,624	1.00	0.9615	0.9615		120	66.83	4,324,686	4,944,840	
2002/01		1.00	1.0301	1.0301		120	63.60	4,369,235	4,995,720	
2002/07		1.00	0.8337	0.8337		120	63.60	4,405,661	5,037,360	
2003/01		1.00	1.3271	1.3271		120	67.48	4,464,129	5,104,200	
2003/07		1.00	1.1664	1.1664		120	67.48	4,516,199	5,163,720	
2004/01	55,848	1.00	1.1103	1.1103		120	66.14	4,622,190	5,221,080	
2004/07		0.95	0.8378	0.8378		120	66.14	4,658,978	5,264,880	
2005/01		0.95	0.8595	0.8595		120	66.14	4,697,019	5,310,120	
2005/07		0.90	0.7364	0.7364		120	64.59	4,728,151	5,349,240	
2006/01	34,820	0.90	0.9068	0.9068		120	59.06	4,801,557	5,397,720	
2006/07		0.85	0.8133	0.8133		120	59.06	4,834,750	5,441,640	
2007/01		0.85	1.0133	1.0133		120	59.06	4,876,392	5,496,720	
2007/07	312,367	0.80	1.1050	1.1050		120	62.31	5,231,866	5,557,440	
2008/01	152,349	0.80	0.8556	0.8556		120	56.24	5,420,027	5,604,960	
2008/07		0.75	0.6104	0.6104		120	56.24	5,444,840	5,639,160	
2009/01	31,581	0.75	1.3268	1.3268		120	58.82	5,530,603	5,714,040	
2009/07		0.70	0.6841	0.6841		120	58.82	5,557,089	5,753,160	
2010/01		0.70	0.8643	0.8643		120	58.82	5,590,709	5,802,840	
2010/07	88,549	0.65	0.7107	0.7107		120	58.24	5,705,087	5,844,120	
2011/01		0.65	0.9198	0.9198		120	56.56	5,739,198	5,897,880	
2011/07		0.60	0.9028	0.9028		120	56.56	5,770,287	5,951,160	
2012/01	50,607	0.60	0.3865	0.3865		120	59.82	5,834,275	5,974,200	
2012/07		0.55	0.9417	0.9417		120	59.82	5,864,491	6,030,480	
2013/01		0.55	0.4901	0.4901		120	59.82	5,880,302	6,060,000	
2013/07		0.50	0.6196	0.6196		120	66.13	5,898,519	6,097,560	



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: 7/31/2013

0 207799-00 - 2015/01

241.78

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		0.50	0.8564	0.8564		120	66.13	5,923,776	6,149,760	
2014/07	41,218	0.45	1.2383	1.2383		120	69.72	5,998,001	6,225,960	
2015/01		0.45	0.7571	0.7571		120	69.72	6,018,436	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 207799073120130801201209182013074609



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 208442-00 - 2015/01

248.33

BERNARD L. SAMSON NURSING 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
255 59TH ST N	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
SAINT PETERSBURG, FL 33710	Days in CR 365	Maximum: 65,700	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 60,266	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,761	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 40,998	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	68.02841%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.72907%	Cost: 1.05607860
Open Date: 07/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 07/01/1985	Low Occupancy Adjustment Factor:	117.13389%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1985	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,900,749	3,655,185	2,426,113	1,167,213	76	9,149,336	
1a	Audit Adjustments							
2	Cost Per Diem	46.3620	89.1552	59.1764	28.4700	0.0019	223.1655	
3	Cost Per Diem Inflated	48.9619	92.5484	62.4949				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.9619	92.5484	62.4949	28.4700	0.0019	232.4771	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	57.4481		78.4175				
7	Provider Target Rate	59.5519		81.2892				
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	48.9619	92.5484	62.4949	13.6500	0.0019	217.6571	
12/13	Medical Adjustment Rate		1.8771	1.2675				
14	Prospective Per Diem 11	48.9619	94.4255	63.7624	13.6500	0.0019	220.8017	
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 208442-00 - 2015/01

248.33

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

BERNARD L. SAMSON NURSING CENTER

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,329,070.00		Total Amount	Per Diem
RS to Start Calcs:	1985/10	Type:	Variable	80% Capital(1):	7,357,272	7.3779
Indexed Asset Value	9,196,590	<60% of Base:	False	20% ROE(2):	1,839,318	0.4473
FRVS Base Asset:	3,420,000	Interest Rate:	1.7500%	Insurance Cost(3):	89,347	1.4825
Occup Adj Factor	0.9000	Chase Rate:	5.2500%	Taxes Cost(3):	1,493	0.0248
ROE Factor	0.014380	Amortization Rate:	1.7500%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	121,801	0.0000
		Yearly Payment:	436,253	Total FRVS PD:		9.3325

- (1) 80% Capital (\$7,357,272) amortized at 1.7500 % for 20 years Principal & Interest of \$436,253 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$7.3779
- (2) 20% ROE (\$1,839,318) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4473
- (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:	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	48.9619	48.9619	0.8518	48.1101
Direct Care	94.4255	94.4255	1.6428	92.7827
Indirect Care	63.7624	63.7624	1.1093	62.6531
Property	13.6500	9.3325	0.2375	13.4125
ROE	0.0019			0.0019
ROE Adjustment				
Quality Assess-Medicaid Share				21.4680
Supplemental Rate Add-on				9.9025
Totals	220.8017	216.4823	3.8414	248.3308

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 208442-00 - 2015/01

248.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,778,447	0.00	0.8522	0.8522		120	34.22	3,420,000	3,420,000	1
1986/01		0.10	0.8299	0.8299		120	34.22	3,421,766	3,448,440	
1986/07		0.10	0.2974	0.2974		120	34.22	3,422,398	3,441,840	
1987/01		0.20	1.0091	1.0091		120	34.22	3,426,695	3,503,400	
1987/07		0.20	0.9007	0.9007		120	34.22	3,430,535	3,530,760	
1988/01		0.30	0.9007	0.9007		120	50.65	3,439,071	3,559,440	
1988/07		0.30	0.5899	0.5899		120	50.65	3,444,677	3,557,520	
1989/01		0.40	0.5899	0.5899		120	52.80	3,452,481	3,578,520	
1989/07		0.40	0.5899	0.5899		120	52.80	3,460,303	3,602,760	
1990/01		0.50	0.5899	0.5899		120	56.39	3,470,511	3,620,880	
1990/07	22,550	0.50	0.5899	0.5899		120	56.39	3,503,299	3,642,240	
1991/01		0.60	0.5899	0.5899		120	55.32	3,515,697	3,663,600	
1991/07		0.60	1.4932	1.4932		120	55.32	3,547,194	3,718,320	
1992/01		0.70	2.0117	2.0117		120	53.90	3,596,147	3,793,080	
1992/07		0.70	1.8152	1.8152		120	53.90	3,640,926	3,861,960	
1993/01	47,536	0.80	1.7710	1.7710		120	62.62	3,740,047	3,930,360	
1993/07		0.80	1.5329	1.5329		120	62.62	3,785,911	3,990,600	
1994/01	44,635	0.90	1.6983	1.6983		120	63.46	3,888,414	4,058,400	
1994/07		0.90	1.5991	1.5991		120	63.46	3,944,376	4,123,320	
1995/01	138,062	1.00	1.5812	1.5812		120	65.32	4,144,806	4,188,480	
1995/07		1.00	1.5250	1.5250		120	65.32	4,208,014	4,252,320	
1996/01	20,844	1.00	1.7228	1.7228		120	63.39	4,301,354	4,325,640	
1996/07		1.00	1.3294	1.3294		120	63.39	4,358,536	4,383,120	
1997/01	90,824	1.00	1.4109	1.4109		120	67.98	4,444,920	4,444,920	8
1997/07		1.00	1.0917	1.0917		120	67.98	4,493,400	4,493,400	8
1998/01	17,671	1.00	1.1663	1.1663		120	69.04	4,545,840	4,545,840	8
1998/07		1.00	1.0794	1.0794		120	69.04	4,594,908	4,594,920	
1999/01	40,690	1.00	1.4499	1.4499		120	69.30	4,661,520	4,661,520	8
1999/07		1.00	1.2299	1.2299		120	69.30	4,718,852	4,718,880	
2000/01	2,357,854	1.00	1.3356	1.3356		180	70.32	7,139,731	7,172,820	



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 208442-00 - 2015/01

248.33

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		180	70.32	7,219,189	7,252,560	
2001/01	59,853	1.00	1.2976	1.2976		180	65.75	7,346,700	7,346,700	8
2001/07		1.00	0.9615	0.9615		180	65.75	7,417,260	7,417,260	8
2002/01	31,414	1.00	1.0301	1.0301		180	64.49	7,493,580	7,493,580	8
2002/07		1.00	0.8337	0.8337		180	64.49	7,556,040	7,556,040	8
2003/01	317,463	1.00	1.3271	1.3271		180	66.17	7,656,300	7,656,300	8
2003/07		1.00	1.1664	1.1664		180	66.17	7,745,580	7,745,580	8
2004/01	501,661	1.00	1.1103	1.1103		180	66.09	7,831,620	7,831,620	8
2004/07		1.00	0.8378	0.8378		180	66.09	7,897,233	7,897,320	
2005/01	187,878	1.00	0.8595	0.8595		180	67.28	7,965,180	7,965,180	8
2005/07		1.00	0.7364	0.7364		180	67.28	8,023,836	8,023,860	
2006/01		0.95	0.9068	0.9068		180	67.28	8,092,961	8,096,580	
2006/07		0.95	0.8133	0.8133		180	69.47	8,155,487	8,162,460	
2007/01	53,777	0.90	1.0133	1.0133		180	68.53	8,245,080	8,245,080	8
2007/07		0.90	1.1050	1.1050		180	68.53	8,327,077	8,336,160	
2008/01	89,626	0.85	0.8556	0.8556		180	65.97	8,407,440	8,407,440	8
2008/07		0.85	0.6104	0.6104		180	65.97	8,451,058	8,458,740	
2009/01		0.80	1.3268	1.3268		180	65.97	8,540,758	8,571,060	
2009/07	65,678	0.80	0.6841	0.6841		180	65.25	8,629,740	8,629,740	8
2010/01		0.75	0.8643	0.8643		180	65.25	8,685,678	8,704,260	
2010/07	1,037,906	0.75	0.7107	0.7107		180	68.87	8,766,180	8,766,180	8
2011/01		0.70	0.9198	0.9198		180	69.97	8,822,625	8,846,820	
2011/07		0.70	0.9028	0.9028		180	69.97	8,878,384	8,926,740	
2012/01		0.65	0.3865	0.3865		180	69.97	8,900,687	8,961,300	
2012/07		0.65	0.9417	0.9417		180	74.87	8,955,168	9,045,720	
2013/01		0.60	0.4901	0.4901		180	74.87	8,981,505	9,090,000	
2013/07	42,365	0.60	0.6196	0.6196		180	73.37	9,057,263	9,146,340	
2014/01		0.55	0.8564	0.8564		180	73.37	9,099,923	9,224,640	
2014/07		0.55	1.2383	1.2383		180	68.03	9,161,903	9,338,940	
2015/01		0.50	0.7571	0.7571		180	68.03	9,196,590	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: 208442063020130701201210232013164602



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 208485-00 - 2015/01

241.37

Jupiter Medical Center Pavilion, 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
1230 SOUTH OLD DIXIE HWY	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 243
JUPITER, FL 33458-7297	Days in CR 365	Maximum: 43,800	Standard: 0
County: Palm Beach [50]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 26,695	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 13,676	Inflation
Current Class South Large	Initial CR? False	Medicaid: 7,380	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	27.64563%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	60.94749%	Cost: 1.04757614
Open Date: 01/01/1974	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 01/01/1974	Low Occupancy Adjustment Factor:	77.82720%	DC Sem Index: 1.25449501
Med # Active Date: 09/05/1984	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	355,652	967,106	441,045	85,387		1,849,190	
1a	Audit Adjustments							
2	Cost Per Diem	48.1913	131.0442	59.7622	11.5701		250.5678	
3	Cost Per Diem Inflated	50.4841	135.6948	62.6055				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.4841	135.6948	62.6055	11.5701		260.3545	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.2111		71.2394				
7	Provider Target Rate	70.7091		73.8483				
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	50.4841	99.8648	62.6055	11.5701		224.5245	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.4841	99.8648	62.6055	11.5701		224.5245	
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 208485-00 - 2015/01

241.37

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

Jupiter Medical Center Pavilion, 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:	2,566,518.00	Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed	80% Capital(1):	4,532,834 9.6877
Indexed Asset Value	5,666,042	<60% of Base:	False	20% ROE(2):	1,133,208 0.4792
FRVS Base Asset:	3,420,000	Interest Rate:	5.7500%	Insurance Cost(3):	28,679 1.0743
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	864 0.0324
ROE Factor	0.016670	Amortization Rate:	5.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	15,544 0.0000
		Yearly Payment:	381,891	Total FRVS PD:	11.2736

- (1) 80% Capital (\$4,532,834) amortized at 5.7500 % for 20 years Principal & Interest of \$381,891 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6877
- (2) 20% ROE (\$1,133,208) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4792
- (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	50.4841	50.4841	0.8783	49.6058
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	62.6055	62.6055	1.0892	61.5163
Property	11.5701	11.2736	0.1961	11.0775
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.1445
Supplemental Rate Add-on				9.9025
Totals	224.5245	224.2280	3.9010	241.3740

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: 9/30/2013

0 208485-00 - 2015/01

241.37

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	194,226	0.00	4.0445	3.0000	1.0445	120	100.00	194,226	1,807,440	
1976/07		0.10	4.5297	3.0000	1.5297	120	100.00	194,809	1,870,440	
1977/01	3,586,784	0.10	5.2803	3.0000	2.2803	120	100.00	3,782,177	1,940,640	
1977/07		0.20	7.3379	3.0000	4.3379	120	100.00	3,804,870	2,038,680	
1978/01		0.20	9.0776	3.0000	6.0776	120	100.00	3,827,699	2,135,400	
1978/07	43,258	0.30	11.6170	3.0000	8.6170	120	100.00	3,905,406	2,253,600	
1979/01	52,089	0.30	13.7443	3.0000	10.7443	120	100.00	3,992,644	2,369,160	
1979/07		0.40	14.9425	3.0000	11.9425	120	100.00	4,040,556	2,468,640	
1980/01		0.40	18.1082	3.0000	15.1082	120	24.08	4,040,556	2,620,920	
1980/07	22,581	0.50	18.9189	3.0000	15.9189	120	24.08	4,063,137	2,720,760	
1981/01		0.50	19.7429	3.0000	16.7429	120	21.67	4,063,137	2,824,800	
1981/07	4,563	0.60	19.3317	3.0000	16.3317	120	21.67	4,067,700	2,897,880	
1982/01		0.60	19.0077	3.0000	16.0077	120	17.22	4,067,700	2,975,520	
1982/07	35,057	0.70	18.3054	3.0000	15.3054	120	17.22	4,102,757	3,043,800	
1983/04	78,037	0.70	17.9342	3.0000	14.9342	120	17.60	4,180,794	3,123,840	
1983/07		0.80	18.8920	3.0000	15.8920	120	17.60	4,180,794	3,247,440	
1984/01		0.80	17.1872	3.0000	14.1872	120	23.41	4,180,794	3,289,560	
1984/07	2,245	0.90	16.1051	3.0000	13.1051	120	23.41	4,183,039	3,352,680	
1985/01		0.90	14.2522	3.0000	11.2522	120	22.63	4,183,039	3,391,080	
1985/10	4,103	1.00	12.1044	3.0000	9.1044	120	22.63	3,420,000	3,420,000	1
1986/01		1.00	9.9343	3.0000	6.9343	120	22.63	3,420,000	3,448,440	
1986/07		1.00	7.2317	3.0000	4.2317	120	22.63	3,420,000	3,441,840	
1987/01		1.00	5.2408	3.0000	2.2408	120	22.63	3,420,000	3,503,400	
1987/07		1.00	3.1415	3.0000	0.1415	120	22.63	3,420,000	3,530,760	
1988/01		1.00	1.0422	1.0422		120	22.63	3,420,000	3,559,440	
1988/07		1.00	0.5899	0.5899		120	21.30	3,420,000	3,557,520	
1989/01		1.00	0.5899	0.5899		120	21.30	3,420,000	3,578,520	
1989/07		1.00	0.5899	0.5899		120	26.95	3,429,886	3,602,760	
1990/01		1.00	0.5899	0.5899		120	26.95	3,439,800	3,620,880	
1990/07		1.00	0.5899	0.5899		120	34.10	3,452,381	3,642,240	



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: 9/30/2013

0 208485-00 - 2015/01

241.37

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		1.00	0.5899	0.5899		120	34.10	3,465,008	3,663,600	
1991/07		1.00	1.4932	1.4932		120	39.09	3,501,781	3,718,320	
1992/01		1.00	2.0117	2.0117		120	39.09	3,551,848	3,793,080	
1992/07		1.00	1.8152	1.8152		120	44.41	3,603,907	3,861,960	
1993/01		1.00	1.7710	1.7710		120	44.41	3,655,443	3,930,360	
1993/07		1.00	1.5329	1.5329		120	46.63	3,702,950	3,990,600	
1994/01		1.00	1.6983	1.6983		120	46.63	3,756,267	4,058,400	
1994/07		1.00	1.5991	1.5991		120	57.22	3,816,333	4,123,320	
1995/01		1.00	1.5812	1.5812		120	57.22	3,876,677	4,188,480	
1995/07		1.00	1.5250	1.5250		120	50.87	3,876,677	4,252,320	5
1996/01		1.00	1.7228	1.7228		120	50.87	3,931,357	4,325,640	5
1996/07		0.95	1.3294	1.3294		120	53.32	4,042,901	4,383,120	
1997/01		0.95	1.4109	1.4109		120	53.32	4,095,437	4,444,920	
1997/07	28,051	0.90	1.0917	1.0917		120	43.24	4,155,122	4,493,400	
1998/01		0.90	1.1663	1.1663		120	43.24	4,189,412	4,545,840	
1998/07		0.85	1.0794	1.0794		120	42.37	4,219,023	4,594,920	
1999/01		0.85	1.4499	1.4499		120	42.37	4,259,078	4,661,520	
1999/07	26,220	0.80	1.2299	1.2299		120	54.77	4,327,028	4,718,880	
2000/01		0.80	1.3356	1.3356		120	54.77	4,373,069	4,781,880	
2000/07		0.75	1.1129	1.1129		120	54.77	4,409,418	4,835,040	
2001/01	18,286	0.75	1.2976	1.2976		120	52.43	4,468,611	4,897,800	
2001/07	763,812	0.70	0.9615	0.9615		120	45.37	4,944,840	4,944,840	8
2002/01		0.70	1.0301	1.0301		120	45.37	4,974,254	4,995,720	
2002/07		0.65	0.8337	0.8337		120	56.70	5,001,209	5,037,360	
2003/01		0.65	1.3271	1.3271		120	56.70	5,044,349	5,104,200	
2003/07		0.60	1.1664	1.1664		120	37.71	5,068,552	5,163,720	
2004/01		0.60	1.1103	1.1103		120	37.71	5,091,704	5,221,080	
2004/07		0.55	0.8378	0.8378		120	45.29	5,111,024	5,264,880	
2005/01		0.55	0.8595	0.8595		120	45.29	5,130,919	5,310,120	
2005/07	88,278	0.50	0.7364	0.7364		120	40.22	5,233,012	5,349,240	



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: 9/30/2013

0 208485-00 - 2015/01

241.37

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		0.50	0.9068	0.9068		120	40.22	5,250,363	5,397,720	
2006/07	24,900	0.45	0.8133	0.8133		120	41.47	5,289,752	5,441,640	
2007/01		0.45	1.0133	1.0133		120	41.47	5,307,939	5,496,720	
2007/07	18,347	0.40	1.1050	1.1050		120	41.76	5,344,099	5,557,440	
2008/01		0.40	0.8556	0.8556		120	41.76	5,357,984	5,604,960	
2008/07	20,051	0.35	0.6104	0.6104		120	48.04	5,388,031	5,639,160	
2009/01		0.35	1.3268	1.3268		120	48.04	5,409,887	5,714,040	
2009/07	46,784	0.30	0.6841	0.6841		120	47.21	5,466,200	5,753,160	
2010/01		0.30	0.8643	0.8643		120	47.21	5,478,366	5,802,840	
2010/07		0.25	0.7107	0.7107		120	50.87	5,487,370	5,844,120	
2011/01		0.25	0.9198	0.9198		120	50.87	5,499,043	5,897,880	
2011/07		0.20	0.9028	0.9028		120	46.00	5,507,349	5,951,160	
2012/01		0.20	0.3865	0.3865		120	46.00	5,510,910	5,974,200	
2012/07	32,279	0.15	0.9417	0.9417		120	43.35	5,549,327	6,030,480	
2013/01		0.15	0.4901	0.4901		120	43.35	5,552,542	6,060,000	
2013/07	105,064	0.10	0.6196	0.6196		120	37.13	5,659,930	6,097,560	
2014/01		0.10	0.8564	0.8564		120	37.13	5,663,201	6,149,760	
2014/07		0.05	1.2383	1.2383		120	27.65	5,664,963	6,225,960	
2015/01		0.05	0.7571	0.7571		120	27.65	5,666,042	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 208507-00 - 2015/01
225.98

Claridge House Nursing & 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
13900 NE 3RD COURT	9/1/2012-8/31/2013	Number of Beds: 240	Superior: 0
NORTH MIAMI, FL 33161	Days in CR 365	Maximum: 87,600	Standard: 243
County: Dade [13]	First Used : 2014/01	Max Annualized: 87,600	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 79,165	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,269	Inflation
Current Class South Large	Initial CR? False	Medicaid: 65,006	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	82.11457%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.37100%	Cost: 1.05040266
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: 1.21049917
Entered Medicaid 08/01/1985	Low Occupancy Adjustment Factor:	115.39969%	DC Sem Index: 1.25449501
Med # Active Date: 08/22/1985	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	2,474,045	5,886,614	3,710,156	1,097,301		13,168,116
1a	Audit Adjustments						
2	Cost Per Diem	38.0587	90.5549	57.0741	16.8800		202.5677
3	Cost Per Diem Inflated	39.9770	93.8461	59.9508			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.9770	93.8461	59.9508	16.8800		210.6539
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3837		63.4623			
7	Provider Target Rate	49.1189		65.7863			
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	39.9770	93.8461	59.9508	13.6500		207.4239
12/13	Medical Adjustment Rate		3.3906	2.1660			
14	Prospective Per Diem 11	39.9770	97.2367	62.1168	13.6500		212.9805
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 208507-00 - 2015/01

225.98

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

Claridge House Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,735,600.00		Total Amount	Per Diem
RS to Start Calcs:	1985/10	Type:	Fixed	80% Capital(1):	7,537,014	13.0337
Indexed Asset Value	9,421,267	<60% of Base:	False	20% ROE(2):	1,884,253	0.3759
FRVS Base Asset:	5,041,736	Interest Rate:	12.5000%	Insurance Cost(3):	215,546	2.7227
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	122,470	1.5470
ROE Factor	0.015730	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	59,453	0.0000
		Yearly Payment:	1,027,573	Total FRVS PD:		17.6793

- (1) 80% Capital (\$7,537,014) amortized at 12.5000 % for 20 years Principal & Interest of \$1,027,573 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$13.0337
- (2) 20% ROE (\$1,884,253) times the ROE factor (0.015730) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.3759
- (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	39.9770	39.9770	0.6955	39.2815
Direct Care	97.2367	97.2367	1.6917	95.5450
Indirect Care	62.1168	62.1168	1.0807	61.0361
Property	13.6500	17.6793	0.3076	17.3717
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.8392
Supplemental Rate Add-on				9.9025
Totals	212.9805	217.0098	3.7755	225.9760

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: 8/31/2013

0 208507-00 - 2015/01

225.98

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	5,041,736	0.00	0.8522	0.8522		240	14.89	5,041,736	6,840,000	
1986/01		0.10	0.8299	0.8299		240	14.89	5,041,736	6,896,880	
1986/07		0.10	0.2974	0.2974		240	14.89	5,041,736	6,883,680	
1987/01		0.20	1.0091	1.0091		240	14.89	5,041,736	7,006,800	
1987/07		0.20	0.9007	0.9007		240	14.89	5,041,736	7,061,520	
1988/01		0.30	0.9007	0.9007		240	14.89	5,041,736	7,118,880	
1988/07		0.30	0.5899	0.5899		240	47.84	5,049,498	7,115,040	
1989/01		0.40	0.5899	0.5899		240	47.84	5,059,863	7,157,040	
1989/07		0.40	0.5899	0.5899		240	58.17	5,071,804	7,205,520	
1990/01		0.50	0.5899	0.5899		240	58.17	5,086,766	7,241,760	
1990/07		0.50	0.5899	0.5899		240	66.62	5,086,766	7,284,480	5
1991/01		0.60	0.5899	0.5899		240	66.62	5,119,827	7,327,200	
1991/07		0.60	1.4932	1.4932		240	69.66	5,119,827	7,436,640	5
1992/01		0.70	2.0117	2.0117		240	69.66	5,238,439	7,586,160	
1992/07		0.70	1.8152	1.8152		240	69.66	5,304,999	7,723,920	
1993/01		0.80	1.7710	1.7710		240	73.20	5,380,160	7,860,720	
1993/07		0.80	1.5329	1.5329		240	73.20	5,446,137	7,981,200	
1994/01		0.90	1.6983	1.6983		240	75.19	5,529,381	8,116,800	
1994/07	57,067	0.90	1.5991	1.5991		240	75.60	5,666,027	8,246,640	
1995/01		1.00	1.5812	1.5812		240	75.60	5,755,618	8,376,960	
1995/07		1.00	1.5250	1.5250		240	75.60	5,843,391	8,504,640	
1996/01		1.00	1.7228	1.7228		240	75.78	5,944,061	8,651,280	
1996/07		1.00	1.3294	1.3294		240	75.78	6,023,081	8,766,240	
1997/01		1.00	1.4109	1.4109		240	71.08	6,108,061	8,889,840	
1997/07		1.00	1.0917	1.0917		240	76.29	6,174,743	8,986,800	
1998/01		1.00	1.1663	1.1663		240	76.29	6,246,759	9,091,680	
1998/07		1.00	1.0794	1.0794		240	76.29	6,314,187	9,189,840	
1999/01		1.00	1.4499	1.4499		240	74.56	6,405,736	9,323,040	
1999/07		1.00	1.2299	1.2299		240	74.56	6,484,520	9,437,760	
2000/01		1.00	1.3356	1.3356		240	71.88	6,571,127	9,563,760	



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: 8/31/2013

0 208507-00 - 2015/01

225.98

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		240	74.26	6,644,257	9,670,080	
2001/01		1.00	1.2976	1.2976		240	74.26	6,730,473	9,795,600	
2001/07		1.00	0.9615	0.9615		240	78.28	6,795,186	9,889,680	
2002/01		1.00	1.0301	1.0301		240	75.49	6,865,183	9,991,440	
2002/07		1.00	0.8337	0.8337		240	75.49	6,865,183	10,074,720	5
2003/01	800,000	1.00	1.3271	1.3271		240	75.36	7,814,285	10,208,400	
2003/07		1.00	1.1664	1.1664		240	75.36	7,905,431	10,327,440	
2004/01		1.00	1.1103	1.1103		240	72.74	7,993,205	10,442,160	
2004/07		1.00	0.8378	0.8378		240	72.74	8,060,172	10,529,760	
2005/01		1.00	0.8595	0.8595		240	72.35	8,129,449	10,620,240	
2005/07		1.00	0.7364	0.7364		240	72.35	8,189,314	10,698,480	
2006/01		0.95	0.9068	0.9068		240	72.35	8,259,865	10,795,440	
2006/07		0.95	0.8133	0.8133		240	69.45	8,323,681	10,883,280	
2007/01		0.90	1.0133	1.0133		240	69.45	8,399,593	10,993,440	
2007/07		0.90	1.1050	1.1050		240	68.69	8,483,127	11,114,880	
2008/01		0.85	0.8556	0.8556		240	68.69	8,544,825	11,209,920	
2008/07		0.85	0.6104	0.6104		240	70.08	8,589,156	11,278,320	
2009/01	188,053	0.80	1.3268	1.3268		240	72.21	8,868,374	11,428,080	
2009/07		0.80	0.6841	0.6841		240	72.21	8,916,911	11,506,320	
2010/01		0.75	0.8643	0.8643		240	72.21	8,974,710	11,605,680	
2010/07		0.75	0.7107	0.7107		240	73.44	9,022,545	11,688,240	
2011/01		0.70	0.9198	0.9198		240	78.01	9,080,641	11,795,760	
2011/07		0.70	0.9028	0.9028		240	78.01	9,138,031	11,902,320	
2012/01		0.65	0.3865	0.3865		240	78.01	9,160,986	11,948,400	
2012/07		0.65	0.9417	0.9417		240	77.09	9,217,060	12,060,960	
2013/01		0.60	0.4901	0.4901		240	77.09	9,244,167	12,120,000	
2013/07		0.60	0.6196	0.6196		240	78.08	9,278,537	12,195,120	
2014/01		0.55	0.8564	0.8564		240	82.11	9,322,239	12,299,520	
2014/07		0.55	1.2383	1.2383		240	82.11	9,385,733	12,451,920	
2015/01		0.50	0.7571	0.7571		240	82.11	9,421,267	12,546,240	

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 208540-00 - 2015/01

212.62

Westminster Towers

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
70 WEST LUCERNE CIRCLE	4/1/2013-3/31/2014	Number of Beds: 120	Superior: 0
ORLANDO, FL 32801	Days in CR 365	Maximum: 43,800	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: 40,677	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 4,801	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 19,450	FY Index: 1.31463861
Class at 1/94: North Large	Medical Utilization	47.81572%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.86986%	Cost: 1.04334296
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: 1.21900000
Entered Medicaid 07/26/1985	Low Occupancy Adjustment Factor:	118.59062%	DC Sem Index: 1.25449501
Med # Active Date: 07/26/1985	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02911814
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,101,449	1,399,066	1,276,811	349,128		4,126,454	
1a	Audit Adjustments							
2	Cost Per Diem	56.6298	71.9314	65.6458	17.9500		212.1570	
3	Cost Per Diem Inflated	59.0843	74.0259	68.4911				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.0843	74.0259	68.4911	17.9500		219.5513	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.6089		80.5866				
7	Provider Target Rate	53.4989		83.5378				
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	53.4989	74.0259	63.5578	13.6500		204.7326	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.4989	74.0259	63.5578	13.6500		204.7326	
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 208540-00 - 2015/01

212.62

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

Westminster Towers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,075,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,839,949 12.8710
RS to Start Calcs:	1984/01	<60% of Base:	False	20% ROE(2):	959,987 0.5048
Indexed Asset Value	4,799,936	Interest Rate:	12.0000%	Insurance Cost(3):	57,267 1.4078
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.0000%	Home Office(3):	17,826 0.4382
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	313,552 0.0000
		Yearly Payment:	507,374	Total FRVS PD:	15.2218

(1) 80% Capital (\$3,839,949) amortized at 12.0000 % for 20 years Principal & Interest of \$507,374 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.8710

(2) 20% ROE (\$959,987) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5048

(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	53.4989	53.4989	0.9308	52.5681
Direct Care	74.0259	74.0259	1.2879	72.7380
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	13.6500	15.2218	0.2648	14.9570
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	204.7326	206.3044	3.5893	212.6176

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: 3/31/2014

0 208540-00 - 2015/01

212.62

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	4,796,910	0.00	1.2952	1.2952		120		4,796,910	3,289,560	
1984/07		0.10	1.9179	1.9179		120		4,796,910	3,352,680	
1985/01		0.10	1.1471	1.1471		120	2.71	4,796,910	3,391,080	
1985/10		0.20	0.8522	0.8522		120	2.71	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	2.71	3,420,000	3,448,440	
1986/07		0.30	0.2974	0.2974		120	2.71	3,420,000	3,441,840	
1987/01		0.30	1.0091	1.0091		120	2.71	3,420,000	3,503,400	
1987/07		0.40	0.9007	0.9007		120	2.71	3,420,000	3,530,760	
1988/01		0.40	0.9007	0.9007		120	6.74	3,420,000	3,559,440	
1988/07		0.50	0.5899	0.5899		120	6.74	3,420,000	3,557,520	
1989/01		0.50	0.5899	0.5899		120	11.92	3,420,000	3,578,520	
1989/07		0.60	0.5899	0.5899		120	11.92	3,420,000	3,602,760	
1990/01		0.60	0.5899	0.5899		120	13.80	3,420,000	3,620,880	
1990/07		0.70	0.5899	0.5899		120	13.80	3,420,000	3,642,240	
1991/01		0.70	0.5899	0.5899		120	15.79	3,420,000	3,663,600	
1991/07		0.80	1.4932	1.4932		120	15.79	3,420,000	3,718,320	
1992/01		0.80	2.0117	2.0117		120	15.79	3,420,000	3,793,080	
1992/07		0.90	1.8152	1.8152		120	16.06	3,420,000	3,861,960	
1993/01		0.90	1.7710	1.7710		120	19.36	3,420,000	3,930,360	
1993/07		1.00	1.5329	1.5329		120	19.36	3,420,000	3,990,600	
1994/01		1.00	1.6983	1.6983		120	22.56	3,420,000	4,058,400	
1994/07		1.00	1.5991	1.5991		120	22.56	3,420,000	4,123,320	
1995/01	300,000	1.00	1.5812	1.5812		120	20.79	3,720,000	4,188,480	
1995/07		1.00	1.5250	1.5250		120	20.79	3,720,000	4,252,320	
1996/01	28,145	1.00	1.7228	1.7228		120	23.72	3,748,145	4,325,640	
1996/07		1.00	1.3294	1.3294		120	23.72	3,748,145	4,383,120	
1997/01	105,627	1.00	1.4109	1.4109		120	27.76	3,880,463	4,444,920	
1997/07		1.00	1.0917	1.0917		120	27.76	3,880,463	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	26.57	3,923,829	4,545,840	
1998/07		1.00	1.0794	1.0794		120	26.57	3,944,290	4,594,920	



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: 3/31/2014

0 208540-00 - 2015/01

212.62

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		120	27.67	3,973,061	4,661,520	
1999/07		1.00	1.2299	1.2299		120	27.67	3,997,644	4,718,880	
2000/01		1.00	1.3356	1.3356		120	25.74	4,022,632	4,781,880	
2000/07		1.00	1.1129	1.1129		120	25.74	4,043,583	4,835,040	
2001/01		1.00	1.2976	1.2976		120	25.13	4,067,557	4,897,800	
2001/07		1.00	0.9615	0.9615		120	25.13	4,085,427	4,944,840	
2002/01		1.00	1.0301	1.0301		120	30.24	4,108,566	4,995,720	
2002/07		1.00	0.8337	0.8337		120	30.24	4,127,399	5,037,360	
2003/01		1.00	1.3271	1.3271		120	28.72	4,156,001	5,104,200	
2003/07		1.00	1.1664	1.1664		120	28.72	4,181,314	5,163,720	
2004/01		1.00	1.1103	1.1103		120	29.30	4,206,046	5,221,080	
2004/07		0.95	0.8378	0.8378		120	29.30	4,223,880	5,264,880	
2005/01		0.95	0.8595	0.8595		120	36.75	4,246,924	5,310,120	
2005/07		0.90	0.7364	0.7364		120	36.75	4,265,732	5,349,240	
2006/01		0.90	0.9068	0.9068		120	33.70	4,287,063	5,397,720	
2006/07		0.85	0.8133	0.8133		120	33.70	4,305,222	5,441,640	
2007/01		0.85	1.0133	1.0133		120	38.60	4,331,246	5,496,720	
2007/07		0.80	1.1050	1.1050		120	38.60	4,358,117	5,557,440	
2008/01		0.80	0.8556	0.8556		120	38.87	4,379,200	5,604,960	
2008/07		0.75	0.6104	0.6104		120	38.87	4,393,368	5,639,160	
2009/01	52,959	0.75	1.3268	1.3268		120	41.97	4,479,688	5,714,040	
2009/07		0.70	0.6841	0.6841		120	41.97	4,496,059	5,753,160	
2010/01		0.70	0.8643	0.8643		120	44.46	4,518,047	5,802,840	
2010/07		0.65	0.7107	0.7107		120	44.46	4,534,920	5,844,120	
2011/01		0.65	0.9198	0.9198		120	44.47	4,556,843	5,897,880	
2011/07		0.60	0.9028	0.9028		120	44.47	4,576,801	5,951,160	
2012/01	73,686	0.60	0.3865	0.3865		120	51.96	4,660,514	5,974,200	
2012/07		0.55	0.9417	0.9417		120	51.96	4,683,317	6,030,480	
2013/01		0.55	0.4901	0.4901		120	50.54	4,694,919	6,060,000	
2013/07		0.50	0.6196	0.6196		120	50.54	4,708,284	6,097,560	



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: 3/31/2014

0 208540-00 - 2015/01

212.62

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	31,084	0.50	0.8564	0.8564		120	54.66	4,759,404	6,149,760	
2014/07		0.45	1.2383	1.2383		120	54.66	4,785,759	6,225,960	
2015/01		0.45	0.7571	0.7571		120	47.82	4,799,936	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: 208540033120140401201310232014125605



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 209325-00 - 2015/01

250.09

Courtenay Springs Village

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
1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952 County: Brevard [5] Region: Central Area: 7 Control: Nonprofit : 501(c)(3) Organization Current Class Central Small Class at 1/94: North Small Operating Ex > 18 months Open Date: 06/01/1984 Acquired Date: 06/01/1984 Entered Medicaid 06/01/1984 Med # Active Date: 11/18/1986 Previous Med # 207888	10/1/2012-9/30/2013 Days in CR 365 First Used : 2014/07 Last Used: 2015/01 Unaudited Initial CR? False Medical Utilization Occupancy: Statewide Low Occupancy Threshold: Medicaid Low Occupancy Threshold: Low Occupancy Adjustment Factor: Weighted Low Occ Adjustment Factor:	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 24,675 Medicare: 4,672 Medicaid: 12,291 49.81155% 70.41952% 78.31130% 41.41010% 89.92255% 100.00000%	Superior: 0 Standard: 201 Conditional: 42 Total: 243 <div style="border: 1px solid black; padding: 2px; text-align: center;">Inflation</div> FY Index: 1.30932625 Semester Index: 1.37161894 Cost: 1.04757614 Target: 1.02563464 DC FY Index: 1.21150000 DC Sem Index: 1.25449501 DC Inflation: 1.03548907 PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	769,610	879,689	757,766	129,916		2,536,981	
1a	Audit Adjustments							
2	Cost Per Diem	62.6157	71.5718	61.6521	10.5700		206.4096	
3	Cost Per Diem Inflated	65.5947	74.1118	64.5853				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	65.5947	74.1118	64.5853	10.5700		214.8618	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.3333		63.3459				
7	Provider Target Rate	63.5794		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	59.8017	74.1118	64.5853	10.5700		209.0688	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	59.8017	74.1118	64.5853	10.5700		209.0688	
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 209325-00 - 2015/01

250.09

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

Courtenay Springs Village

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,625,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	3,787,918	18.2892
Indexed Asset Value	4,734,898	<60% of Base:	False	20% ROE(2):	946,980	0.5006
FRVS Base Asset:	1,710,000	Interest Rate:	14.3480%	Insurance Cost(3):	94,199	3.8176
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	41,655	1.6881
ROE Factor	0.016670	Amortization Rate:	14.3480%	Home Office(3):	28,479	1.1542
		Interest Only:	False	Replacement(3&4):	123,869	0.0000
		Yearly Payment:	576,767	Total FRVS PD:		25.4497

(1) 80% Capital (\$3,787,918) amortized at 14.3480 % for 20 years Principal & Interest of \$576,767 divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$18.2892

(2) 20% ROE (\$946,980) times the ROE factor (0.016670) divided by annual available days (35040) divided by Occup. Adj. (0.90) = \$0.5006

(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	74.1118	74.1118	1.2894	72.8224
Indirect Care	64.5853	64.5853	1.1236	63.4617
Property	10.5700	25.4497	0.4428	25.0069
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.1357
Supplemental Rate Add-on				9.9025
Totals	209.0688	223.9485	3.8962	250.0905

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: 9/30/2013

0 209325-00 - 2015/01

250.09

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	5,240,380	0.00	1.2952	1.2952		60	74.61	5,240,380	1,644,780	
1984/07		0.10	1.9179	1.9179		60	74.61	5,250,431	1,676,340	
1985/01		0.10	1.1471	1.1471		60	74.61	5,256,453	1,695,540	
1985/10		0.20	0.8522	0.8522		60	74.61	1,710,000	1,710,000	1
1986/01		0.20	0.8299	0.8299		60	74.61	1,712,839	1,724,220	
1986/07	11,474	0.30	0.2974	0.2974		96	78.70	1,725,841	2,753,472	
1987/01	1,032,552	0.30	1.0091	1.0091		96	78.70	2,763,617	2,802,720	
1987/07		0.40	0.9007	0.9007		96	78.70	2,773,574	2,824,608	
1988/01		0.40	0.9007	0.9007		96	78.70	2,783,567	2,847,552	
1988/07		0.50	0.5899	0.5899		96	78.70	2,791,779	2,846,016	
1989/01		0.50	0.5899	0.5899		96	78.70	2,800,015	2,862,816	
1989/07		0.60	0.5899	0.5899		96	65.86	2,809,924	2,882,208	
1990/01		0.60	0.5899	0.5899		96	65.86	2,819,868	2,896,704	
1990/07		0.70	0.5899	0.5899		96	65.86	2,831,511	2,913,792	
1991/01		0.70	0.5899	0.5899		96	64.38	2,843,202	2,930,880	
1991/07		0.80	1.4932	1.4932		96	65.08	2,877,167	2,974,656	
1992/01		0.80	2.0117	2.0117		96	65.08	2,923,472	3,034,464	
1992/07		0.90	1.8152	1.8152		96	60.68	2,971,233	3,089,568	
1993/01		0.90	1.7710	1.7710		96	60.68	3,018,591	3,144,288	
1993/07		1.00	1.5329	1.5329		96	62.10	3,064,863	3,192,480	
1994/01		1.00	1.6983	1.6983		96	62.10	3,116,914	3,246,720	
1994/07		1.00	1.5991	1.5991		96	61.06	3,166,757	3,298,656	
1995/01		1.00	1.5812	1.5812		96	61.06	3,216,830	3,350,784	
1995/07		1.00	1.5250	1.5250		96	58.51	3,265,887	3,401,856	
1996/01		1.00	1.7228	1.7228		96	58.51	3,265,887	3,460,512	5
1996/07	26,572	1.00	1.3294	1.3294		96	58.58	3,348,724	3,506,496	5
1997/01		1.00	1.4109	1.4109		96	58.58	3,440,759	3,555,936	
1997/07		1.00	1.0917	1.0917		96	61.40	3,478,322	3,594,720	
1998/01		1.00	1.1663	1.1663		96	61.40	3,518,890	3,636,672	
1998/07		1.00	1.0794	1.0794		96	61.40	3,556,873	3,675,936	



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: 9/30/2013

0 209325-00 - 2015/01

250.09

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	49,878	1.00	1.4499	1.4499		96	60.90	3,658,322	3,729,216	
1999/07		1.00	1.2299	1.2299		96	60.90	3,703,316	3,775,104	
2000/01		1.00	1.3356	1.3356		96	55.71	3,752,777	3,825,504	
2000/07		1.00	1.1129	1.1129		96	55.71	3,794,542	3,868,032	
2001/01	43,367	1.00	1.2976	1.2976		96	54.42	3,886,628	3,918,240	
2001/07		1.00	0.9615	0.9615		96	54.42	3,923,604	3,955,872	
2002/01	27,766	1.00	1.0301	1.0301		96	48.98	3,987,363	3,996,576	
2002/07		1.00	0.8337	0.8337		96	48.98	4,016,967	4,029,888	
2003/01	41,230	1.00	1.3271	1.3271		96	38.33	4,083,360	4,083,360	8
2003/07		1.00	1.1664	1.1664		96	38.33	4,116,553	4,130,976	
2004/01		1.00	1.1103	1.1103		96	42.92	4,152,220	4,176,864	
2004/07		0.95	0.8378	0.8378		96	42.92	4,178,009	4,211,904	
2005/01		0.95	0.8595	0.8595		96	53.54	4,211,217	4,248,096	
2005/07		0.90	0.7364	0.7364		96	53.54	4,238,388	4,279,392	
2006/01		0.90	0.9068	0.9068		96	50.68	4,270,261	4,318,176	
2006/07		0.85	0.8133	0.8133		96	50.68	4,297,463	4,353,312	
2007/01		0.85	1.0133	1.0133		96	63.13	4,334,477	4,397,376	
2007/07		0.80	1.1050	1.1050		96	62.47	4,372,794	4,445,952	
2008/01		0.80	0.8556	0.8556		96	62.47	4,402,726	4,483,968	
2008/07		0.75	0.6104	0.6104		96	69.68	4,422,882	4,511,328	
2009/01		0.75	1.3268	1.3268		96	69.68	4,422,882	4,571,232	5
2009/07		0.70	0.6841	0.6841		96	64.76	4,488,286	4,602,528	
2010/01		0.70	0.8643	0.8643		96	64.76	4,515,440	4,642,272	
2010/07		0.65	0.7107	0.7107		96	59.17	4,536,301	4,675,296	
2011/01		0.65	0.9198	0.9198		96	59.17	4,563,424	4,718,304	
2011/07	26,828	0.60	0.9028	0.9028		96	59.24	4,614,972	4,760,928	
2012/01		0.60	0.3865	0.3865		96	59.24	4,625,674	4,779,360	
2012/07		0.55	0.9417	0.9417		96	57.10	4,649,630	4,824,384	
2013/01		0.55	0.4901	0.4901		96	57.10	4,662,165	4,848,000	
2013/07		0.50	0.6196	0.6196		96	60.78	4,676,608	4,878,048	



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: 9/30/2013

0 209325-00 - 2015/01

250.09

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		96	60.78	4,696,633	4,919,808	
2014/07		0.45	1.2383	1.2383		96	49.81	4,720,333	4,980,768	
2015/01		0.45	0.7571	0.7571		96	49.81	4,734,898	5,018,496	

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: 209325093020131001201204112014154358



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 209422-00 - 2015/01

226.12

Westminster Asbury Manor

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
1700 21ST AVE W	4/1/2013-3/31/2014	Number of Beds: 59	Superior: 0
BRADENTON, FL 34205	Days in CR 365	Maximum: 21,535	Standard: 243
County: Manatee [41]	First Used : 2015/01	Max Annualized: 21,535	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 19,610	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 2,753	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 11,621	FY Index: 1.31463861
Class at 1/94: North Small	Medical Utilization	59.26058%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.06106%	Cost: 1.04334296
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: 1.21900000
Entered Medicaid 03/11/1987	Low Occupancy Adjustment Factor:	116.28087%	DC Sem Index: 1.25449501
Med # Active Date: 03/11/1987	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02911814
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	576,426	949,976	842,231	157,465		2,526,098	
1a	Audit Adjustments							
2	Cost Per Diem	49.6021	81.7465	72.4749	13.5500		217.3735	
3	Cost Per Diem Inflated	51.7520	84.1268	75.6162				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.7520	84.1268	75.6162	13.5500		225.0450	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		70.7298				
7	Provider Target Rate	55.7133		73.3200				
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	51.7520	84.1268	73.3200	13.5500		222.7488	
12/13	Medical Adjustment Rate		0.8764	0.7639				
14	Prospective Per Diem 11	51.7520	85.0032	74.0839	13.5500		224.3891	
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 209422-00 - 2015/01

226.12

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

Westminster Asbury Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/11/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,160,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,491,369 6.8356
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	372,842 0.3988
Indexed Asset Value	1,864,211	Interest Rate:	6.4100%	Insurance Cost(3):	29,145 1.4862
FRVS Base Asset:	1,412,120	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	6.4100%	Home Office(3):	9,493 0.4841
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	195,152 0.0000
		Yearly Payment:	132,484	Total FRVS PD:	9.2047

- (1) 80% Capital (\$1,491,369) amortized at 6.4100 % for 20 years Principal & Interest of \$132,484 divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$6.8356
- (2) 20% ROE (\$372,842) times the ROE factor (0.020730) divided by annual available days (21535) divided by Occup. Adj. (0.90) = \$0.3988
- (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	17	Effective PBS Limitation	181,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.7520	51.7520	0.9004	50.8516
Direct Care	85.0032	85.0032	1.4789	83.5243
Indirect Care	74.0839	74.0839	1.2889	72.7950
Property	13.5500	9.2047	0.1601	9.0446
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	224.3891	220.0438	3.8283	226.1180

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: 3/31/2014

0 209422-00 - 2015/01

226.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	151,516	0.00				17	100.00	151,516	181,373	
1972/01		0.10	3.9787	3.0000	0.9787	17	100.00	151,971	181,373	
1972/07		0.10	5.9113	3.0000	2.9113	17	100.00	152,427	190,315	
1973/01		0.20	8.0622	3.0000	5.0622	17	100.00	153,342	200,124	
1973/07		0.20	10.7186	3.0000	7.7186	17	100.00	154,262	211,446	
1974/01		0.30	12.9457	3.0000	9.9457	17	100.00	155,650	222,496	
1974/07		0.30	13.0494	3.0000	10.0494	17	100.00	157,051	229,398	
1975/01		0.40	13.1399	3.0000	10.1399	17	100.00	158,936	236,487	
1975/07		0.40	14.2033	3.0000	11.2033	17	100.00	160,843	246,109	
1976/01		0.50	15.2478	3.0000	12.2478	17	100.00	163,256	256,054	
1976/07		0.50	15.7330	3.0000	12.7330	17	100.00	165,705	264,979	
1977/01		0.60	16.4836	3.0000	13.4836	17	100.00	168,688	274,924	
1977/07		0.60	18.5412	3.0000	15.5412	17	100.00	171,724	288,813	
1978/01	976	0.70	20.2809	3.0000	17.2809	17	100.00	176,306	302,515	
1978/07		0.70	22.8203	3.0000	19.8203	17	100.00	180,008	319,260	
1979/01	1,328	0.80	24.9476	3.0000	21.9476	17	100.00	185,656	335,631	
1979/07		0.80	26.1458	3.0000	23.1458	17	100.00	190,112	349,724	
1980/01		0.90	29.3115	3.0000	26.3115	17		190,112	371,297	
1980/07		0.90	30.1222	3.0000	27.1222	17		190,112	385,441	
1981/01		1.00	30.9462	3.0000	27.9462	17		190,112	400,180	
1981/07		1.00	30.5350	3.0000	27.5350	17		190,112	410,533	
1982/01		1.00	30.2110	3.0000	27.2110	17		190,112	421,532	
1982/07		1.00	29.5087	3.0000	26.5087	17		190,112	431,205	
1983/04		1.00	29.1375	3.0000	26.1375	17		190,112	442,544	
1983/07		1.00	30.0953	3.0000	27.0953	17		190,112	460,054	
1984/01	1,182,981	1.00	28.3905	3.0000	25.3905	59		1,373,093	1,617,367	
1984/07	38,680	1.00	27.3084	3.0000	24.3084	59		1,411,773	1,648,401	
1985/01	347	1.00	25.4555	3.0000	22.4555	59		1,412,120	1,667,281	
1985/10		1.00	23.3077	3.0000	20.3077	59		1,412,120	1,681,500	
1986/01	935	1.00	21.1376	3.0000	18.1376	59		1,413,055	1,695,483	



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: 3/31/2014

0 209422-00 - 2015/01

226.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	59		1,413,055	1,692,238	
1987/01	600	1.00	16.4441	3.0000	13.4441	59	9.31	1,413,655	1,722,505	
1987/07		1.00	14.3448	3.0000	11.3448	59	9.31	1,413,655	1,735,957	
1988/01		1.00	12.2455	3.0000	9.2455	59	9.31	1,413,655	1,750,058	
1988/07		1.00	9.8354	3.0000	6.8354	59	9.31	1,413,655	1,749,114	
1989/01		1.00	7.4253	3.0000	4.4253	59	9.31	1,413,655	1,759,439	
1989/07		1.00	5.0152	3.0000	2.0152	59	9.31	1,413,655	1,771,357	
1990/01		1.00	2.6051	2.6051		59	9.31	1,413,655	1,780,266	
1990/07		1.00	0.5899	0.5899		59	22.53	1,413,655	1,790,768	
1991/01		1.00	0.5899	0.5899		59	28.09	1,417,914	1,801,270	
1991/07		1.00	1.4932	1.4932		59	28.09	1,428,727	1,828,174	
1992/01		0.95	2.0117	2.0117		59	28.09	1,442,672	1,864,931	
1992/07		0.95	1.8152	1.8152		59	27.26	1,455,002	1,898,797	
1993/01		0.90	1.7710	1.7710		59	26.76	1,466,286	1,932,427	
1993/07		0.90	1.5329	1.5329		59	26.76	1,476,128	1,962,045	
1994/01		0.85	1.6983	1.6983		59	22.16	1,476,128	1,995,380	
1994/07		0.85	1.5991	1.5991		59	22.16	1,476,128	2,027,299	
1995/01		0.80	1.5812	1.5812		59	31.91	1,486,962	2,059,336	
1995/07		0.80	1.5250	1.5250		59	31.91	1,497,487	2,090,724	
1996/01		0.75	1.7228	1.7228		59	31.95	1,508,727	2,126,773	
1996/07		0.75	1.3294	1.3294		59	31.95	1,517,466	2,155,034	
1997/01		0.70	1.4109	1.4109		59	34.62	1,526,899	2,185,419	
1997/07		0.70	1.0917	1.0917		59	34.62	1,534,244	2,209,255	
1998/01		0.65	1.1663	1.1663		59	31.25	1,540,853	2,235,038	
1998/07		0.65	1.0794	1.0794		59	31.25	1,546,995	2,259,169	
1999/01		0.60	1.4499	1.4499		59	32.95	1,555,057	2,291,914	
1999/07		0.60	1.2299	1.2299		59	32.95	1,561,931	2,320,116	
2000/01		0.55	1.3356	1.3356		59	32.82	1,568,778	2,351,091	
2000/07		0.55	1.1129	1.1129		59	32.82	1,574,508	2,377,228	
2001/01		0.50	1.2976	1.2976		59	22.58	1,574,508	2,408,085	



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: 3/31/2014

0 209422-00 - 2015/01

226.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		59	22.58	1,574,508	2,431,213	
2002/01		0.45	1.0301	1.0301		59	28.14	1,574,508	2,456,229	5
2002/07		0.45	0.8337	0.8337		59	28.14	1,581,272	2,476,702	
2003/01	48,716	0.40	1.3271	1.3271		59	22.64	1,629,988	2,509,565	
2003/07		0.40	1.1664	1.1664		59	22.64	1,629,988	2,538,829	
2004/01	29,744	0.35	1.1103	1.1103		59	31.75	1,663,389	2,567,031	
2004/07		0.35	0.8378	0.8378		59	31.75	1,666,204	2,588,566	
2005/01	26,336	0.30	0.8595	0.8595		59	34.17	1,695,210	2,610,809	
2005/07		0.30	0.7364	0.7364		59	34.17	1,697,536	2,630,043	
2006/01		0.25	0.9068	0.9068		59	39.67	1,700,312	2,653,879	
2006/07		0.25	0.8133	0.8133		59	39.67	1,702,805	2,675,473	
2007/01		0.20	1.0133	1.0133		59	49.89	1,705,936	2,702,554	
2007/07		0.20	1.1050	1.1050		59	49.89	1,709,356	2,732,408	
2008/01		0.15	0.8556	0.8556		59	49.53	1,711,331	2,755,772	
2008/07		0.15	0.6104	0.6104		59	49.53	1,712,743	2,772,587	
2009/01		0.10	1.3268	1.3268		59	38.69	1,714,342	2,809,403	
2009/07		0.10	0.6841	0.6841		59	38.69	1,715,167	2,828,637	
2010/01		0.05	0.8643	0.8643		59	44.13	1,715,762	2,853,063	
2010/07		0.05	0.7107	0.7107		59	44.13	1,716,251	2,873,359	
2011/01	58,651	0.00	0.9198	0.9198		59	37.09	1,774,902	2,899,791	
2011/07		0.00	0.9028	0.9028		59	37.09	1,774,902	2,925,987	
2012/01	60,682	0.00	0.3865	0.3865		59	41.96	1,835,584	2,937,315	
2012/07		0.00	0.9417	0.9417		59	41.96	1,835,584	2,964,986	
2013/01	28,627	0.00	0.4901	0.4901		59	44.69	1,864,211	2,979,500	
2013/07		0.00	0.6196	0.6196		59	44.69	1,864,211	2,997,967	
2014/01		0.00	0.8564	0.8564		59	56.52	1,864,211	3,023,632	
2014/07		0.00	1.2383	1.2383		59	56.52	1,864,211	3,061,097	
2015/01		0.00	0.7571	0.7571		59	59.26	1,864,211	3,084,284	

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 209473-00 - 2015/01

253.94

St. Anne's Nursing 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
11855 QUAIL ROOST DRIVE	10/1/2012-9/30/2013	Number of Beds: 220	Superior: 0
MIAMI , FL 33177	Days in CR 365	Maximum: 80,300	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 80,300	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 76,579	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 8,113	Inflation
Current Class South Large	Initial CR? False	Medicaid: 46,732	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	61.02456%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.36613%	Cost: 1.04757614
Open Date: 05/22/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/22/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 05/22/1987	Low Occupancy Adjustment Factor:	121.77825%	DC Sem Index: 1.25449501
Med # Active Date: 05/22/1987	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	2,502,019	4,061,570	3,033,186	581,346	252	10,178,373	
1a	Audit Adjustments							
2	Cost Per Diem	53.5397	86.9120	64.9060	12.4400	0.0054	217.8031	
3	Cost Per Diem Inflated	56.0869	89.9964	67.9940				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.0869	89.9964	67.9940	12.4400	0.0054	226.5227	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.3635		62.7137				
7	Provider Target Rate	58.4276		65.0103				
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	56.0869	89.9964	65.0103	12.4400	0.0054	223.5390	
12/13	Medical Adjustment Rate		1.1162	0.8063				
14	Prospective Per Diem 11	56.0869	91.1126	65.8166	12.4400	0.0054	225.4615	
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 209473-00 - 2015/01

253.94

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

St. Anne's Nursing 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	
	9,972,200.00				
	Type: Variable	80% Capital(1):	9,100,850	11.9466	
	<60% of Base: False	20% ROE(2):	2,275,212	0.5248	
	Interest Rate: 7.2532%	Insurance Cost(3):	171,454	2.2389	
	Chase Rate: 8.7762%	Taxes Cost(3):	0	0.0000	
	Amortization Rate: 7.2532%	Home Office(3):	62,059	0.8104	
	Interest Only: False	Replacement(3&4):	966,379	0.0000	
	Yearly Payment: 863,383	Total FRVS PD:		15.5207	

- (1) 80% Capital (\$9,100,850) amortized at 7.2532 % for 20 years Principal & Interest of \$863,383 divided by annual available days (80300) divided by Occup. Adj. (0.90) = \$11.9466
- (2) 20% ROE (\$2,275,212) times the ROE factor (0.016670) divided by annual available days (80300) divided by Occup. Adj. (0.90) = \$0.5248
- (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	56.0869	56.0869	0.9758	55.1111
Direct Care	91.1126	91.1126	1.5851	89.5275
Indirect Care	65.8166	65.8166	1.1451	64.6715
Property	12.4400	15.5207	0.2164	12.2236
ROE	0.0054	0.0732	0.0001	0.0053
ROE Adjustment	-0.0054	-0.0732	-0.0001	-0.0053
Quality Assess-Medicaid Share				22.5050
Supplemental Rate Add-on				9.9025
Totals	225.4561	228.5368	3.9224	253.9412

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: 9/30/2013

0 209473-00 - 2015/01

253.94

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	6,668,002	0.00	1.0091	1.0091		180	88.08	5,162,760	5,162,760	1
1987/07		0.10	0.9007	0.9007		180	88.08	5,167,412	5,296,140	
1988/01		0.10	0.9007	0.9007		180	88.08	5,172,068	5,339,160	
1988/07	29,799	0.20	0.5899	0.5899		180	88.08	5,207,970	5,336,280	
1989/01		0.20	0.5899	0.5899		180	88.08	5,214,115	5,367,780	
1989/07		0.30	0.5899	0.5899		180	88.08	5,223,344	5,404,140	
1990/01		0.30	0.5899	0.5899		180	88.08	5,232,589	5,431,320	
1990/07		0.40	0.5899	0.5899		180	81.37	5,244,938	5,463,360	
1991/01		0.40	0.5899	0.5899		180	81.37	5,257,316	5,495,400	
1991/07		0.50	1.4932	1.4932		180	79.04	5,296,567	5,577,480	
1992/01		0.50	2.0117	2.0117		180	79.04	5,349,845	5,689,620	
1992/07	53,059	0.60	1.8152	1.8152		180	83.57	5,461,169	5,792,940	
1993/01		0.60	1.7710	1.7710		180	83.57	5,519,199	5,895,540	
1993/07	86,991	0.70	1.5329	1.5329		180	79.35	5,665,411	5,985,900	
1994/01		0.70	1.6983	1.6983		180	79.35	5,732,761	6,087,600	
1994/07		0.80	1.5991	1.5991		180	79.35	5,806,100	6,184,980	
1995/01		0.80	1.5812	1.5812		180	79.35	5,879,547	6,282,720	
1995/07		0.90	1.5250	1.5250		180	79.35	5,960,244	6,378,480	
1996/01		0.90	1.7228	1.7228		180	82.85	6,052,658	6,488,460	
1996/07		1.00	1.3294	1.3294		180	82.85	6,133,122	6,574,680	
1997/01		1.00	1.4109	1.4109		180	82.85	6,219,654	6,667,380	
1997/07	103,575	1.00	1.0917	1.0917		180	82.62	6,391,129	6,740,100	
1998/01		1.00	1.1663	1.1663		180	82.62	6,465,669	6,818,760	
1998/07		1.00	1.0794	1.0794		180	83.53	6,535,459	6,892,380	
1999/01		1.00	1.4499	1.4499		180	83.53	6,630,217	6,992,280	
1999/07	29,096	1.00	1.2299	1.2299		180	89.37	6,740,858	7,078,320	
2000/01		1.00	1.3356	1.3356		180	89.37	6,830,889	7,172,820	
2000/07		1.00	1.1129	1.1129		180	84.33	6,906,910	7,252,560	
2001/01		1.00	1.2976	1.2976		180	84.33	6,996,534	7,346,700	
2001/07	2,516,201	1.00	0.9615	0.9615		240	73.03	9,580,007	9,889,680	



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: 9/30/2013

0 209473-00 - 2015/01

253.94

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		240	70.59	9,580,007	9,991,440	5
2002/07		1.00	0.8337	0.8337		240	70.59	9,759,382	10,074,720	
2003/01	46,064	1.00	1.3271	1.3271		240	70.98	9,805,446	10,208,400	5
2003/07		1.00	1.1664	1.1664		240	70.98	10,050,844	10,327,440	
2004/01		1.00	1.1103	1.1103		240	70.98	10,162,439	10,442,160	
2004/07	100,105	1.00	0.8378	0.8378		240	75.65	10,347,685	10,529,760	
2005/01		1.00	0.8595	0.8595		240	65.09	10,436,623	10,620,240	
2005/07		1.00	0.7364	0.7364		240	65.09	10,513,478	10,698,480	
2006/01		1.00	0.9068	0.9068		240	65.09	10,608,814	10,795,440	
2006/07	224,623	1.00	0.8133	0.8133		240	64.23	10,883,280	10,883,280	8
2007/01		1.00	1.0133	1.0133		240	64.23	10,993,440	10,993,440	8
2007/07		0.95	1.1050	1.1050		240	64.31	11,108,849	11,114,880	
2008/01		0.95	0.8556	0.8556		240	64.31	11,108,849	11,209,920	5
2008/07		0.90	0.6104	0.6104		240	58.44	11,260,670	11,278,320	
2009/01		0.90	1.3268	1.3268		240	58.44	11,395,134	11,428,080	
2009/07		0.85	0.6841	0.6841		240	58.53	11,461,397	11,506,320	
2010/01		0.85	0.8643	0.8643		240	58.53	11,545,604	11,605,680	
2010/07		0.80	0.7107	0.7107		220	59.96	10,714,220	10,714,220	8
2011/01		0.80	0.9198	0.9198		220	59.96	10,793,055	10,812,780	
2011/07	146,470	0.75	0.9028	0.9028		220	61.85	10,910,460	10,910,460	8
2012/01		0.75	0.3865	0.3865		220	61.85	10,942,089	10,952,700	
2012/07	45,596	0.70	0.9417	0.9417		220	61.26	11,055,880	11,055,880	8
2013/01		0.70	0.4901	0.4901		220	61.26	11,093,813	11,110,000	
2013/07	228,715	0.65	0.6196	0.6196		220	63.19	11,178,860	11,178,860	8
2014/01		0.65	0.8564	0.8564		220	63.19	11,241,093	11,274,560	
2014/07		0.60	1.2383	1.2383		220	61.02	11,324,614	11,414,260	
2015/01		0.60	0.7571	0.7571		220	61.02	11,376,062	11,500,720	

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 209511-00 - 2015/01

248.07

Bishop's Glen Health Care 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
900 LPGA BLVD	10/1/2012-9/30/2013	Number of Beds: 60	Superior: 0
HOLLY HILL, FL 32117-3100	Days in CR 365	Maximum: 21,900	Standard: 243
County: Volusia [64]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 20,760	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 2,467	Inflation
Current Class North Small	Initial CR? False	Medicaid: 9,953	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	47.94316%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.79452%	Cost: 1.04757614
Open Date: 02/25/1986	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/25/1986	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 02/25/1986	Low Occupancy Adjustment Factor:	121.04833%	DC Sem Index: 1.25449501
Med # Active Date: 12/22/1986	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	522,379	841,216	565,435	74,050		2,003,080	
1a	Audit Adjustments							
2	Cost Per Diem	52.4846	84.5188	56.8105	7.4400		201.2539	
3	Cost Per Diem Inflated	54.9816	87.5183	59.5133				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.9816	87.5183	59.5133	7.4400		209.4532	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	83.3132		74.6585				
7	Provider Target Rate	86.3642		77.3926				
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	54.9816	87.5183	59.5133	7.4400		209.4532	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.9816	87.5183	59.5133	7.4400		209.4532	
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 209511-00 - 2015/01

248.07

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

Bishop's Glen Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Variable	80% Capital(1):	2,320,538	9.5201
Indexed Asset Value	2,900,673	<60% of Base:	False	20% ROE(2):	580,135	0.4907
FRVS Base Asset:	1,710,000	Interest Rate:	5.2500%	Insurance Cost(3):	56,414	2.7174
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	39,741	1.9143
ROE Factor	0.016670	Amortization Rate:	5.2500%	Home Office(3):	21,372	1.0295
		Interest Only:	False	Replacement(3&4):	17,494	0.0000
		Yearly Payment:	187,642	Total FRVS PD:		15.6720

- (1) 80% Capital (\$2,320,538) amortized at 5.2500 % for 20 years Principal & Interest of \$187,642 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$9.5201
 (2) 20% ROE (\$580,135) times the ROE factor (0.016670) divided by annual available days (21900) 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:	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	54.9816	54.9816	0.9565	54.0251
Direct Care	87.5183	87.5183	1.5226	85.9957
Indirect Care	59.5133	59.5133	1.0354	58.4779
Property	7.4400	15.6720	0.2727	15.3993
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2705
Supplemental Rate Add-on				9.9025
Totals	209.4532	217.6852	3.7872	248.0710

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: 9/30/2013

0 209511-00 - 2015/01

248.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01	2,233,634	0.00	0.8299	0.8299		60		1,710,000	1,710,000	1
1986/07		0.10	0.2974	0.2974		60	58.11	1,710,508	1,720,920	
1987/01	46,903	0.10	1.0091	1.0091		60	58.11	1,759,137	1,751,700	
1987/07		0.20	0.9007	0.9007		60	58.11	1,762,305	1,765,380	
1988/01		0.20	0.9007	0.9007		60	58.11	1,765,479	1,779,720	
1988/07		0.30	0.5899	0.5899		60	58.11	1,768,604	1,778,760	
1989/01		0.30	0.5899	0.5899		60	58.11	1,771,734	1,789,260	
1989/07	14,408	0.40	0.5899	0.5899		60	55.32	1,790,323	1,801,380	
1990/01		0.40	0.5899	0.5899		60	55.32	1,794,548	1,810,440	
1990/07		0.50	0.5899	0.5899		60	55.32	1,799,842	1,821,120	
1991/01		0.50	0.5899	0.5899		60	48.96	1,804,568	1,831,800	
1991/07		0.60	1.4932	1.4932		60	47.40	1,818,501	1,859,160	
1992/01		0.60	2.0117	2.0117		60	47.40	1,837,417	1,896,540	
1992/07		0.70	1.8152	1.8152		60	43.97	1,856,081	1,930,980	
1993/01		0.70	1.7710	1.7710		60	43.97	1,874,476	1,965,180	
1993/07		0.80	1.5329	1.5329		60	45.93	1,893,672	1,995,300	
1994/01		0.80	1.6983	1.6983		60	45.93	1,915,157	2,029,200	
1994/07		0.90	1.5991	1.5991		60	49.09	1,939,758	2,061,660	
1995/01		0.90	1.5812	1.5812		60	49.09	1,964,396	2,094,240	
1995/07	12,376	1.00	1.5250	1.5250		60	47.78	2,002,796	2,126,160	
1996/01		1.00	1.7228	1.7228		60	47.78	2,032,771	2,162,820	
1996/07		1.00	1.3294	1.3294		60	43.56	2,054,174	2,191,560	
1997/01		1.00	1.4109	1.4109		60	43.56	2,077,128	2,222,460	
1997/07		1.00	1.0917	1.0917		60	39.64	2,093,471	2,246,700	
1998/01		1.00	1.1663	1.1663		60	39.64	2,111,068	2,272,920	
1998/07		1.00	1.0794	1.0794		60	39.64	2,127,491	2,297,460	
1999/01	42,166	1.00	1.4499	1.4499		60	40.07	2,192,130	2,330,760	
1999/07		1.00	1.2299	1.2299		60	40.07	2,211,772	2,359,440	
2000/01	110,911	1.00	1.3356	1.3356		60	38.27	2,343,238	2,390,940	
2000/07		1.00	1.1129	1.1129		60	38.27	2,361,383	2,417,520	



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: 9/30/2013

0 209511-00 - 2015/01

248.07

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	220,446	1.00	1.2976	1.2976		60	45.58	2,448,900	2,448,900	8
2001/07		1.00	0.9615	0.9615		60	45.58	2,468,413	2,472,420	
2002/01	66,006	1.00	1.0301	1.0301		60	47.38	2,497,860	2,497,860	8
2002/07		1.00	0.8337	0.8337		60	47.38	2,515,799	2,518,680	
2003/01	15,440	1.00	1.3271	1.3271		60	42.65	2,552,100	2,552,100	8
2003/07		1.00	1.1664	1.1664		60	42.65	2,575,183	2,581,860	
2004/01		1.00	1.1103	1.1103		60	44.99	2,598,571	2,610,540	
2004/07		1.00	0.8378	0.8378		60	44.99	2,616,380	2,632,440	
2005/01		1.00	0.8595	0.8595		60	29.63	2,628,495	2,655,060	
2005/07		1.00	0.7364	0.7364		60	29.63	2,638,923	2,674,620	
2006/01		1.00	0.9068	0.9068		60	32.67	2,653,137	2,698,860	
2006/07		0.95	0.8133	0.8133		60	32.67	2,665,313	2,720,820	
2007/01		0.95	1.0133	1.0133		60	36.83	2,682,493	2,748,360	
2007/07		0.90	1.1050	1.1050		60	44.70	2,704,174	2,778,720	
2008/01		0.90	0.8556	0.8556		60	44.70	2,721,097	2,802,480	
2008/07		0.85	0.6104	0.6104		60	35.22	2,730,137	2,819,580	
2009/01		0.85	1.3268	1.3268		60	35.22	2,749,854	2,857,020	
2009/07		0.80	0.6841	0.6841		60	34.82	2,759,382	2,876,580	
2010/01		0.80	0.8643	0.8643		60	34.82	2,771,460	2,901,420	
2010/07		0.75	0.7107	0.7107		60	45.00	2,783,546	2,922,060	
2011/01		0.75	0.9198	0.9198		60	45.00	2,799,258	2,948,940	
2011/07		0.70	0.9028	0.9028		60	53.53	2,816,476	2,975,580	
2012/01		0.70	0.3865	0.3865		60	53.53	2,823,894	2,987,100	
2012/07		0.65	0.9417	0.9417		60	50.04	2,839,620	3,015,240	
2013/01		0.65	0.4901	0.4901		60	50.04	2,847,851	3,030,000	
2013/07		0.60	0.6196	0.6196		60	57.75	2,858,439	3,048,780	
2014/01		0.60	0.8564	0.8564		60	57.75	2,873,126	3,074,880	
2014/07		0.55	1.2383	1.2383		60	47.94	2,890,183	3,112,980	
2015/01		0.55	0.7571	0.7571		60	47.94	2,900,673	3,136,560	

Message Code:

- | | |
|---|--|
| 1 | Per Bed Standard Limitation |
| 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 209848-00 - 2015/01

204.54

Winter Park Towers

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
1111 SOUTH LAKEMONT AVE	4/1/2013-3/31/2014	Number of Beds: 120	Superior: 0
WINTER PARK, FL 32792	Days in CR 365	Maximum: 43,800	Standard: 213
County: Orange [48]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 30
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 37,327	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 7,745	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 16,626	FY Index: 1.31463861
Class at 1/94: North Large	Medical Utilization	44.54148%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.22146%	Cost: 1.04334296
Open Date: 07/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21900000
Entered Medicaid 10/01/1987	Low Occupancy Adjustment Factor:	108.82396%	DC Sem Index: 1.25449501
Med # Active Date: 10/27/1987	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02911814
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	729,838	1,182,281	1,394,415	712,258		4,018,792	
1a	Audit Adjustments							
2	Cost Per Diem	43.8974	71.1104	83.8695	42.8400		241.7173	
3	Cost Per Diem Inflated	45.8000	73.1810	87.5047				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.8000	73.1810	87.5047	42.8400		249.3257	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.4025		83.5309				
7	Provider Target Rate	56.3948		86.5899				
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	45.8000	73.1810	63.5578	13.6500		196.1888	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	45.8000	73.1810	63.5578	13.6500		196.1888	
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 209848-00 - 2015/01

204.54

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

Winter Park Towers

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,157,800.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,804,047 10.4189
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	951,012 0.5001
Indexed Asset Value	4,755,059	Interest Rate:	9.0000%	Insurance Cost(3):	153,650 4.1163
FRVS Base Asset:	2,884,391	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	9.0000%	Home Office(3):	18,908 0.5066
ROE Factor	0.020730	Interest Only:	False	Replacement(3&4):	598,728 0.0000
		Yearly Payment:	410,712	Total FRVS PD:	15.5419

- (1) 80% Capital (\$3,804,047) amortized at 9.0000 % for 20 years Principal & Interest of \$410,712 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.4189
- (2) 20% ROE (\$951,012) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5001
- (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 121	Effective PBS Limitation	1,290,949

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.8000	45.8000	0.7968	45.0032
Direct Care	73.1810	73.1810	1.2732	71.9078
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	13.6500	15.5419	0.2704	15.2715
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	196.1888	198.0807	3.4462	204.5370

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: 3/31/2014

0 209848-00 - 2015/01

204.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	670,520	0.00				121	100.00	670,520	1,241,581	
1972/01		0.10	3.9787	3.0000	0.9787	121	100.00	672,532	1,290,949	
1972/07		0.10	5.9113	3.0000	2.9113	121	100.00	674,550	1,354,595	
1973/01		0.20	8.0622	3.0000	5.0622	121	100.00	678,597	1,424,412	
1973/07		0.20	10.7186	3.0000	7.7186	121	100.00	682,669	1,504,998	
1974/01		0.30	12.9457	3.0000	9.9457	121	100.00	688,813	1,583,648	
1974/07		0.30	13.0494	3.0000	10.0494	121	100.00	695,012	1,632,774	
1975/01		0.40	13.1399	3.0000	10.1399	121	100.00	703,352	1,683,231	
1975/07		0.40	14.2033	3.0000	11.2033	121	100.00	711,792	1,751,717	
1976/01		0.50	15.2478	3.0000	12.2478	121	100.00	722,469	1,822,502	
1976/07		0.50	15.7330	3.0000	12.7330	121	100.00	733,306	1,886,027	
1977/01		0.60	16.4836	3.0000	13.4836	121	100.00	746,506	1,956,812	
1977/07		0.60	18.5412	3.0000	15.5412	121	100.00	759,943	2,055,669	
1978/01	2,459	0.70	20.2809	3.0000	17.2809	121	100.00	778,361	2,153,195	
1978/07		0.70	22.8203	3.0000	19.8203	121	100.00	794,707	2,272,380	
1979/01		0.80	24.9476	3.0000	21.9476	121	100.00	813,780	2,388,903	
1979/07		0.80	26.1458	3.0000	23.1458	121	100.00	833,311	2,489,212	
1980/01		0.90	29.3115	3.0000	26.3115	121		833,311	2,642,761	
1980/07		0.90	30.1222	3.0000	27.1222	121		833,311	2,743,433	
1981/01		1.00	30.9462	3.0000	27.9462	121		833,311	2,848,340	
1981/07		1.00	30.5350	3.0000	27.5350	121		833,311	2,922,029	
1982/01	3,171	1.00	30.2110	3.0000	27.2110	121		836,482	3,000,316	
1982/07		1.00	29.5087	3.0000	26.5087	121		836,482	3,069,165	
1983/04	2,034,244	1.00	29.1375	3.0000	26.1375	121		2,870,726	3,149,872	
1983/07		1.00	30.0953	3.0000	27.0953	121		2,870,726	3,274,502	
1984/01	13,415	1.00	28.3905	3.0000	25.3905	121		2,884,141	3,316,973	
1984/07		1.00	27.3084	3.0000	24.3084	121		2,884,141	3,380,619	
1985/01	250	1.00	25.4555	3.0000	22.4555	121		2,884,391	3,419,339	
1985/10		1.00	23.3077	3.0000	20.3077	121		2,884,391	3,448,500	
1986/01	3,049	1.00	21.1376	3.0000	18.1376	121		2,887,440	3,477,177	



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: 3/31/2014

0 209848-00 - 2015/01

204.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	121		2,887,440	3,470,522	
1987/01	549	1.00	16.4441	3.0000	13.4441	121		2,887,989	3,532,595	
1987/07		1.00	14.3448	3.0000	11.3448	121	0.78	2,887,989	3,560,183	
1988/01		1.00	12.2455	3.0000	9.2455	121	0.78	2,887,989	3,589,102	
1988/07		1.00	9.8354	3.0000	6.8354	121	0.78	2,887,989	3,587,166	
1989/01		1.00	7.4253	3.0000	4.4253	121	0.78	2,887,989	3,608,341	
1989/07		1.00	5.0152	3.0000	2.0152	121	0.78	2,887,989	3,632,783	
1990/01		1.00	2.6051	2.6051		121	6.03	2,887,989	3,651,054	
1990/07		1.00	0.5899	0.5899		121	6.03	2,887,989	3,672,592	
1991/01		1.00	0.5899	0.5899		121	8.94	2,887,989	3,694,130	
1991/07		1.00	1.4932	1.4932		121	8.94	2,887,989	3,749,306	
1992/01		0.95	2.0117	2.0117		121	8.94	2,887,989	3,824,689	
1992/07		0.95	1.8152	1.8152		121	11.17	2,887,989	3,894,143	
1993/01		0.90	1.7710	1.7710		121	13.24	2,887,989	3,963,113	
1993/07		0.90	1.5329	1.5329		121	13.24	2,887,989	4,023,855	
1994/01		0.85	1.6983	1.6983		121	11.75	2,887,989	4,092,220	
1994/07		0.85	1.5991	1.5991		121	11.75	2,887,989	4,157,681	
1995/01		0.80	1.5812	1.5812		121	12.55	2,887,989	4,223,384	
1995/07		0.80	1.5250	1.5250		121	12.55	2,887,989	4,287,756	
1996/01		0.75	1.7228	1.7228		121	17.76	2,887,989	4,361,687	
1996/07		0.75	1.3294	1.3294		121	17.76	2,887,989	4,419,646	
1997/01		0.70	1.4109	1.4109		121	15.64	2,887,989	4,481,961	
1997/07		0.70	1.0917	1.0917		121	15.64	2,887,989	4,530,845	
1998/01		0.65	1.1663	1.1663		121	14.21	2,887,989	4,583,722	
1998/07		0.65	1.0794	1.0794		121	14.21	2,887,989	4,633,211	
1999/01		0.60	1.4499	1.4499		121	10.86	2,887,989	4,700,366	
1999/07		0.60	1.2299	1.2299		121	10.86	2,887,989	4,758,204	
2000/01	34,289	0.55	1.3356	1.3356		121	11.51	2,922,278	4,821,729	
2000/07		0.55	1.1129	1.1129		121	11.51	2,922,278	4,875,332	
2001/01		0.50	1.2976	1.2976		121	13.70	2,922,278	4,938,615	



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: 3/31/2014

0 209848-00 - 2015/01

204.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		121	13.70	2,922,278	4,986,047	
2002/01		0.45	1.0301	1.0301		121	10.40	2,922,278	5,037,351	
2002/07		0.45	0.8337	0.8337		121	10.40	2,922,278	5,079,338	
2003/01	18,428	0.40	1.3271	1.3271		121	9.97	2,940,706	5,146,735	
2003/07		0.40	1.1664	1.1664		121	9.97	2,940,706	5,206,751	
2004/01		0.35	1.1103	1.1103		120	15.77	2,940,706	5,221,080	
2004/07		0.35	0.8378	0.8378		120	15.77	2,940,706	5,264,880	
2005/01	22,719	0.30	0.8595	0.8595		120	11.76	2,963,425	5,310,120	
2005/07		0.30	0.7364	0.7364		120	11.76	2,963,425	5,349,240	
2006/01	34,437	0.25	0.9068	0.9068		120	22.26	2,997,862	5,397,720	
2006/07		0.25	0.8133	0.8133		120	22.26	2,997,862	5,441,640	
2007/01	46,926	0.20	1.0133	1.0133		120	33.52	3,048,491	5,496,720	
2007/07		0.20	1.1050	1.1050		120	33.52	3,052,597	5,557,440	
2008/01		0.15	0.8556	0.8556		120	33.64	3,054,992	5,604,960	
2008/07		0.15	0.6104	0.6104		120	33.64	3,056,704	5,639,160	
2009/01		0.10	1.3268	1.3268		120	32.73	3,059,118	5,714,040	
2009/07		0.10	0.6841	0.6841		120	32.73	3,060,363	5,753,160	
2010/01	46,088	0.05	0.8643	0.8643		120	42.27	3,107,467	5,802,840	
2010/07		0.05	0.7107	0.7107		120	42.27	3,108,315	5,844,120	
2011/01		0.00	0.9198	0.9198		120	37.14	3,108,315	5,897,880	
2011/07		0.00	0.9028	0.9028		120	37.14	3,108,315	5,951,160	
2012/01		0.00	0.3865	0.3865		120	42.91	3,108,315	5,974,200	
2012/07		0.00	0.9417	0.9417		120	42.91	3,108,315	6,030,480	
2013/01		0.00	0.4901	0.4901		120	43.60	3,108,315	6,060,000	
2013/07		0.00	0.6196	0.6196		120	43.60	3,108,315	6,097,560	
2014/01	1,646,744	0.00	0.8564	0.8564		120	47.49	4,755,059	6,149,760	
2014/07		0.00	1.2383	1.2383		120	47.49	4,755,059	6,225,960	
2015/01		0.00	0.7571	0.7571		120	44.54	4,755,059	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 209856-00 - 2015/01

238.72

Sun Terrace Health Care 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
105 TRINITY LAKES DR	9/1/2013-8/31/2014	Number of Beds: 109	Superior: 0
SUN CITY CENTER, FL 33573	Days in CR 365	Maximum: 39,785	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 39,785	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 36,897	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 19,290	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 10,045	FY Index: 1.32975299
Class at 1/94: North Large	Medical Utilization	27.22444%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.74098%	Cost: 1.03148401
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: 1.22466610
Entered Medicaid 09/01/1987	Low Occupancy Adjustment Factor:	118.42605%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1987	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	527,203	923,955	766,412	238,368		2,455,938	
1a	Audit Adjustments							
2	Cost Per Diem	52.4841	91.9816	76.2979	23.7300		244.4936	
3	Cost Per Diem Inflated	54.1365	94.2220	78.7001				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.1365	94.2220	78.7001	23.7300		250.7886	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0038		54.4474				
7	Provider Target Rate	49.7617		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	49.7617	94.2220	56.4413	13.6500		214.0750	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	49.7617	94.2220	56.4413	13.6500		214.0750	
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 209856-00 - 2015/01

238.72

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

Sun Terrace Health Care 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:	1,061,208.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	4,171,220	11.9112
Indexed Asset Value	5,214,025	<60% of Base:	False	20% ROE(2):	1,042,805	0.6704
FRVS Base Asset:	1,239,028	Interest Rate:	10.7500%	Insurance Cost(3):	85,068	2.3056
Occup Adj Factor	0.9000	Chase Rate:	6.2500%	Taxes Cost(3):	130,011	3.5236
ROE Factor	0.023020	Amortization Rate:	8.2500%	Home Office(3):	19,792	0.5364
		Interest Only:	False	Replacement(3&4):	63,735	0.0000
		Yearly Payment:	426,498	Total FRVS PD:		18.9472

- (1) 80% Capital (\$4,171,220) amortized at 8.2500 % for 20 years Principal & Interest of \$426,498 divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$11.9112
- (2) 20% ROE (\$1,042,805) times the ROE factor (0.023020) divided by annual available days (39785) divided by Occup. Adj. (0.90) = \$0.6704
- (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	120	Effective PBS Limitation	2,975,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.7617	49.7617	0.8657	48.8960
Direct Care	94.2220	94.2220	1.6392	92.5828
Indirect Care	56.4413	56.4413	0.9819	55.4594
Property	13.6500	18.9472	0.3296	18.6176
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.2666
Supplemental Rate Add-on				9.9025
Totals	214.0750	219.3722	3.8164	238.7249

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 209856-00 - 2015/01

238.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	1,239,028	0.00	2.6288	2.6288		120		1,239,028	2,975,520	
1983/07		0.10	3.9578	3.0000	0.9578	120		1,239,028	3,247,440	
1984/01		0.10	2.2530	2.2530		120		1,239,028	3,289,560	
1984/07		0.20	1.9179	1.9179		120		1,239,028	3,352,680	
1985/01		0.20	1.1471	1.1471		120		1,239,028	3,391,080	
1985/10		0.30	0.8522	0.8522		120		1,239,028	3,420,000	
1986/01		0.30	0.8299	0.8299		120		1,239,028	3,448,440	
1986/07		0.40	0.2974	0.2974		120		1,239,028	3,441,840	
1987/01		0.40	1.0091	1.0091		120		1,239,028	3,503,400	
1987/07	1,751,700	0.50	0.9007	0.9007		120	13.36	2,990,728	3,530,760	
1988/01		0.50	0.9007	0.9007		120	13.36	2,990,728	3,559,440	
1988/07		0.60	0.5899	0.5899		120	13.36	2,990,728	3,557,520	
1989/01		0.60	0.5899	0.5899		120	13.36	2,990,728	3,578,520	
1989/07		0.70	0.5899	0.5899		120	13.36	2,990,728	3,602,760	
1990/01		0.70	0.5899	0.5899		120	27.86	2,996,983	3,620,880	
1990/07		0.80	0.5899	0.5899		120	27.86	3,004,147	3,642,240	
1991/01		0.80	0.5899	0.5899		120	23.10	3,004,147	3,663,600	
1991/07		0.90	1.4932	1.4932		120	23.10	3,004,147	3,718,320	
1992/01		0.90	2.0117	2.0117		120	24.10	3,004,147	3,793,080	
1992/07		1.00	1.8152	1.8152		120	27.58	3,031,492	3,861,960	
1993/01		1.00	1.7710	1.7710		120	27.58	3,058,414	3,930,360	
1993/07		1.00	1.5329	1.5329		120	33.85	3,087,268	3,990,600	
1994/01		1.00	1.6983	1.6983		120	33.85	3,119,537	4,058,400	
1994/07		1.00	1.5991	1.5991		120	37.64	3,153,676	4,123,320	
1995/01		1.00	1.5812	1.5812		120	37.64	3,187,802	4,188,480	
1995/07		1.00	1.5250	1.5250		120	43.65	3,226,384	4,252,320	
1996/01		1.00	1.7228	1.7228		120	43.65	3,270,498	4,325,640	
1996/07		1.00	1.3294	1.3294		120	41.95	3,303,660	4,383,120	
1997/01		1.00	1.4109	1.4109		120	41.95	3,339,212	4,444,920	
1997/07	172,840	1.00	1.0917	1.0917		120	45.39	3,542,137	4,493,400	



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 209856-00 - 2015/01

238.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	45.39	3,542,137	4,545,840	5
1998/07		1.00	1.0794	1.0794		120	45.39	3,576,231	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	45.95	3,651,794	4,661,520	
1999/07		1.00	1.2299	1.2299		120	45.95	3,689,317	4,718,880	
2000/01		1.00	1.3356	1.3356		120	45.33	3,729,928	4,781,880	
2000/07		1.00	1.1129	1.1129		120	45.33	3,764,140	4,835,040	
2001/01	20,204	1.00	1.2976	1.2976		120	49.96	3,828,712	4,897,800	
2001/07	24,887	1.00	0.9615	0.9615		120	45.57	3,884,100	4,944,840	
2002/01		1.00	1.0301	1.0301		120	52.21	3,922,081	4,995,720	
2002/07		1.00	0.8337	0.8337		120	52.21	3,922,081	5,037,360	5
2003/01	24,902	1.00	1.3271	1.3271		120	49.55	4,025,286	5,104,200	
2003/07		0.95	1.1664	1.1664		120	49.55	4,065,470	5,163,720	
2004/01		0.95	1.1103	1.1103		120	49.55	4,104,103	5,221,080	
2004/07		0.90	0.8378	0.8378		120	51.78	4,133,236	5,264,880	
2005/01		0.90	0.8595	0.8595		120	51.78	4,163,339	5,310,120	
2005/07		0.85	0.7364	0.7364		109	53.11	4,188,502	4,858,893	
2006/01		0.85	0.9068	0.9068		109	53.11	4,219,678	4,902,929	
2006/07		0.80	0.8133	0.8133		109	52.97	4,246,118	4,942,823	
2007/01		0.80	1.0133	1.0133		109	52.97	4,279,267	4,992,854	
2007/07		0.75	1.1050	1.1050		109	56.34	4,314,734	5,048,008	
2008/01		0.75	0.8556	0.8556		109	56.34	4,342,422	5,091,172	
2008/07	22,985	0.70	0.6104	0.6104		109	56.34	4,383,962	5,122,237	
2009/01	45,146	0.70	1.3268	1.3268		109	44.59	4,462,119	5,190,253	
2009/07		0.65	0.6841	0.6841		109	44.59	4,478,206	5,225,787	
2010/01		0.65	0.8643	0.8643		109	44.59	4,498,603	5,270,913	
2010/07		0.60	0.7107	0.7107		109	42.00	4,513,251	5,308,409	
2011/01	84,970	0.60	0.9198	0.9198		109	38.77	4,615,779	5,357,241	
2011/07		0.55	0.9028	0.9028		109	38.77	4,631,934	5,405,637	
2012/01		0.55	0.3865	0.3865		109	38.77	4,638,876	5,426,565	
2012/07	170,469	0.50	0.9417	0.9417		109	33.81	4,822,773	5,477,686	



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 209856-00 - 2015/01

238.72

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		109	33.81	4,830,039	5,504,500	
2013/07	144,000	0.45	0.6196	0.6196		109	31.12	4,981,658	5,538,617	
2014/01		0.45	0.8564	0.8564		109	31.12	4,992,521	5,586,032	
2014/07	121,321	0.40	1.2383	1.2383		109	27.53	5,126,219	5,655,247	
2015/01	80,124	0.40	0.7571	0.7571		109	27.22	5,214,025	5,698,084	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 209856083120140901201310222014140345



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 210137-00 - 2015/01

228.87

Life Care Center of Altamonte 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
989 ORIENTA AVE	8/1/2013-7/31/2014	Number of Beds: 240	Superior: 0
ALTAMONTE SPRINGS, FL	Days in CR 365	Maximum: 87,600	Standard: 243
32701	First Used : 2015/01	Max Annualized: 87,600	Conditional: 0
County: Seminole [59]	Last Used: 2015/01	Total Patient: 73,487	Total: 243
Region: Central Area: 7	Unaudited	Medicare: 19,285	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 45,183	FY Index: 1.32594791
Current Class Central Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	61.48434%	Cost: 1.03444406
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	83.88927%	Target: 1.02563464
Open Date: 02/01/1976	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22383277
Acquired Date: 02/01/1976	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 02/01/1976	Weighted Low Occ Adjustment Factor:	107.12282%	DC Inflation: 1.02505427
Med # Active Date: 09/01/1988		100.00000%	PS Target: 1.03662091
Previous Med # 204528			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,003,098	3,852,385	2,299,982	315,829		8,471,294	
1a	Audit Adjustments							
2	Cost Per Diem	44.3330	85.2618	50.9037	6.9900		187.4885	
3	Cost Per Diem Inflated	45.8600	87.3980	52.6570				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.8600	87.3980	52.6570	6.9900		192.9050	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.4926		54.4474				
7	Provider Target Rate	56.4882		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	45.8600	87.3980	52.6570	6.9900		192.9050	
12/13	Medical Adjustment Rate		1.1292	0.6803				
14	Prospective Per Diem 11	45.8600	88.5272	53.3373	6.9900		194.7145	
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 210137-00 - 2015/01

228.87

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

Life Care Center of Altamonte Springs

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:	2,004,398.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed	80% Capital(1):	7,219,987	11.3856
Indexed Asset Value	9,024,984	<60% of Base:	True	20% ROE(2):	1,804,997	0.5222
FRVS Base Asset:	4,075,311	Interest Rate:	10.6250%	Insurance Cost(3):	30,321	0.4126
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	108,934	1.4824
ROE Factor	0.022810	Amortization Rate:	12.5000%	Home Office(3):	71,185	0.9687
		Interest Only:	True	Replacement(3&4):	135,453	0.0000
		Yearly Payment:	897,642	Total FRVS PD:		14.7715

- (1) 80% Capital (\$7,219,987) amortized at 12.5000 % for 20 years Interest of \$897,642 divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$11.3856
- (2) 20% ROE (\$1,804,997) times the ROE factor (0.022810) divided by annual available days (87600) divided by Occup. Adj. (0.90) = \$0.5222
- (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	45.8600	45.8600	0.7979	45.0621
Direct Care	88.5272	88.5272	1.5402	86.9870
Indirect Care	53.3373	53.3373	0.9279	52.4094
Property	6.9900	14.7715	0.2570	14.5145
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.9950
Supplemental Rate Add-on				9.9025
Totals	194.7145	202.4960	3.5230	228.8705

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: 7/31/2014

0 210137-00 - 2015/01

228.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	188,921	0.00	4.0445	3.0000	1.0445	240	100.00	188,921	3,614,880	
1976/07		0.10	4.5297	3.0000	1.5297	240	100.00	189,488	3,740,880	
1977/01		0.10	5.2803	3.0000	2.2803	240	100.00	190,056	3,881,280	
1977/07		0.20	7.3379	3.0000	4.3379	240	100.00	191,196	4,077,360	
1978/01		0.20	9.0776	3.0000	6.0776	240	100.00	192,343	4,270,800	
1978/07		0.30	11.6170	3.0000	8.6170	240	100.00	194,074	4,507,200	
1979/01		0.30	13.7443	3.0000	10.7443	240	100.00	195,821	4,738,320	
1979/07		0.40	14.9425	3.0000	11.9425	240	100.00	198,171	4,937,280	
1980/01	222,183	0.40	18.1082	3.0000	15.1082	240	74.34	422,732	5,241,840	
1980/07		0.50	18.9189	3.0000	15.9189	240	74.34	429,073	5,441,520	
1981/01		0.50	19.7429	3.0000	16.7429	240	70.44	435,509	5,649,600	
1981/07		0.60	19.3317	3.0000	16.3317	240	70.44	443,348	5,795,760	
1982/01		0.60	19.0077	3.0000	16.0077	240	72.79	451,328	5,951,040	
1982/07		0.70	18.3054	3.0000	15.3054	240	72.79	460,806	6,087,600	
1983/04	2,721,334	0.70	17.9342	3.0000	14.9342	240	69.84	3,191,817	6,247,680	
1983/07		0.80	18.8920	3.0000	15.8920	240	69.84	3,268,421	6,494,880	
1984/01	12,677	0.80	17.1872	3.0000	14.1872	240	65.26	3,359,540	6,579,120	
1984/07		0.90	16.1051	3.0000	13.1051	240	65.26	3,450,248	6,705,360	
1985/01	4,160	0.90	14.2522	3.0000	11.2522	240	62.98	3,547,565	6,782,160	
1985/10	421,319	1.00	12.1044	3.0000	9.1044	240	62.98	4,075,311	6,840,000	
1986/01		1.00	9.9343	3.0000	6.9343	240	62.98	4,197,570	6,896,880	
1986/07		1.00	7.2317	3.0000	4.2317	240	62.98	4,323,497	6,883,680	
1987/01		1.00	5.2408	3.0000	2.2408	240	62.98	4,453,202	7,006,800	
1987/07		1.00	3.1415	3.0000	0.1415	240	61.12	4,586,798	7,061,520	
1988/01		1.00	1.0422	1.0422		240	61.12	4,634,602	7,118,880	
1988/07		1.00	0.5899	0.5899		240	65.30	4,661,942	7,115,040	
1989/01		1.00	0.5899	0.5899		240	65.30	4,689,443	7,157,040	
1989/07		1.00	0.5899	0.5899		240	70.86	4,717,106	7,205,520	
1990/01		1.00	0.5899	0.5899		240	70.86	4,744,932	7,241,760	
1990/07		1.00	0.5899	0.5899		240	63.87	4,772,922	7,284,480	



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: 7/31/2014

0 210137-00 - 2015/01

228.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01		1.00	0.5899	0.5899		240	63.87	4,801,077	7,327,200	
1991/07	49,702	1.00	1.4932	1.4932		240	71.45	4,922,469	7,436,640	
1992/01		1.00	2.0117	2.0117		240	71.45	5,021,494	7,586,160	
1992/07		1.00	1.8152	1.8152		240	71.50	5,112,644	7,723,920	
1993/01		1.00	1.7710	1.7710		240	71.50	5,203,189	7,860,720	
1993/07		1.00	1.5329	1.5329		240	76.25	5,282,949	7,981,200	
1994/01		1.00	1.6983	1.6983		240	76.25	5,372,669	8,116,800	
1994/07		1.00	1.5991	1.5991		240	80.48	5,458,583	8,246,640	
1995/01		1.00	1.5812	1.5812		240	80.48	5,544,894	8,376,960	
1995/07	477,769	1.00	1.5250	1.5250		240	80.35	6,107,223	8,504,640	
1996/01		1.00	1.7228	1.7228		240	80.35	6,212,438	8,651,280	
1996/07		0.95	1.3294	1.3294		240	81.45	6,290,895	8,766,240	
1997/01		0.95	1.4109	1.4109		240	81.45	6,375,218	8,889,840	
1997/07		0.90	1.0917	1.0917		240	84.44	6,437,855	8,986,800	
1998/01		0.90	1.1663	1.1663		240	84.44	6,505,433	9,091,680	
1998/07		0.85	1.0794	1.0794		240	82.54	6,565,120	9,189,840	
1999/01		0.85	1.4499	1.4499		240	82.54	6,646,029	9,323,040	
1999/07	167,785	0.80	1.2299	1.2299		240	81.20	6,879,204	9,437,760	
2000/01		0.80	1.3356	1.3356		240	81.20	6,952,708	9,563,760	
2000/07	190,122	0.75	1.1129	1.1129		240	78.89	7,200,864	9,670,080	
2001/01		0.75	1.2976	1.2976		240	78.89	7,270,943	9,795,600	
2001/07		0.70	0.9615	0.9615		240	68.50	7,319,884	9,889,680	
2002/01		0.70	1.0301	1.0301		240	68.02	7,372,668	9,991,440	
2002/07		0.65	0.8337	0.8337		240	68.02	7,412,620	10,074,720	
2003/01		0.65	1.3271	1.3271		240	68.80	7,476,561	10,208,400	
2003/07		0.60	1.1664	1.1664		240	68.80	7,528,882	10,327,440	
2004/01		0.60	1.1103	1.1103		240	65.22	7,579,039	10,442,160	
2004/07		0.55	0.8378	0.8378		240	65.22	7,613,963	10,529,760	
2005/01	61,082	0.55	0.8595	0.8595		240	62.39	7,711,036	10,620,240	
2005/07		0.50	0.7364	0.7364		240	62.39	7,739,428	10,698,480	



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: 7/31/2014

0 210137-00 - 2015/01

228.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01		0.50	0.9068	0.9068		240	62.39	7,774,519	10,795,440	
2006/07	174,131	0.45	0.8133	0.8133		240	60.84	7,977,105	10,883,280	
2007/01	201,050	0.45	1.0133	1.0133		240	61.94	8,214,531	10,993,440	
2007/07		0.40	1.1050	1.1050		240	61.94	8,250,839	11,114,880	
2008/01		0.40	0.8556	0.8556		240	61.94	8,279,073	11,209,920	
2008/07	55,825	0.35	0.6104	0.6104		240	59.35	8,352,582	11,278,320	
2009/01		0.35	1.3268	1.3268		240	59.35	8,391,371	11,428,080	
2009/07	238,774	0.30	0.6841	0.6841		240	59.20	8,647,364	11,506,320	
2010/01	48,110	0.30	0.8643	0.8643		240	60.15	8,717,897	11,605,680	
2010/07		0.25	0.7107	0.7107		240	60.15	8,733,389	11,688,240	
2011/01		0.25	0.9198	0.9198		240	63.56	8,753,476	11,795,760	
2011/07		0.20	0.9028	0.9028		240	63.56	8,769,285	11,902,320	
2012/01		0.20	0.3865	0.3865		240	63.38	8,776,064	11,948,400	
2012/07		0.15	0.9417	0.9417		240	63.38	8,788,465	12,060,960	
2013/01		0.15	0.4901	0.4901		240	63.38	8,794,925	12,120,000	
2013/07	54,205	0.10	0.6196	0.6196		240	62.64	8,854,583	12,195,120	
2014/01	109,537	0.10	0.8564	0.8564		240	63.07	8,971,700	12,299,520	
2014/07		0.05	1.2383	1.2383		240	63.07	8,977,253	12,451,920	
2015/01	44,329	0.05	0.7571	0.7571		240	61.48	9,024,984	12,546,240	

Message Code:

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

Report Printed: 12/23/2014 ID: 210137073120140801201310192014113004



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 210188-00 - 2015/01

245.27

Covenant Village Care 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
9211 W BROWARD BLVD	2/1/2013-1/31/2014	Number of Beds: 60	Superior: 0
PLANTATION, FL 33324	Days in CR 365	Maximum: 21,900	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 19,458	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 5,838	Inflation
Current Class South Small	Initial CR? False	Medicaid: 4,850	FY Index: 1.31458957
Class at 1/94: South Small	Medical Utilization	24.92548%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.84932%	Cost: 1.04338188
Open Date: 03/15/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/15/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 03/15/1988	Low Occupancy Adjustment Factor:	113.45658%	DC Sem Index: 1.25449501
Med # Active Date: 03/15/1988	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	287,685	427,870	367,199	51,410		1,134,164	
1a	Audit Adjustments							
2	Cost Per Diem	59.3165	88.2207	75.7111	10.6000		233.8483	
3	Cost Per Diem Inflated	61.8898	90.9887	78.9956				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	61.8898	90.9887	78.9956	10.6000		242.4741	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	97.0996		69.1600				
7	Provider Target Rate	100.6555		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	61.8898	90.9887	71.6927	10.6000		235.1712	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	61.8898	90.9887	71.6927	10.6000		235.1712	
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 210188-00 - 2015/01

245.27

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

Covenant Village Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/15/1988	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,364,442.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,812,135 9.8981
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	453,034 0.4500
Indexed Asset Value	2,265,169	Interest Rate:	8.9600%	Insurance Cost(3):	11,955 0.6144
FRVS Base Asset:	1,765,380	Chase Rate:	8.7500%	Taxes Cost(3):	20,376 1.0472
Occup Adj Factor	0.9000	Amortization Rate:	8.9600%	Home Office(3):	57,572 2.9588
ROE Factor	0.019580	Interest Only:	False	Replacement(3&4):	91,158 0.0000
		Yearly Payment:	195,092	Total FRVS PD:	14.9685

- (1) 80% Capital (\$1,812,135) amortized at 8.9600 % for 20 years Principal & Interest of \$195,092 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$9.8981
- (2) 20% ROE (\$453,034) times the ROE factor (0.019580) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4500
- (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	61.8898	61.8898	1.0767	60.8131
Direct Care	90.9887	90.9887	1.5830	89.4057
Indirect Care	71.6927	71.6927	1.2473	70.4454
Property	10.6000	14.9685	0.2604	14.7081
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	235.1712	239.5397	4.1674	245.2748

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 210188-00 - 2015/01

245.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	2,372,607	0.00	0.9007	0.9007		60	11.99	1,765,380	1,765,380	1
1988/07		0.10	0.5899	0.5899		60	11.99	1,765,380	1,778,760	
1989/01		0.10	0.5899	0.5899		60	11.99	1,765,380	1,789,260	
1989/07		0.20	0.5899	0.5899		60	11.99	1,765,380	1,801,380	
1990/01		0.20	0.5899	0.5899		60	11.99	1,765,380	1,810,440	
1990/07		0.30	0.5899	0.5899		60	11.99	1,765,380	1,821,120	
1991/01	8,652	0.30	0.5899	0.5899		60	21.88	1,774,032	1,831,800	
1991/07		0.40	1.4932	1.4932		60	21.88	1,774,032	1,859,160	
1992/01		0.40	2.0117	2.0117		60	19.05	1,774,032	1,896,540	
1992/07		0.50	1.8152	1.8152		60	19.05	1,774,032	1,930,980	
1993/01		0.50	1.7710	1.7710		60	21.34	1,774,032	1,965,180	
1993/07		0.60	1.5329	1.5329		60	21.34	1,774,032	1,995,300	
1994/01		0.60	1.6983	1.6983		60	27.27	1,782,995	2,029,200	
1994/07		0.70	1.5991	1.5991		60	27.27	1,792,891	2,061,660	
1995/01	49,646	0.70	1.5812	1.5812		60	35.56	1,855,367	2,094,240	
1995/07		0.80	1.5250	1.5250		60	35.56	1,870,002	2,126,160	
1996/01		0.80	1.7228	1.7228		60	30.54	1,884,313	2,162,820	
1996/07		0.90	1.3294	1.3294		60	30.54	1,896,832	2,191,560	
1997/01	15,995	0.90	1.4109	1.4109		60	27.94	1,912,827	2,222,460	5
1997/07		1.00	1.0917	1.0917		60	27.94	1,935,739	2,246,700	
1998/01	36,223	1.00	1.1663	1.1663		60	29.56	1,984,096	2,272,920	
1998/07		1.00	1.0794	1.0794		60	29.56	1,995,606	2,297,460	
1999/01		1.00	1.4499	1.4499		60	34.23	2,013,614	2,330,760	
1999/07		1.00	1.2299	1.2299		60	34.23	2,029,027	2,359,440	
2000/01	15,599	1.00	1.3356	1.3356		60	24.91	2,044,626	2,390,940	
2000/07		1.00	1.1129	1.1129		60	24.91	2,044,626	2,417,520	
2001/01		1.00	1.2976	1.2976		60	24.05	2,044,626	2,448,900	
2001/07		1.00	0.9615	0.9615		60	24.05	2,044,626	2,472,420	
2002/01		1.00	1.0301	1.0301		60	22.21	2,044,626	2,497,860	
2002/07	12,081	1.00	0.8337	0.8337		60	20.46	2,056,707	2,518,680	



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 210188-00 - 2015/01

245.27

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		60	20.46	2,056,707	2,552,100	
2003/07		1.00	1.1664	1.1664		60	20.46	2,056,707	2,581,860	
2004/01		1.00	1.1103	1.1103		60	20.46	2,056,707	2,610,540	
2004/07	69,519	1.00	0.8378	0.8378		60	19.79	2,126,226	2,632,440	
2005/01		1.00	0.8595	0.8595		60	19.79	2,126,226	2,655,060	
2005/07		1.00	0.7364	0.7364		60	19.79	2,126,226	2,674,620	
2006/01		1.00	0.9068	0.9068		60	19.79	2,126,226	2,698,860	
2006/07		1.00	0.8133	0.8133		60	19.79	2,126,226	2,720,820	
2007/01		1.00	1.0133	1.0133		60	19.79	2,126,226	2,748,360	
2007/07		1.00	1.1050	1.1050		60	19.79	2,126,226	2,778,720	
2008/01		1.00	0.8556	0.8556		60	15.27	2,126,226	2,802,480	
2008/07		0.95	0.6104	0.6104		60	15.27	2,126,226	2,819,580	
2009/01		0.95	1.3268	1.3268		60	15.27	2,126,226	2,857,020	
2009/07		0.90	0.6841	0.6841		60	15.27	2,126,226	2,876,580	
2010/01		0.90	0.8643	0.8643		60	15.27	2,126,226	2,901,420	
2010/07		0.85	0.7107	0.7107		60	15.27	2,126,226	2,922,060	
2011/01		0.85	0.9198	0.9198		60	15.27	2,126,226	2,948,940	
2011/07		0.80	0.9028	0.9028		60	26.11	2,133,516	2,975,580	
2012/01	10,926	0.80	0.3865	0.3865		60	27.47	2,147,737	2,987,100	
2012/07		0.75	0.9417	0.9417		60	27.47	2,155,313	3,015,240	
2013/01	81,436	0.75	0.4901	0.4901		60	30.63	2,241,161	3,030,000	
2013/07		0.70	0.6196	0.6196		60	30.63	2,246,574	3,048,780	
2014/01		0.70	0.8564	0.8564		60	32.35	2,254,496	3,074,880	
2014/07		0.65	1.2383	1.2383		60	32.35	2,265,169	3,112,980	
2015/01		0.65	0.7571	0.7571		60	24.93	2,265,169	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 210285-00 - 2015/01

228.51

John Knox Village Medical 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
4100 E FLETCHER AVE	1/1/2013-12/31/2013	Number of Beds: 163	Superior: 0
TAMPA, FL 33613	Days in CR 365	Maximum: 59,495	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 59,495	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 54,862	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 11,367	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 20,751	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	37.82399%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.21279%	Cost: 1.04340134
Open Date: 11/01/1978	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1978	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 12/01/1987	Low Occupancy Adjustment Factor:	117.75158%	DC Sem Index: 1.25449501
Med # Active Date: 12/01/1987	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	1,152,401	1,934,553	1,100,902	282,214		4,470,070	
1a	Audit Adjustments							
2	Cost Per Diem	55.5347	93.2270	53.0530	13.6000		215.4147	
3	Cost Per Diem Inflated	57.9450	96.2575	55.3556				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.9450	96.2575	55.3556	13.6000		223.1581	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	90.9513		82.8985				
7	Provider Target Rate	94.2820		85.9343				
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	96.2575	55.3556	13.6000		219.3680	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1549	96.2575	55.3556	13.6000		219.3680	
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 210285-00 - 2015/01

228.51

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

John Knox Village Medical Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,023,570.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Variable	80% Capital(1):	6,463,284	10.3883
Indexed Asset Value	8,079,105	<60% of Base:	False	20% ROE(2):	1,615,821	0.5658
FRVS Base Asset:	2,676,513	Interest Rate:	6.0131%	Insurance Cost(3):	17,190	0.3133
Occup Adj Factor	0.9000	Chase Rate:	7.9765%	Taxes Cost(3):	16,025	0.2921
ROE Factor	0.018750	Amortization Rate:	6.0131%	Home Office(3):	282,454	5.1484
		Interest Only:	False	Replacement(3&4):	848,867	0.0000
		Yearly Payment:	556,246	Total FRVS PD:		16.7079

- (1) 80% Capital (\$6,463,284) amortized at 6.0131 % for 20 years Principal & Interest of \$556,246 divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$10.3883
- (2) 20% ROE (\$1,615,821) times the ROE factor (0.018750) divided by annual available days (59495) divided by Occup. Adj. (0.90) = \$0.5658
- (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:	01/01/1978	Current RS PBS:	52,276
Comparison Bed	50	Effective PBS Limitation	889,750

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	96.2575	96.2575	1.6746	94.5829
Indirect Care	55.3556	55.3556	0.9631	54.3925
Property	13.6000	16.7079	0.2907	16.4172
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	219.3680	222.4759	3.8706	228.5078

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 210285-00 - 2015/01

228.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	924,530	0.00	5.5395	3.0000	2.5395	50		889,750	889,750	1
1979/01		0.10	7.6667	3.0000	4.6667	50		889,750	987,150	
1979/07		0.10	8.8649	3.0000	5.8649	50		889,750	1,028,600	
1980/01	91,223	0.20	12.0306	3.0000	9.0306	50		980,973	1,092,050	
1980/07		0.20	12.8413	3.0000	9.8413	50		980,973	1,133,650	
1981/01		0.30	13.6653	3.0000	10.6653	50		980,973	1,177,000	
1981/07		0.30	13.2541	3.0000	10.2541	50		980,973	1,207,450	
1982/01		0.40	12.9301	3.0000	9.9301	50		980,973	1,239,800	
1982/07		0.40	12.2278	3.0000	9.2278	50		980,973	1,268,250	
1983/04		0.50	11.8566	3.0000	8.8566	50		980,973	1,301,600	
1983/07		0.50	12.8144	3.0000	9.8144	50		980,973	1,353,100	
1984/01		0.60	11.1096	3.0000	8.1096	50		980,973	1,370,650	
1984/07		0.60	10.0275	3.0000	7.0275	50		980,973	1,396,950	
1985/01		0.70	8.1746	3.0000	5.1746	50		980,973	1,412,950	
1985/10	1,695,540	0.70	6.0268	3.0000	3.0268	110		2,676,513	3,135,000	
1986/01		0.80	3.8567	3.0000	0.8567	110		2,676,513	3,161,070	
1986/07	21,356	0.80	1.1541	1.1541		110		2,697,869	3,155,020	
1987/01		0.90	1.0091	1.0091		110		2,697,869	3,211,450	
1987/07		0.90	0.9007	0.9007		110	2.20	2,697,869	3,236,530	
1988/01		1.00	0.9007	0.9007		110	2.20	2,697,869	3,262,820	
1988/07		1.00	0.5899	0.5899		110	2.20	2,697,869	3,261,060	
1989/01		1.00	0.5899	0.5899		110	2.20	2,697,869	3,280,310	
1989/07		1.00	0.5899	0.5899		110	2.20	2,697,869	3,302,530	
1990/01		1.00	0.5899	0.5899		110	2.20	2,697,869	3,319,140	
1990/07		1.00	0.5899	0.5899		110	2.20	2,697,869	3,338,720	
1991/01		1.00	0.5899	0.5899		110	2.20	2,697,869	3,358,300	
1991/07		1.00	1.4932	1.4932		110	5.04	2,697,869	3,408,460	
1992/01		1.00	2.0117	2.0117		110	6.95	2,697,869	3,476,990	
1992/07		1.00	1.8152	1.8152		110	6.95	2,697,869	3,540,130	
1993/01	23,441	1.00	1.7710	1.7710		110	7.11	2,721,310	3,602,830	



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 210285-00 - 2015/01

228.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		110	7.11	2,721,310	3,658,050	
1994/01		1.00	1.6983	1.6983		110	8.29	2,721,310	3,720,200	
1994/07		1.00	1.5991	1.5991		110	8.29	2,721,310	3,779,710	
1995/01	2,765,841	1.00	1.5812	1.5812		163	13.08	5,487,151	5,689,352	
1995/07		1.00	1.5250	1.5250		163	13.08	5,487,151	5,776,068	
1996/01	78,243	1.00	1.7228	1.7228		163	19.21	5,565,394	5,875,661	
1996/07		1.00	1.3294	1.3294		163	19.21	5,565,394	5,953,738	
1997/01	30,577	1.00	1.4109	1.4109		163	24.52	5,595,971	6,037,683	
1997/07		1.00	1.0917	1.0917		163	24.52	5,595,971	6,103,535	
1998/01	198,888	1.00	1.1663	1.1663		163	22.60	5,794,859	6,174,766	
1998/07		1.00	1.0794	1.0794		163	22.60	5,794,859	6,241,433	
1999/01		0.95	1.4499	1.4499		163	22.60	5,794,859	6,331,898	
1999/07		0.95	1.2299	1.2299		163	22.60	5,794,859	6,409,812	
2000/01		0.90	1.3356	1.3356		163	23.60	5,794,859	6,495,387	
2000/07		0.90	1.1129	1.1129		163	23.60	5,794,859	6,567,596	
2001/01		0.85	1.2976	1.2976		163	25.99	5,825,063	6,652,845	
2001/07		0.85	0.9615	0.9615		163	25.99	5,847,560	6,716,741	
2002/01		0.80	1.0301	1.0301		163	26.50	5,870,779	6,785,853	
2002/07		0.80	0.8337	0.8337		163	26.50	5,889,646	6,842,414	
2003/01		0.75	1.3271	1.3271		163	26.50	5,917,890	6,933,205	
2003/07	25,422	0.75	1.1664	1.1664		163	28.09	5,969,752	7,014,053	
2004/01		0.70	1.1103	1.1103		163	28.09	5,993,448	7,091,967	
2004/07	88,149	0.70	0.8378	0.8378		163	34.31	6,103,525	7,151,462	
2005/01		0.65	0.8595	0.8595		163	34.31	6,124,797	7,212,913	
2005/07		0.65	0.7364	0.7364		163	34.64	6,143,263	7,266,051	
2006/01		0.60	0.9068	0.9068		163	36.99	6,165,743	7,331,903	
2006/07		0.60	0.8133	0.8133		163	37.26	6,186,127	7,391,561	
2007/01		0.55	1.0133	1.0133		163	37.26	6,209,482	7,466,378	
2007/07		0.55	1.1050	1.1050		163	37.26	6,235,050	7,548,856	
2008/01	98,357	0.50	0.8556	0.8556		163	36.67	6,351,191	7,613,404	



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 210285-00 - 2015/01

228.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		163	36.67	6,364,115	7,659,859	
2009/01	47,691	0.45	1.3268	1.3268		163	33.11	6,434,682	7,761,571	
2009/07		0.45	0.6841	0.6841		163	33.11	6,446,605	7,814,709	
2010/01		0.40	0.8643	0.8643		163	31.42	6,459,336	7,882,191	
2010/07		0.40	0.7107	0.7107		163	31.42	6,469,827	7,938,263	
2011/01	2,535,781	0.35	0.9198	0.9198		163	26.79	8,011,287	8,011,287	8
2011/07		0.35	0.9028	0.9028		163	26.79	8,023,618	8,083,659	
2012/01		0.30	0.3865	0.3865		163	28.13	8,028,378	8,114,955	
2012/07		0.30	0.9417	0.9417		163	28.13	8,039,978	8,191,402	
2013/01		0.25	0.4901	0.4901		163	28.13	8,045,015	8,231,500	
2013/07		0.25	0.6196	0.6196		163	28.13	8,051,389	8,282,519	
2014/01		0.20	0.8564	0.8564		163	35.51	8,060,294	8,353,424	
2014/07		0.20	1.2383	1.2383		163	35.51	8,073,184	8,456,929	
2015/01		0.15	0.7571	0.7571		163	35.51	8,079,105	8,520,988	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
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 210463-00 - 2015/01

263.47

Village on the Isle

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
910 TAMIAMI TRAIL SOUTH	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
VENICE, FL 34285	Days in CR 365	Maximum: 21,900	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 20,817	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 2,882	Inflation
Current Class South Small	Initial CR? False	Medicaid: 7,555	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	36.29245%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.05479%	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:	121.38068%	DC Sem Index: 1.25449501
Med # Active Date: 05/12/1988	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 208051			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	477,729	742,810	562,589	114,005		1,897,133	
1a	Audit Adjustments							
2	Cost Per Diem	63.2335	98.3203	74.4658	15.0900		251.1096	
3	Cost Per Diem Inflated	65.9779	101.5163	77.6977				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	65.9779	101.5163	77.6977	15.0900		260.2819	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.9928		87.1413				
7	Provider Target Rate	65.2997		90.3325				
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	101.5163	77.6977	13.6500		255.0356	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	101.5163	77.6977	13.6500		255.0356	
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 210463-00 - 2015/01

263.47

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

Village on the Isle

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/2009	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,036,512.00	Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed	80% Capital(1):	2,171,482 14.2860
Indexed Asset Value	2,714,352	<60% of Base:	False	20% ROE(2):	542,870 0.5164
FRVS Base Asset:	1,710,000	Interest Rate:	11.7050%	Insurance Cost(3):	24,685 1.1858
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	14,168 0.6806
ROE Factor	0.018750	Amortization Rate:	11.7050%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	160,220 0.0000
		Yearly Payment:	281,578	Total FRVS PD:	16.6688

(1) 80% Capital (\$2,171,482) amortized at 11.7050 % for 20 years Principal & Interest of \$281,578 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$14.2860

(2) 20% ROE (\$542,870) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5164

(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	62.1716	62.1716	1.0816	61.0900
Direct Care	101.5163	101.5163	1.7661	99.7502
Indirect Care	77.6977	77.6977	1.3518	76.3459
Property	13.6500	16.6688	0.2900	16.3788
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	255.0356	258.0544	4.4895	263.4674

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 210463-00 - 2015/01

263.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,003,179	0.00	1.9179	1.9179		60	20.46	2,003,179	1,676,340	
1985/01	33,333	0.10	1.1471	1.1471		60	20.46	2,036,512	1,695,540	
1985/10		0.10	0.8522	0.8522		60	20.46	1,710,000	1,710,000	1
1986/01		0.20	0.8299	0.8299		60	20.46	1,710,000	1,724,220	
1986/07	25,819	0.20	0.2974	0.2974		60	20.46	1,735,819	1,720,920	
1987/01		0.30	1.0091	1.0091		60	20.46	1,735,819	1,751,700	
1987/07		0.30	0.9007	0.9007		60	26.42	1,738,072	1,765,380	
1988/01		0.40	0.9007	0.9007		60	26.42	1,741,080	1,779,720	
1988/07	13,556	0.40	0.5899	0.5899		60	26.88	1,756,644	1,778,760	
1989/01		0.50	0.5899	0.5899		60	26.88	1,759,177	1,789,260	
1989/07	19,063	0.50	0.5899	0.5899		60	22.51	1,778,240	1,801,380	
1990/01		0.60	0.5899	0.5899		60	22.51	1,778,240	1,810,440	
1990/07	33,946	0.60	0.5899	0.5899		60	22.13	1,812,186	1,821,120	
1991/01		0.70	0.5899	0.5899		60	22.13	1,812,186	1,831,800	
1991/07	8,967	0.70	1.4932	1.4932		60	21.71	1,821,153	1,859,160	
1992/01		0.80	2.0117	2.0117		60	21.71	1,821,153	1,896,540	
1992/07		0.80	1.8152	1.8152		60	19.49	1,821,153	1,930,980	
1993/01		0.90	1.7710	1.7710		60	19.49	1,821,153	1,965,180	
1993/07		0.90	1.5329	1.5329		60	23.81	1,821,153	1,995,300	
1994/01		1.00	1.6983	1.6983		60	23.81	1,821,153	2,029,200	
1994/07		1.00	1.5991	1.5991		60	24.43	1,821,153	2,061,660	
1995/01		1.00	1.5812	1.5812		60	24.43	1,821,153	2,094,240	
1995/07		1.00	1.5250	1.5250		60	26.86	1,834,716	2,126,160	
1996/01		1.00	1.7228	1.7228		60	26.86	1,850,152	2,162,820	
1996/07		1.00	1.3294	1.3294		60	29.42	1,863,309	2,191,560	
1997/01		1.00	1.4109	1.4109		60	29.42	1,877,371	2,222,460	
1997/07	43,436	1.00	1.0917	1.0917		60	25.78	1,930,414	2,246,700	
1998/01		1.00	1.1663	1.1663		60	25.78	1,940,967	2,272,920	
1998/07	11,211	1.00	1.0794	1.0794		60	27.91	1,962,810	2,297,460	
1999/01		1.00	1.4499	1.4499		60	27.91	1,977,252	2,330,760	



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 210463-00 - 2015/01

263.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		60	32.14	1,991,463	2,359,440	
2000/01		1.00	1.3356	1.3356		60	32.14	2,007,006	2,390,940	
2000/07		1.00	1.1129	1.1129		60	25.36	2,017,305	2,417,520	
2001/01		1.00	1.2976	1.2976		60	25.36	2,029,375	2,448,900	
2001/07		1.00	0.9615	0.9615		60	11.79	2,029,375	2,472,420	
2002/01		1.00	1.0301	1.0301		60	11.79	2,029,375	2,497,860	
2002/07		1.00	0.8337	0.8337		60	8.24	2,029,375	2,518,680	
2003/01		1.00	1.3271	1.3271		60	8.24	2,029,375	2,552,100	
2003/07	9,930	1.00	1.1664	1.1664		60	20.75	2,039,305	2,581,860	
2004/01		1.00	1.1103	1.1103		60	20.75	2,039,305	2,610,540	
2004/07	15,442	1.00	0.8378	0.8378		60	31.46	2,064,520	2,632,440	
2005/01		0.95	0.8595	0.8595		60	31.46	2,074,162	2,655,060	
2005/07	31,607	0.95	0.7364	0.7364		60	33.22	2,114,534	2,674,620	
2006/01		0.90	0.9068	0.9068		60	33.22	2,124,957	2,698,860	
2006/07		0.90	0.8133	0.8133		60	33.22	2,134,352	2,720,820	
2007/01	162,765	0.85	1.0133	1.0133		60	33.05	2,308,164	2,748,360	
2007/07		0.85	1.1050	1.1050		60	33.05	2,321,192	2,778,720	
2008/01		0.80	0.8556	0.8556		60	36.93	2,331,860	2,802,480	
2008/07		0.80	0.6104	0.6104		60	36.93	2,339,505	2,819,580	
2009/01	42,681	0.75	1.3268	1.3268		60	38.36	2,398,423	2,857,020	
2009/07		0.75	0.6841	0.6841		60	38.36	2,407,006	2,876,580	
2010/01		0.70	0.8643	0.8643		60	39.26	2,417,401	2,901,420	
2010/07		0.70	0.7107	0.7107		60	39.26	2,425,986	2,922,060	
2011/01	111,521	0.65	0.9198	0.9198		60	36.48	2,547,128	2,948,940	
2011/07		0.65	0.9028	0.9028		60	36.48	2,557,042	2,975,580	
2012/01	34,564	0.60	0.3865	0.3865		60	42.03	2,596,137	2,987,100	
2012/07		0.60	0.9417	0.9417		60	42.03	2,607,346	3,015,240	
2013/01	47,564	0.55	0.4901	0.4901		60	48.75	2,661,141	3,030,000	
2013/07	14,340	0.55	0.6196	0.6196		60	48.42	2,683,465	3,048,780	
2014/01		0.50	0.8564	0.8564		60	48.42	2,693,581	3,074,880	



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 210463-00 - 2015/01

263.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		60	48.42	2,708,264	3,112,980	
2015/01		0.45	0.7571	0.7571		60	36.29	2,714,352	3,136,560	

Message Code:

1 Per Bed Standard Limitation

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

Report Printed: 12/23/2014 ID: 210463123120130101201305232014142033



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 210587-00 - 2015/01

253.25

HealthPark Care Center

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
16131 ROSERUSH COURT	10/1/2012-9/30/2013	Number of Beds: 112	Superior: 0
FORT MYERS, FL 33908-3634	Days in CR 365	Maximum: 40,880	Standard: 243
County: Lee [36]	First Used : 2014/07	Max Annualized: 40,880	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 37,664	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 14,544	Inflation
Current Class South Large	Initial CR? False	Medicaid: 9,678	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	25.69562%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.13307%	Cost: 1.04757614
Open Date: 10/28/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/28/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 12/18/1992	Low Occupancy Adjustment Factor:	117.64978%	DC Sem Index: 1.25449501
Med # Active Date: 12/18/1992	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	611,898	1,187,790	620,591	107,039		2,527,318	
1a	Audit Adjustments							
2	Cost Per Diem	63.2257	122.7309	64.1239	11.0600		261.1405	
3	Cost Per Diem Inflated	66.2337	127.0865	67.1747				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.2337	127.0865	67.1747	11.0600		271.5549	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	152.8262		82.5309				
7	Provider Target Rate	158.4228		85.5533				
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	99.8648	65.5807	11.0600		233.2474	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.7419	99.8648	65.5807	11.0600		233.2474	
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 210587-00 - 2015/01

253.25

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

HealthPark Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/18/1992	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	6,100,000.00	Total Amount	Per Diem
RS to Start Calcs:	1992/07	Type:	Variable	80% Capital(1):	3,941,185 8.0563
Indexed Asset Value	4,926,481	<60% of Base:	False	20% ROE(2):	985,296 0.4464
FRVS Base Asset:	2,844,810	Interest Rate:	4.3900%	Insurance Cost(3):	24,359 0.6467
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	4.3900%	Home Office(3):	89,934 2.3878
		Interest Only:	False	Replacement(3&4):	702,781 0.0000
		Yearly Payment:	296,406	Total FRVS PD:	11.5372

- (1) 80% Capital (\$3,941,185) amortized at 4.3900 % for 20 years Principal & Interest of \$296,406 divided by annual available days (40880) divided by Occup. Adj. (0.90) = \$8.0563
- (2) 20% ROE (\$985,296) times the ROE factor (0.016670) divided by annual available days (40880) divided by Occup. Adj. (0.90) = \$0.4464
- (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	90	Effective PBS Limitation	2,844,810

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	11.0600	11.5372	0.2007	11.3365
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.6844
Supplemental Rate Add-on				9.9025
Totals	233.2474	233.7246	4.0662	253.2453

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: 9/30/2013

0 210587-00 - 2015/01

253.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	6,318,350	0.00	1.8152	1.8152		90	15.33	2,844,810	2,844,810	1
1993/01		0.10	1.7710	1.7710		90	15.33	2,844,810	2,947,770	
1993/07		0.10	1.5329	1.5329		90	15.33	2,844,810	2,992,950	
1994/01		0.20	1.6983	1.6983		90	15.33	2,844,810	3,043,800	
1994/07		0.20	1.5991	1.5991		90	15.33	2,844,810	3,092,490	
1995/01		0.30	1.5812	1.5812		90	15.33	2,844,810	3,141,360	
1995/07		0.30	1.5250	1.5250		90	15.33	2,844,810	3,189,240	
1996/01		0.40	1.7228	1.7228		90	15.33	2,844,810	3,244,230	
1996/07	30,012	0.40	1.3294	1.3294		90	32.44	2,883,745	3,287,340	
1997/01		0.50	1.4109	1.4109		90	32.44	2,895,745	3,333,690	
1997/07		0.50	1.0917	1.0917		90	37.88	2,906,632	3,370,050	
1998/01		0.60	1.1663	1.1663		90	37.88	2,920,641	3,409,380	
1998/07	24,859	0.60	1.0794	1.0794		90	50.10	2,962,729	3,446,190	
1999/01		0.70	1.4499	1.4499		90	50.10	2,990,119	3,496,140	
1999/07	240,920	0.70	1.2299	1.2299		112	53.27	3,255,971	4,404,288	
2000/01		0.80	1.3356	1.3356		112	53.27	3,289,667	4,463,088	
2000/07	327,100	0.80	1.1129	1.1129		112	45.87	3,641,193	4,512,704	
2001/01		0.90	1.2976	1.2976		112	45.87	3,676,656	4,571,280	
2001/07		0.90	0.9615	0.9615		112	48.01	3,704,430	4,615,184	
2002/01		1.00	1.0301	1.0301		112	48.01	3,737,740	4,662,672	
2002/07		1.00	0.8337	0.8337		112	48.01	3,764,941	4,701,536	
2003/01		1.00	1.3271	1.3271		112	48.01	3,808,555	4,763,920	
2003/07	62,817	1.00	1.1664	1.1664		112	49.26	3,911,159	4,819,472	
2004/01		1.00	1.1103	1.1103		112	52.14	3,952,326	4,873,008	
2004/07		1.00	0.8378	0.8378		112	52.14	3,983,717	4,913,888	
2005/01		1.00	0.8595	0.8595		112	52.14	4,016,177	4,956,112	
2005/07	62,947	1.00	0.7364	0.7364		112	52.14	4,107,161	4,992,624	
2006/01		1.00	0.9068	0.9068		112	52.14	4,142,468	5,037,872	
2006/07		1.00	0.8133	0.8133		112	52.14	4,174,407	5,078,864	
2007/01		1.00	1.0133	1.0133		112	52.14	4,214,507	5,130,272	



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: 9/30/2013

0 210587-00 - 2015/01

253.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		1.00	1.1050	1.1050		112	52.14	4,258,656	5,186,944	
2008/01		1.00	0.8556	0.8556		112	52.14	4,293,198	5,231,296	
2008/07		1.00	0.6104	0.6104		112	52.14	4,318,041	5,263,216	
2009/01		1.00	1.3268	1.3268		112	52.14	4,372,354	5,333,104	
2009/07	21,840	1.00	0.6841	0.6841		112	45.25	4,418,803	5,369,616	
2010/01		1.00	0.8643	0.8643		112	45.25	4,450,224	5,415,984	
2010/07	119,502	1.00	0.7107	0.7107		112	25.44	4,584,355	5,454,512	
2011/01		1.00	0.9198	0.9198		112	25.44	4,603,859	5,504,688	
2011/07	35,260	1.00	0.9028	0.9028		112	28.38	4,660,566	5,554,416	
2012/01		1.00	0.3865	0.3865		112	28.38	4,669,861	5,575,920	
2012/07		1.00	0.9417	0.9417		112	27.72	4,692,025	5,628,448	
2013/01		0.95	0.4901	0.4901		112	27.72	4,703,035	5,656,000	
2013/07	33,498	0.95	0.6196	0.6196		112	27.79	4,750,520	5,691,056	
2014/01		0.90	0.8564	0.8564		112	27.79	4,769,022	5,739,776	
2014/07	117,854	0.90	1.2383	1.2383		112	25.70	4,911,712	5,810,896	
2015/01		0.85	0.7571	0.7571		112	25.70	4,926,481	5,854,912	

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 210676-00 - 2015/01

248.76

Avante at Boca Raton

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
1130 NW 15TH STREET	6/1/2013-5/31/2014	Number of Beds: 144	Superior: 0
BOCA RATON, FL 33486	Days in CR 365	Maximum: 52,560	Standard: 205
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 52,560	Conditional: 38
Region: South Area: 9	Last Used: 2015/01	Total Patient: 44,341	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,962	Inflation
Current Class South Large	Initial CR? False	Medicaid: 25,871	FY Index: 1.31964392
Class at 1/94: South Large	Medical Utilization	58.34555%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.36263%	Cost: 1.03938564
Open Date: 12/25/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/25/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 12/25/1985	Low Occupancy Adjustment Factor:	107.72728%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/1993	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 203394			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,185,584	2,270,973	1,807,990	309,158		5,573,705	
1a	Audit Adjustments							
2	Cost Per Diem	45.8268	87.7807	69.8848	11.9500		215.4423	
3	Cost Per Diem Inflated	47.6317	90.1396	72.6373				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.6317	90.1396	72.6373	11.9500		222.3586	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	58.0023		68.7455				
7	Provider Target Rate	60.1264		71.2630				
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	47.6317	90.1396	65.5807	11.9500		215.3020	
12/13	Medical Adjustment Rate		0.7140	0.5194				
14	Prospective Per Diem 11	47.6317	90.8536	66.1001	11.9500		216.5354	
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 210676-00 - 2015/01

248.76

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

Avante at Boca Raton

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,600,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	5,662,260	14.8263
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,415,565	0.6670
Indexed Asset Value	7,077,825	Interest Rate:	11.0000%	Insurance Cost(3):	77,161	1.7402
FRVS Base Asset:	3,136,303	Chase Rate:	13.0000%	Taxes Cost(3):	114,758	2.5881
Occup Adj Factor	0.9000	Amortization Rate:	11.0000%	Home Office(3):	36,082	0.8137
ROE Factor	0.022290	Interest Only:	False	Replacement(3&4):	62,047	0.0000
		Yearly Payment:	701,342	Total FRVS PD:		20.6353

- (1) 80% Capital (\$5,662,260) amortized at 11.0000 % for 20 years Principal & Interest of \$701,342 divided by annual available days (52560) divided by Occup. Adj. (0.90) = \$14.8263
- (2) 20% ROE (\$1,415,565) times the ROE factor (0.022290) divided by annual available days (52560) divided by Occup. Adj. (0.90) = \$0.6670
- (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	47.6317	47.6317	0.8287	46.8030
Direct Care	90.8536	90.8536	1.5806	89.2730
Indirect Care	66.1001	66.1001	1.1500	64.9501
Property	11.9500	20.6353	0.3590	20.2763
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.5557
Supplemental Rate Add-on				9.9025
Totals	216.5354	225.2207	3.9183	248.7606

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: 5/31/2014

0 210676-00 - 2015/01

248.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,136,303	0.00	0.8522	0.8522		120	52.71	3,136,303	3,420,000	
1986/01		0.10	0.8299	0.8299		120	52.71	3,138,798	3,448,440	
1986/07		0.10	0.2974	0.2974		120	52.71	3,139,691	3,441,840	
1987/01		0.20	1.0091	1.0091		120	52.71	3,145,763	3,503,400	
1987/07		0.20	0.9007	0.9007		120	52.71	3,151,193	3,530,760	
1988/01		0.30	0.9007	0.9007		120	52.71	3,159,353	3,559,440	
1988/07		0.30	0.5899	0.5899		120	52.71	3,164,712	3,557,520	
1989/01		0.40	0.5899	0.5899		120	51.54	3,171,711	3,578,520	
1989/07		0.40	0.5899	0.5899		120	51.83	3,178,765	3,602,760	
1990/01		0.50	0.5899	0.5899		120	51.83	3,187,602	3,620,880	
1990/07		0.50	0.5899	0.5899		120	62.92	3,197,005	3,642,240	
1991/01		0.60	0.5899	0.5899		120	62.92	3,208,319	3,663,600	
1991/07		0.60	1.4932	1.4932		120	78.33	3,237,062	3,718,320	
1992/01		0.70	2.0117	2.0117		120	78.33	3,282,646	3,793,080	
1992/07		0.70	1.8152	1.8152		120	82.64	3,324,355	3,861,960	
1993/01		0.80	1.7710	1.7710		120	84.14	3,371,454	3,930,360	
1993/07		0.80	1.5329	1.5329		120	84.14	3,412,798	3,990,600	
1994/01		0.90	1.6983	1.6983		120	84.14	3,464,963	4,058,400	
1994/07		0.90	1.5991	1.5991		120	84.14	3,514,831	4,123,320	
1995/01		1.00	1.5812	1.5812		120	84.14	3,570,408	4,188,480	
1995/07		1.00	1.5250	1.5250		120	84.14	3,624,857	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.30	3,687,306	4,325,640	
1996/07		1.00	1.3294	1.3294		120	84.30	3,736,325	4,383,120	
1997/01	107,346	1.00	1.4109	1.4109		120	82.61	3,896,387	4,444,920	
1997/07		1.00	1.0917	1.0917		120	82.61	3,938,924	4,493,400	
1998/01	72,503	1.00	1.1663	1.1663		120	84.97	4,057,367	4,545,840	
1998/07		1.00	1.0794	1.0794		120	84.97	4,101,162	4,594,920	
1999/01	18,362	1.00	1.4499	1.4499		120	81.20	4,178,987	4,661,520	
1999/07		1.00	1.2299	1.2299		120	81.20	4,230,384	4,718,880	
2000/01	80,333	1.00	1.3356	1.3356		120	78.36	4,367,218	4,781,880	



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: 5/31/2014

0 210676-00 - 2015/01

248.76

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		1.00	1.1129	1.1129		120	78.36	4,415,821	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.11	4,473,121	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.11	4,516,130	4,944,840	
2002/01		1.00	1.0301	1.0301		120	60.82	4,562,651	4,995,720	
2002/07		1.00	0.8337	0.8337		120	60.82	4,600,690	5,037,360	
2003/01		1.00	1.3271	1.3271		120	58.59	4,661,746	5,104,200	
2003/07		1.00	1.1664	1.1664		120	58.59	4,716,121	5,163,720	
2004/01		1.00	1.1103	1.1103		120	58.59	4,768,484	5,221,080	
2004/07		1.00	0.8378	0.8378		120	58.59	4,808,434	5,264,880	
2005/01		1.00	0.8595	0.8595		120	54.10	4,808,434	5,310,120	5
2005/07		1.00	0.7364	0.7364		120	54.10	4,884,210	5,349,240	
2006/01		0.95	0.9068	0.9068		120	60.48	4,926,287	5,397,720	
2006/07		0.95	0.8133	0.8133		120	60.48	4,964,347	5,441,640	
2007/01	1,069,848	0.90	1.0133	1.0133		144	59.39	6,079,470	6,596,064	
2007/07		0.90	1.1050	1.1050		144	59.39	6,139,930	6,668,928	
2008/01	49,387	0.85	0.8556	0.8556		144	56.84	6,233,973	6,725,952	
2008/07		0.85	0.6104	0.6104		144	56.84	6,266,315	6,766,992	
2009/01		0.80	1.3268	1.3268		144	58.77	6,332,826	6,856,848	
2009/07		0.80	0.6841	0.6841		144	58.77	6,367,486	6,903,792	
2010/01	61,651	0.75	0.8643	0.8643		144	60.81	6,470,411	6,963,408	
2010/07		0.75	0.7107	0.7107		144	60.81	6,504,898	7,012,944	
2011/01	174,808	0.70	0.9198	0.9198		144	49.18	6,717,159	7,077,456	
2011/07		0.70	0.9028	0.9028		144	49.18	6,755,119	7,141,392	
2012/01	54,989	0.65	0.3865	0.3865		144	46.68	6,824,510	7,169,040	
2012/07		0.65	0.9417	0.9417		144	46.68	6,859,964	7,236,576	
2013/01	51,246	0.60	0.4901	0.4901		144	52.83	6,930,589	7,272,000	
2013/07		0.60	0.6196	0.6196		144	52.83	6,955,340	7,317,072	
2014/01	25,956	0.55	0.8564	0.8564		144	47.71	7,009,714	7,379,712	
2014/07		0.55	1.2383	1.2383		144	47.71	7,009,714	7,471,152	5
2015/01		0.50	0.7571	0.7571		144	58.35	7,077,825	7,527,744	

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 210684-00 - 2015/01

241.67

The Edgewater at Waterman Village

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
300 BROOKFIELD AVE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
MOUNT DORA, FL 32757-9562	Days in CR 365	Maximum: 43,800	Standard: 243
County: Lake [35]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 40,198	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 15,773	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,473	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	40.97965%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.77626%	Cost: 1.04757614
Open Date: 04/19/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/19/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 05/03/1993	Low Occupancy Adjustment Factor:	117.19415%	DC Sem Index: 1.25449501
Med # Active Date: 05/03/1993	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	847,485	1,516,886	1,321,193	319,741		4,005,305	
1a	Audit Adjustments							
2	Cost Per Diem	51.4469	92.0832	80.2035	19.4100		243.1436	
3	Cost Per Diem Inflated	53.8945	95.3511	84.0193				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.8945	95.3511	84.0193	19.4100		252.6749	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	79.7584		87.0703				
7	Provider Target Rate	82.6792		90.2589				
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	95.3511	61.6580	13.6500		222.2269	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.5678	95.3511	61.6580	13.6500		222.2269	
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 210684-00 - 2015/01

241.67

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

The Edgewater at Waterman Village

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/03/1993	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	8,858,400.00	Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable	80% Capital(1):	4,570,211 8.4306
Indexed Asset Value	5,712,764	<60% of Base:	False	20% ROE(2):	1,142,553 0.4832
FRVS Base Asset:	3,861,960	Interest Rate:	4.0000%	Insurance Cost(3):	73,441 1.8270
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	25,863 0.6434
ROE Factor	0.016670	Amortization Rate:	4.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	211,143 0.0000
		Yearly Payment:	332,335	Total FRVS PD:	11.3842

- (1) 80% Capital (\$4,570,211) amortized at 4.0000 % for 20 years Principal & Interest of \$332,335 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.4306
- (2) 20% ROE (\$1,142,553) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4832
- (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	51.5678	51.5678	0.8972	50.6706
Direct Care	95.3511	95.3511	1.6589	93.6922
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	11.3842	0.1981	11.1861
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.6334
Supplemental Rate Add-on				9.9025
Totals	222.2269	219.9611	3.8269	241.6701

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: 9/30/2013

0 210684-00 - 2015/01

241.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	10,518,225	0.00	1.7710	1.7710		120	48.45	3,861,960	3,861,960	1
1993/07		0.10	1.5329	1.5329		120	48.45	3,867,175	3,990,600	
1994/01		0.10	1.6983	1.6983		120	48.45	3,872,959	4,058,400	
1994/07		0.20	1.5991	1.5991		120	48.45	3,883,870	4,123,320	
1995/01		0.20	1.5812	1.5812		120	48.45	3,894,688	4,188,480	
1995/07		0.30	1.5250	1.5250		120	48.45	3,910,384	4,252,320	
1996/01		0.30	1.7228	1.7228		120	48.45	3,928,186	4,325,640	
1996/07	61,066	0.40	1.3294	1.3294		120	53.31	4,009,500	4,383,120	
1997/01		0.40	1.4109	1.4109		120	53.31	4,031,434	4,444,920	
1997/07	28,748	0.50	1.0917	1.0917		120	53.39	4,081,545	4,493,400	
1998/01		0.50	1.1663	1.1663		120	53.39	4,104,652	4,545,840	
1998/07	111,434	0.60	1.0794	1.0794		120	45.87	4,238,255	4,594,920	
1999/01		0.60	1.4499	1.4499		120	45.87	4,269,003	4,661,520	
1999/07	37,728	0.70	1.2299	1.2299		120	38.04	4,332,150	4,718,880	
2000/01		0.70	1.3356	1.3356		120	38.04	4,360,162	4,781,880	
2000/07	94,787	0.80	1.1129	1.1129		120	37.59	4,481,480	4,835,040	
2001/01		0.80	1.2976	1.2976		120	37.59	4,513,276	4,897,800	
2001/07	52,401	0.90	0.9615	0.9615		120	38.94	4,593,330	4,944,840	
2002/01		0.90	1.0301	1.0301		120	38.94	4,623,480	4,995,720	
2002/07	57,441	1.00	0.8337	0.8337		120	41.53	4,710,027	5,037,360	
2003/01		1.00	1.3271	1.3271		120	41.53	4,710,027	5,104,200	5
2003/07	22,738	1.00	1.1664	1.1664		120	41.81	4,822,144	5,163,720	
2004/01		1.00	1.1103	1.1103		120	41.81	4,862,844	5,221,080	
2004/07	65,223	1.00	0.8378	0.8378		120	36.42	4,955,045	5,264,880	
2005/01		1.00	0.8595	0.8595		120	41.73	4,987,358	5,310,120	
2005/07		1.00	0.7364	0.7364		120	41.73	5,015,224	5,349,240	
2006/01		1.00	0.9068	0.9068		120	41.73	5,049,729	5,397,720	
2006/07	26,150	1.00	0.8133	0.8133		120	38.14	5,104,359	5,441,640	
2007/01		1.00	1.0133	1.0133		120	38.14	5,140,226	5,496,720	
2007/07	26,899	1.00	1.1050	1.1050		120	37.05	5,205,387	5,557,440	



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: 9/30/2013

0 210684-00 - 2015/01

241.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	37.05	5,205,387	5,604,960	5
2008/07		1.00	0.6104	0.6104		120	36.32	5,256,492	5,639,160	
2009/01		1.00	1.3268	1.3268		120	36.32	5,302,548	5,714,040	
2009/07		1.00	0.6841	0.6841		120	39.23	5,328,422	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.23	5,361,271	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.07	5,388,338	5,844,120	
2011/01		1.00	0.9198	0.9198		120	39.07	5,423,545	5,897,880	
2011/07		1.00	0.9028	0.9028		120	36.30	5,455,861	5,951,160	
2012/01		1.00	0.3865	0.3865		120	36.30	5,469,778	5,974,200	
2012/07		1.00	0.9417	0.9417		120	40.73	5,507,923	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.73	5,527,914	6,060,000	
2013/07	51,425	0.95	0.6196	0.6196		120	40.66	5,603,393	6,097,560	
2014/01		0.95	0.8564	0.8564		120	40.66	5,637,096	6,149,760	
2014/07		0.90	1.2383	1.2383		120	40.98	5,683,907	6,225,960	
2015/01		0.90	0.7571	0.7571		120	40.98	5,712,764	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 210889-00 - 2015/01

244.54

Emory L. Bennett 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
1920 MASON AVENUE	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
DAYTONA BEACH , FL	Days in CR 365	Maximum: 43,800	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: 43,461	Total: 243
Control: Government	Unaudited	Medicare: 1,947	Inflation
Current Class North Large	Initial CR? False	Medicaid: 14,713	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	33.85334%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.22603%	Cost: 1.03741261
Open Date: 12/27/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/27/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 01/19/1994	Low Occupancy Adjustment Factor:	126.70717%	DC Sem Index: 1.25449501
Med # Active Date: 01/19/1994	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	724,211	1,658,318	805,597	145,364		3,333,490	
1a	Audit Adjustments							
2	Cost Per Diem	49.2225	112.7111	54.7541	9.8800		226.5677	
3	Cost Per Diem Inflated	51.0640	115.6137	56.8026				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.0640	115.6137	56.8026	9.8800		233.3603	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	83.5759		66.3356				
7	Provider Target Rate	86.6365		68.7649				
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	51.0640	96.4319	56.8026	9.8800		214.1785	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.0640	96.4319	56.8026	9.8800		214.1785	
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 210889-00 - 2015/01

244.54

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

Emory L. Bennett State Veterans' Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/19/1994	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1993/07	Type:	None	80% Capital(1):	4,112,118 6.1832
Indexed Asset Value	5,140,147	<60% of Base:	True	20% ROE(2):	1,028,029 0.5923
FRVS Base Asset:	3,930,360	Interest Rate:	6.0000%	Insurance Cost(3):	2,257 0.0519
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.022710	Amortization Rate:	6.0000%	Home Office(3):	45,484 1.0465
		Interest Only:	True	Replacement(3&4):	96,078 0.0000
		Yearly Payment:	243,741	Total FRVS PD:	7.8739

- (1) 80% Capital (\$4,112,118) amortized at 6.0000 % for 20 years Interest of \$243,741 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.1832
- (2) 20% ROE (\$1,028,029) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5923
- (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	51.0640	51.0640	0.8884	50.1756
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	56.8026	56.8026	0.9882	55.8144
Property	9.8800	7.8739	0.1370	7.7369
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.1549
Supplemental Rate Add-on				9.9025
Totals	214.1785	212.1724	3.6913	244.5385

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 210889-00 - 2015/01

244.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07	8,502,173	0.00	1.5329	1.5329		120		3,930,360	3,930,360	1
1994/01		0.10	1.6983	1.6983		120	50.49	3,936,487	4,058,400	
1994/07		0.10	1.5991	1.5991		120	50.49	3,942,265	4,123,320	
1995/01		0.20	1.5812	1.5812		120	50.49	3,953,708	4,188,480	
1995/07		0.20	1.5250	1.5250		120	50.49	3,964,778	4,252,320	
1996/01	63,848	0.30	1.7228	1.7228		120	45.10	4,045,428	4,325,640	
1996/07		0.30	1.3294	1.3294		120	45.10	4,058,657	4,383,120	
1997/01		0.40	1.4109	1.4109		120	47.78	4,078,557	4,444,920	
1997/07		0.40	1.0917	1.0917		120	47.78	4,094,030	4,493,400	
1998/01	17,960	0.50	1.1663	1.1663		120	44.54	4,131,326	4,545,840	
1998/07		0.50	1.0794	1.0794		120	44.54	4,149,382	4,594,920	
1999/01		0.60	1.4499	1.4499		120	36.79	4,149,382	4,661,520	5
1999/07		0.60	1.2299	1.2299		120	36.79	4,194,127	4,718,880	
2000/01	30,980	0.70	1.3356	1.3356		120	30.74	4,247,022	4,781,880	
2000/07		0.70	1.1129	1.1129		120	30.74	4,265,513	4,835,040	
2001/01		0.80	1.2976	1.2976		120	37.30	4,295,543	4,897,800	
2001/07		0.80	0.9615	0.9615		120	37.30	4,317,951	4,944,840	
2002/01		0.90	1.0301	1.0301		120	37.77	4,345,442	4,995,720	
2002/07		0.90	0.8337	0.8337		120	37.77	4,367,832	5,037,360	
2003/01		1.00	1.3271	1.3271		120	32.65	4,402,242	5,104,200	
2003/07		1.00	1.1664	1.1664		120	32.65	4,432,724	5,163,720	
2004/01		1.00	1.1103	1.1103		120	32.65	4,461,941	5,221,080	
2004/07		1.00	0.8378	0.8378		120	32.97	4,484,350	5,264,880	
2005/01	26,607	1.00	0.8595	0.8595		120	36.21	4,536,332	5,310,120	
2005/07		1.00	0.7364	0.7364		120	36.21	4,558,325	5,349,240	
2006/01		1.00	0.9068	0.9068		120	36.21	4,585,538	5,397,720	
2006/07		1.00	0.8133	0.8133		120	36.21	4,610,091	5,441,640	
2007/01		1.00	1.0133	1.0133		120	36.21	4,640,846	5,496,720	
2007/07		1.00	1.1050	1.1050		120	48.51	4,686,076	5,557,440	
2008/01		1.00	0.8556	0.8556		120	46.65	4,720,083	5,604,960	



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 210889-00 - 2015/01

244.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		1.00	0.6104	0.6104		120	46.65	4,744,520	5,639,160	
2009/01		1.00	1.3268	1.3268		120	46.65	4,797,913	5,714,040	
2009/07		1.00	0.6841	0.6841		120	39.01	4,821,193	5,753,160	
2010/01		1.00	0.8643	0.8643		120	39.01	4,850,748	5,802,840	
2010/07		1.00	0.7107	0.7107		120	38.14	4,874,654	5,844,120	
2011/01		1.00	0.9198	0.9198		120	38.14	4,905,746	5,897,880	
2011/07		1.00	0.9028	0.9028		120	38.50	4,936,748	5,951,160	
2012/01	21,038	1.00	0.3865	0.3865		120	36.46	4,970,435	5,974,200	
2012/07		1.00	0.9417	0.9417		120	36.46	5,001,464	6,030,480	
2013/01		1.00	0.4901	0.4901		120	36.46	5,017,713	6,060,000	
2013/07		1.00	0.6196	0.6196		120	34.40	5,017,713	6,097,560	5
2014/01		0.95	0.8564	0.8564		120	34.40	5,062,791	6,149,760	
2014/07	19,191	0.95	1.2383	1.2383		120	33.89	5,118,681	6,225,960	
2015/01		0.90	0.7571	0.7571		120	33.85	5,140,147	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 210951-00 - 2015/01

205.22

Sabal Palms Health Care 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
499 ALTERNATE KEENE RD NE LARGO, FL 33771	7/1/2013-6/30/2014	Number of Beds: 244	Superior: 0
County: Pinellas [52]	Days in CR 365	Maximum: 89,060	Standard: 243
Region: Central Area: 5	First Used : 2015/01	Max Annualized: 89,060	Conditional: 0
Control: Proprietary : Partnership	Last Used: 2015/01	Total Patient: 85,385	Total: 243
Current Class Central Large	Unaudited	Medicare: 10,392	Inflation
Class at 1/94: North Large	Initial CR? False	Medicaid: 57,232	FY Index: 1.32215372
Operating Ex > 18 months	Medical Utilization	67.02817%	Semester Index: 1.37161894
Open Date: 05/18/1990	Occupancy:	95.87357%	Cost: 1.03741261
Acquired Date: 04/15/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Entered Medicaid 05/18/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Med # Active Date: 01/07/1994	Low Occupancy Adjustment Factor:	122.42623%	DC Sem Index: 1.25449501
Previous Med # 202134	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,260,636	4,279,133	3,069,278	1,109,728		10,718,775	
1a	Audit Adjustments							
2	Cost Per Diem	39.4995	74.7682	53.6287	19.3900		187.2864	
3	Cost Per Diem Inflated	40.9773	76.6937	55.6351				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.9773	76.6937	55.6351	19.3900		192.6961	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3420		57.1834				
7	Provider Target Rate	49.0757		59.2775				
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	40.9773	76.6937	55.6351	13.6500		186.9561	
12/13	Medical Adjustment Rate		1.4692	1.0658				
14	Prospective Per Diem 11	40.9773	78.1629	56.7009	13.6500		189.4911	
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 210951-00 - 2015/01

205.22

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

Sabal Palms Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/18/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,500,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	9,476,218	14.0689
RS to Start Calcs:	1990/01	<60% of Base:	False	20% ROE(2):	2,369,054	0.6712
Indexed Asset Value	11,845,272	Interest Rate:	10.4000%	Insurance Cost(3):	151,024	1.7687
FRVS Base Asset:	3,602,760	Chase Rate:	7.9800%	Taxes Cost(3):	275,527	3.2269
Occup Adj Factor	0.9000	Amortization Rate:	10.4000%	Home Office(3):	52,921	0.6198
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	749,453	0.0000
		Yearly Payment:	1,127,676	Total FRVS PD:		20.3555

- (1) 80% Capital (\$9,476,218) amortized at 10.4000 % for 20 years Principal & Interest of \$1,127,676 divided by annual available days (89060) divided by Occup. Adj. (0.90) = \$14.0689
- (2) 20% ROE (\$2,369,054) times the ROE factor (0.022710) divided by annual available days (89060) divided by Occup. Adj. (0.90) = \$0.6712
- (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	40.9773	40.9773	0.7129	40.2644
Direct Care	78.1629	78.1629	1.3598	76.8031
Indirect Care	56.7009	56.7009	0.9865	55.7144
Property	13.6500	20.3555	0.3541	20.0014
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.5338
Supplemental Rate Add-on				9.9025
Totals	189.4911	196.1966	3.4133	205.2196

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 210951-00 - 2015/01

205.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	5,165,939	0.00	0.5899	0.5899		120	29.89	3,602,760	3,602,760	1
1990/07		0.10	0.5899	0.5899		120	29.89	3,603,915	3,642,240	
1991/01		0.10	0.5899	0.5899		120	29.89	3,605,071	3,663,600	
1991/07		0.20	1.4932	1.4932		120	29.89	3,610,921	3,718,320	
1992/01		0.20	2.0117	2.0117		120	29.89	3,618,816	3,793,080	
1992/07		0.30	1.8152	1.8152		120	29.89	3,629,526	3,861,960	
1993/01		0.30	1.7710	1.7710		120	42.63	3,644,473	3,930,360	
1993/07		0.40	1.5329	1.5329		120	42.63	3,661,795	3,990,600	
1994/01	18,800	0.40	1.6983	1.6983		120	41.54	3,699,382	4,058,400	
1994/07		0.50	1.5991	1.5991		120	41.54	3,721,723	4,123,320	
1995/01	1,948,650	0.50	1.5812	1.5812		180	40.26	5,691,911	6,282,720	
1995/07		0.60	1.5250	1.5250		180	40.26	5,730,034	6,378,480	
1996/01		0.60	1.7228	1.7228		180	40.26	5,773,391	6,488,460	
1996/07	495,287	0.70	1.3294	1.3294		193	45.50	6,313,125	7,049,518	
1997/01	175,567	0.70	1.4109	1.4109		193	47.99	6,543,094	7,148,913	
1997/07		0.80	1.0917	1.0917		193	47.99	6,592,958	7,226,885	
1998/01	979,325	0.80	1.1663	1.1663		222	58.12	7,633,795	8,409,804	
1998/07		0.90	1.0794	1.0794		222	58.12	7,707,957	8,500,602	
1999/01	109,005	0.90	1.4499	1.4499		222	53.71	7,915,184	8,623,812	
1999/07		1.00	1.2299	1.2299		222	53.71	8,010,250	8,729,928	
2000/01	75,446	1.00	1.3356	1.3356		222	50.44	8,183,811	8,846,478	
2000/07		1.00	1.1129	1.1129		222	50.44	8,267,337	8,944,824	
2001/01		1.00	1.2976	1.2976		222	50.44	8,365,720	9,060,930	
2001/07	290,638	1.00	0.9615	0.9615		222	52.47	8,733,094	9,147,954	
2002/01	110,880	1.00	1.0301	1.0301		222	57.14	8,933,934	9,242,082	
2002/07		1.00	0.8337	0.8337		222	57.14	9,008,416	9,319,116	
2003/01	56,043	1.00	1.3271	1.3271		244	62.79	9,184,010	10,378,540	
2003/07		1.00	1.1664	1.1664		244	62.79	9,291,132	10,499,564	
2004/01	55,217	1.00	1.1103	1.1103		244	63.71	9,449,508	10,616,196	
2004/07		1.00	0.8378	0.8378		244	63.71	9,528,676	10,705,256	



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: 6/30/2014

0 210951-00 - 2015/01

205.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		244	63.71	9,610,575	10,797,244	
2005/07		1.00	0.7364	0.7364		244	64.92	9,681,347	10,876,788	
2006/01		1.00	0.9068	0.9068		244	64.92	9,769,137	10,975,364	
2006/07		1.00	0.8133	0.8133		244	71.11	9,848,589	11,064,668	
2007/01		1.00	1.0133	1.0133		244	69.67	9,948,385	11,176,664	
2007/07		1.00	1.1050	1.1050		244	69.67	10,058,315	11,300,128	
2008/01		1.00	0.8556	0.8556		244	69.67	10,144,374	11,396,752	
2008/07		1.00	0.6104	0.6104		244	69.14	10,206,295	11,466,292	
2009/01		1.00	1.3268	1.3268		244	69.14	10,341,712	11,618,548	
2009/07	103,645	1.00	0.6841	0.6841		244	68.29	10,516,105	11,698,092	
2010/01	245,105	1.00	0.8643	0.8643		244	68.18	10,852,101	11,799,108	
2010/07		0.95	0.7107	0.7107		244	68.18	10,925,374	11,883,044	
2011/01		0.95	0.9198	0.9198		244	68.18	11,020,840	11,992,356	
2011/07		0.90	0.9028	0.9028		244	66.64	11,110,384	12,100,692	
2012/01		0.90	0.3865	0.3865		244	66.64	11,149,037	12,147,540	
2012/07	74,597	0.85	0.9417	0.9417		244	68.05	11,312,871	12,261,976	
2013/01	173,437	0.85	0.4901	0.4901		244	69.80	11,533,437	12,322,000	
2013/07		0.80	0.6196	0.6196		244	69.80	11,590,608	12,398,372	
2014/01		0.80	0.8564	0.8564		244	69.80	11,670,015	12,504,512	
2014/07		0.75	1.2383	1.2383		244	69.04	11,778,394	12,659,452	
2015/01		0.75	0.7571	0.7571		244	67.03	11,845,272	12,755,344	

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 211010-00 - 2015/01
247.58

Stratford Court at Boca Pointe

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
6343 VIA DE SONRISA DEL SUR	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
BOCA RATON, FL 33433	Days in CR 365	Maximum: 21,900	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 19,412	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,834	Inflation
Current Class South Small	Initial CR? False	Medicaid: 6,883	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	35.45745%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.63927%	Cost: 1.04340134
Open Date: 03/17/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/17/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/17/1994	Low Occupancy Adjustment Factor:	113.18835%	DC Sem Index: 1.25449501
Med # Active Date: 03/17/1994	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	337,284	571,932	470,161	122,449		1,501,826	
1a	Audit Adjustments							
2	Cost Per Diem	49.0025	83.0934	68.3076	17.7901		218.1936	
3	Cost Per Diem Inflated	51.1293	85.7944	71.2722				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.1293	85.7944	71.2722	17.7901		225.9860	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	82.8418		83.9878				
7	Provider Target Rate	85.8755		87.0635				
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	51.1293	85.7944	71.2722	13.6500		221.8459	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.1293	85.7944	71.2722	13.6500		221.8459	
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 211010-00 - 2015/01

247.58

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

Stratford Court at Boca Pointe

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/17/1994	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,217,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,246,986	12.7518
RS to Start Calcs:	1994/01	<60% of Base:	False	20% ROE(2):	561,747	0.5344
Indexed Asset Value	2,808,733	Interest Rate:	10.0000%	Insurance Cost(3):	22,388	1.1533
FRVS Base Asset:	1,995,300	Chase Rate:	6.5000%	Taxes Cost(3):	40,267	2.0743
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	42,183	2.1730
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	80,874	0.0000
		Yearly Payment:	251,338	Total FRVS PD:		18.6868

- (1) 80% Capital (\$2,246,986) amortized at 9.5000 % for 20 years Principal & Interest of \$251,338 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$12.7518
- (2) 20% ROE (\$561,747) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.5344
- (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	51.1293	51.1293	0.8895	50.2398
Direct Care	85.7944	85.7944	1.4926	84.3018
Indirect Care	71.2722	71.2722	1.2400	70.0322
Property	13.6500	18.6868	0.3251	18.3617
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.7417
Supplemental Rate Add-on				9.9025
Totals	221.8459	226.8827	3.9472	247.5797

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 211010-00 - 2015/01

247.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01	4,243,445	0.00	1.6983	1.6983		60	22.81	1,995,300	1,995,300	1
1994/07		0.10	1.5991	1.5991		60	22.81	1,995,300	2,061,660	
1995/01		0.10	1.5812	1.5812		60	22.81	1,995,300	2,094,240	
1995/07		0.20	1.5250	1.5250		60	22.81	1,995,300	2,126,160	
1996/01		0.20	1.7228	1.7228		60	22.81	1,995,300	2,162,820	
1996/07		0.30	1.3294	1.3294		60	41.92	1,995,300	2,191,560	5
1997/01		0.30	1.4109	1.4109		60	41.92	2,007,822	2,222,460	
1997/07		0.40	1.0917	1.0917		60	55.95	2,016,590	2,246,700	
1998/01		0.40	1.1663	1.1663		60	55.95	2,016,590	2,272,920	5
1998/07		0.50	1.0794	1.0794		60	43.80	2,034,705	2,297,460	
1999/01		0.50	1.4499	1.4499		60	43.80	2,046,453	2,330,760	
1999/07	16,202	0.60	1.2299	1.2299		60	50.14	2,062,655	2,359,440	5
2000/01		0.60	1.3356	1.3356		60	50.14	2,091,591	2,390,940	
2000/07	55,051	0.70	1.1129	1.1129		60	45.07	2,159,994	2,417,520	
2001/01		0.70	1.2976	1.2976		60	45.07	2,176,071	2,448,900	
2001/07		0.80	0.9615	0.9615		60	48.87	2,190,944	2,472,420	
2002/01		0.80	1.0301	1.0301		60	48.87	2,206,987	2,497,860	
2002/07	15,133	0.90	0.8337	0.8337		60	53.32	2,238,173	2,518,680	
2003/01		0.90	1.3271	1.3271		60	53.32	2,264,089	2,552,100	
2003/07	14,667	1.00	1.1664	1.1664		60	52.86	2,304,137	2,581,860	
2004/01		1.00	1.1103	1.1103		60	52.86	2,328,724	2,610,540	
2004/07		1.00	0.8378	0.8378		60	48.45	2,345,911	2,632,440	
2005/01		1.00	0.8595	0.8595		60	48.45	2,363,673	2,655,060	
2005/07	12,654	1.00	0.7364	0.7364		60	47.71	2,391,426	2,674,620	
2006/01		1.00	0.9068	0.9068		60	47.71	2,410,237	2,698,860	
2006/07	37,214	1.00	0.8133	0.8133		60	48.92	2,464,886	2,720,820	
2007/01		1.00	1.0133	1.0133		60	48.92	2,487,102	2,748,360	
2007/07	56,753	1.00	1.1050	1.1050		60	40.54	2,564,112	2,778,720	
2008/01		1.00	0.8556	0.8556		60	40.54	2,564,112	2,802,480	5
2008/07		1.00	0.6104	0.6104		60	40.54	2,591,892	2,819,580	



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 211010-00 - 2015/01

247.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01	22,926	1.00	1.3268	1.3268		60	30.50	2,633,888	2,857,020	
2009/07		1.00	0.6841	0.6841		60	30.50	2,643,880	2,876,580	
2010/01		1.00	0.8643	0.8643		60	27.25	2,655,202	2,901,420	
2010/07		1.00	0.7107	0.7107		60	27.25	2,664,551	2,922,060	
2011/01		1.00	0.9198	0.9198		60	36.34	2,680,744	2,948,940	
2011/07		1.00	0.9028	0.9028		60	36.34	2,696,735	2,975,580	
2012/01	13,957	1.00	0.3865	0.3865		60	34.10	2,717,154	2,987,100	
2012/07	8,915	1.00	0.9417	0.9417		60	37.00	2,743,282	3,015,240	
2013/01		1.00	0.4901	0.4901		60	37.00	2,752,327	3,030,000	
2013/07		1.00	0.6196	0.6196		60	37.00	2,763,799	3,048,780	
2014/01		1.00	0.8564	0.8564		60	31.21	2,777,230	3,074,880	
2014/07		0.95	1.2383	1.2383		60	31.21	2,795,769	3,112,980	
2015/01		0.95	0.7571	0.7571		60	35.46	2,808,733	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 211052-00 - 2015/01

267.19

W FRANK WELLS NURSING FACILITY

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
210 N 2ND ST	10/1/2012-9/30/2013	Number of Beds: 68	Superior: 243
MACCLENNY, FL 32063	Days in CR 365	Maximum: 24,820	Standard: 0
County: Baker [2]	First Used : 2014/07	Max Annualized: 24,820	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 18,452	Total: 243
Control: Nonprofit : Other	Unaudited	Medicare: 2,130	Inflation
Current Class North Small	Initial CR? False	Medicaid: 15,780	FY Index: 1.30932625
Class at 1/94: North Small	Medical Utilization	85.51918%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	74.34327%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	94.93300%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1993	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	1,262,400	1,939,536	1,305,360	391,028		4,898,324	
1a	Audit Adjustments							
2	Cost Per Diem	80.0000	122.9110	82.7224	24.7800		310.4134	
3	Cost Per Diem Inflated	83.8061	127.2730	86.6580				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	83.8061	127.2730	86.6580	24.7800		322.5171	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	81.5328		82.7553				
7	Provider Target Rate	84.5186		85.7859				
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	55.8134	96.7541	67.8397	13.6500		234.0572	
12/13	Medical Adjustment Rate		3.8662	2.7108				
14	Prospective Per Diem 11	55.8134	100.6203	70.5505	13.6500		240.6342	
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 211052-00 - 2015/01

267.19

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

W FRANK WELLS NURSING FACILITY

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):	1,557,092 8.6664
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	389,273 0.2905
Indexed Asset Value	1,946,365	Interest Rate:	12.5000%	Insurance Cost(3):	0 0.0000
FRVS Base Asset:	965,194	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	193,589	Total FRVS PD:	8.9569

(1) 80% Capital (\$1,557,092) amortized at 12.5000 % for 20 years Interest of \$193,589 divided by annual available days (24820) divided by Occup. Adj. (0.90) = \$8.6664

(2) 20% ROE (\$389,273) times the ROE factor (0.016670) divided by annual available days (24820) divided by Occup. Adj. (0.90) = \$0.2905

(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	55.8134	55.8134	0.9710	54.8424
Direct Care	100.6203	100.6203	1.7506	98.8697
Indirect Care	70.5505	70.5505	1.2274	69.3231
Property	13.6500	8.9569	0.1558	8.8011
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.4465
Supplemental Rate Add-on				9.9025
Totals	240.6342	235.9411	4.1048	267.1853

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: 9/30/2013

0 211052-00 - 2015/01

267.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	289,778	0.00				68	100.00	289,778	697,748	
1972/01		0.10	3.9787	3.0000	0.9787	68	100.00	290,647	725,492	
1972/07	1,050	0.10	5.9113	3.0000	2.9113	68	100.00	292,569	761,260	
1973/01	741	0.20	8.0622	3.0000	5.0622	68	100.00	295,065	800,496	
1973/07	402	0.20	10.7186	3.0000	7.7186	68	100.00	297,237	845,784	
1974/01		0.30	12.9457	3.0000	9.9457	68	100.00	299,912	889,984	
1974/07	1,604	0.30	13.0494	3.0000	10.0494	68	100.00	304,215	917,592	
1975/01		0.40	13.1399	3.0000	10.1399	68	100.00	307,866	945,948	
1975/07		0.40	14.2033	3.0000	11.2033	68	100.00	311,560	984,436	
1976/01		0.50	15.2478	3.0000	12.2478	68	100.00	316,233	1,024,216	
1976/07		0.50	15.7330	3.0000	12.7330	68	100.00	320,976	1,059,916	
1977/01	283,173	0.60	16.4836	3.0000	13.4836	68	100.00	609,927	1,099,696	
1977/07	2,039	0.60	18.5412	3.0000	15.5412	68	100.00	622,945	1,155,252	
1978/01		0.70	20.2809	3.0000	17.2809	68	100.00	636,027	1,210,060	
1978/07		0.70	22.8203	3.0000	19.8203	68	100.00	649,384	1,277,040	
1979/01		0.80	24.9476	3.0000	21.9476	68	100.00	664,969	1,342,524	
1979/07		0.80	26.1458	3.0000	23.1458	68	100.00	680,928	1,398,896	
1980/01		0.90	29.3115	3.0000	26.3115	68	85.84	699,313	1,485,188	
1980/07		0.90	30.1222	3.0000	27.1222	68	85.84	718,194	1,541,764	
1981/01		1.00	30.9462	3.0000	27.9462	68	87.60	739,740	1,600,720	
1981/07		1.00	30.5350	3.0000	27.5350	68	87.60	761,932	1,642,132	
1982/01		1.00	30.2110	3.0000	27.2110	68	84.84	784,790	1,686,128	
1982/07		1.00	29.5087	3.0000	26.5087	68	84.84	808,334	1,724,820	
1983/04		1.00	29.1375	3.0000	26.1375	68	87.60	832,584	1,770,176	
1983/07		1.00	30.0953	3.0000	27.0953	68	83.70	857,562	1,840,216	
1984/01		1.00	28.3905	3.0000	25.3905	68	83.70	883,289	1,864,084	
1984/07		1.00	27.3084	3.0000	24.3084	68	83.70	909,788	1,899,852	
1985/01		1.00	25.4555	3.0000	22.4555	68	83.70	937,082	1,921,612	
1985/10		1.00	23.3077	3.0000	20.3077	68	83.70	965,194	1,938,000	
1986/01		1.00	21.1376	3.0000	18.1376	68	83.70	994,150	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: 9/30/2013

0 211052-00 - 2015/01

267.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	68	83.70	994,150	1,950,376	5
1987/01		1.00	16.4441	3.0000	13.4441	68	83.70	1,023,975	1,985,260	5
1987/07		1.00	14.3448	3.0000	11.3448	68	88.85	1,054,694	2,000,764	5
1988/01		1.00	12.2455	3.0000	9.2455	68	88.85	1,086,335	2,017,016	5
1988/07		1.00	9.8354	3.0000	6.8354	68	89.73	1,118,925	2,015,928	5
1989/01		1.00	7.4253	3.0000	4.4253	68	89.73	1,187,068	2,027,828	
1989/07	29,657	1.00	5.0152	3.0000	2.0152	68	91.31	1,252,337	2,041,564	
1990/01		1.00	2.6051	2.6051		68	91.31	1,284,962	2,051,832	
1990/07		1.00	0.5899	0.5899		68	89.42	1,292,542	2,063,936	
1991/01		1.00	0.5899	0.5899		68	89.42	1,300,167	2,076,040	
1991/07		1.00	1.4932	1.4932		68	90.48	1,319,581	2,107,048	
1992/01		0.95	2.0117	2.0117		68	90.48	1,344,800	2,149,412	
1992/07		0.95	1.8152	1.8152		68	90.50	1,367,990	2,188,444	
1993/01		0.90	1.7710	1.7710		68	90.50	1,389,794	2,227,204	
1993/07		0.90	1.5329	1.5329		68	93.77	1,408,968	2,261,340	
1994/01		0.85	1.6983	1.6983		68	93.77	1,429,308	2,299,760	
1994/07		0.85	1.5991	1.5991		68	94.59	1,448,735	2,336,548	
1995/01		0.80	1.5812	1.5812		68	94.59	1,467,061	2,373,472	
1995/07		0.80	1.5250	1.5250		68	92.17	1,484,959	2,409,648	
1996/01		0.75	1.7228	1.7228		68	92.17	1,504,146	2,451,196	
1996/07		0.75	1.3294	1.3294		68	92.89	1,519,144	2,483,768	
1997/01		0.70	1.4109	1.4109		68	92.89	1,534,147	2,518,788	
1997/07		0.70	1.0917	1.0917		68	95.24	1,545,871	2,546,260	
1998/01		0.65	1.1663	1.1663		68	95.24	1,557,590	2,575,976	
1998/07		0.65	1.0794	1.0794		68	94.54	1,568,518	2,603,788	
1999/01		0.60	1.4499	1.4499		68	94.54	1,582,163	2,641,528	
1999/07		0.60	1.2299	1.2299		68	94.54	1,593,838	2,674,032	
2000/01		0.55	1.3356	1.3356		68	96.68	1,605,546	2,709,732	
2000/07		0.55	1.1129	1.1129		68	96.68	1,615,374	2,739,856	
2001/01	12,677	0.50	1.2976	1.2976		68	96.49	1,638,532	2,775,420	



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: 9/30/2013

0 211052-00 - 2015/01

267.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	217,235	0.50	0.9615	0.9615		68	95.79	1,863,645	2,802,076	
2002/01		0.45	1.0301	1.0301		68	95.79	1,872,283	2,830,908	
2002/07		0.45	0.8337	0.8337		68	87.36	1,879,308	2,854,504	
2003/01		0.40	1.3271	1.3271		68	87.36	1,889,283	2,892,380	
2003/07		0.40	1.1664	1.1664		68	84.83	1,898,098	2,926,108	
2004/01		0.35	1.1103	1.1103		68	84.83	1,905,474	2,958,612	
2004/07		0.35	0.8378	0.8378		68	88.30	1,911,061	2,983,432	
2005/01		0.30	0.8595	0.8595		68	88.30	1,915,990	3,009,068	
2005/07		0.30	0.7364	0.7364		68	88.15	1,920,222	3,031,236	
2006/01		0.25	0.9068	0.9068		68	88.15	1,924,575	3,058,708	
2006/07		0.25	0.8133	0.8133		68	85.82	1,928,488	3,083,596	
2007/01		0.20	1.0133	1.0133		68	85.82	1,932,397	3,114,808	
2007/07		0.20	1.1050	1.1050		68	86.07	1,936,668	3,149,216	
2008/01		0.15	0.8556	0.8556		68	86.07	1,939,153	3,176,144	
2008/07		0.15	0.6104	0.6104		68	84.77	1,940,929	3,195,524	
2009/01		0.10	1.3268	1.3268		68	84.77	1,943,505	3,237,956	
2009/07		0.10	0.6841	0.6841		68	80.49	1,944,834	3,260,124	
2010/01		0.05	0.8643	0.8643		68	80.49	1,945,674	3,288,276	
2010/07		0.05	0.7107	0.7107		68	78.34	1,946,365	3,311,668	
2011/01		0.00	0.9198	0.9198		68	78.34	1,946,365	3,342,132	
2011/07		0.00	0.9028	0.9028		68	84.43	1,946,365	3,372,324	
2012/01		0.00	0.3865	0.3865		68	84.43	1,946,365	3,385,380	
2012/07		0.00	0.9417	0.9417		68	80.57	1,946,365	3,417,272	
2013/01		0.00	0.4901	0.4901		68	80.57	1,946,365	3,434,000	
2013/07		0.00	0.6196	0.6196		68	81.69	1,946,365	3,455,284	
2014/01		0.00	0.8564	0.8564		68	81.69	1,946,365	3,484,864	
2014/07		0.00	1.2383	1.2383		68	85.52	1,946,365	3,528,044	
2015/01		0.00	0.7571	0.7571		68	85.52	1,946,365	3,554,768	

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 211281-00 - 2015/01

197.03

Huntington Place Care & 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
1775 HUNTINGTON LANE	8/1/2012-7/31/2013	Number of Beds: 100	Superior: 0
ROCKLEDGE, FL 32955	Days in CR 365	Maximum: 36,500	Standard: 243
County: Brevard [5]	First Used : 2014/07	Max Annualized: 36,500	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 35,222	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,445	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 21,157	FY Index: 1.30228922
Class at 1/94: North Small	Medical Utilization	60.06757%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.49863%	Cost: 1.05323681
Open Date: 01/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 01/01/1972	Low Occupancy Adjustment Factor:	123.22440%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1994	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 203742			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	740,868	1,563,913	907,704	375,960		3,588,445	
1a	Audit Adjustments							
2	Cost Per Diem	35.0176	73.9194	42.9032	17.7700		169.6102	
3	Cost Per Diem Inflated	36.8818	76.6694	45.1872				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.8818	76.6694	45.1872	17.7700		176.5084	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.7661				
7	Provider Target Rate	55.7133		66.1013				
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	36.8818	76.6694	45.1872	13.6500		172.3884	
12/13	Medical Adjustment Rate		0.8684	0.5118				
14	Prospective Per Diem 11	36.8818	77.5378	45.6990	13.6500		173.7686	
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 211281-00 - 2015/01

197.03

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

Huntington Place Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,802,827 6.5485
RS to Start Calcs:	1972/01	<60% of Base:	False	20% ROE(2):	450,707 0.2058
Indexed Asset Value	2,253,534	Interest Rate:	10.4400%	Insurance Cost(3):	7,243 0.2056
FRVS Base Asset:	1,346,503	Chase Rate:	7.7500%	Taxes Cost(3):	39,591 1.1240
Occup Adj Factor	0.9000	Amortization Rate:	10.4400%	Home Office(3):	23,220 0.6592
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	20,281 0.0000
		Yearly Payment:	215,118	Total FRVS PD:	8.7431

(1) 80% Capital (\$1,802,827) amortized at 10.4400 % for 20 years Principal & Interest of \$215,118 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$6.5485

(2) 20% ROE (\$450,707) times the ROE factor (0.015000) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.2058

(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	36.8818	36.8818	0.6417	36.2401
Direct Care	77.5378	77.5378	1.3490	76.1888
Indirect Care	45.6990	45.6990	0.7951	44.9039
Property	13.6500	8.7431	0.1521	8.5910
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.1997
Supplemental Rate Add-on				9.9025
Totals	173.7686	168.8617	2.9379	197.0260

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: 7/31/2013

0 211281-00 - 2015/01

197.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	906,811	0.00	3.9787	3.0000	0.9787	100	100.00	906,811	1,066,900	
1972/07		0.10	5.9113	3.0000	2.9113	100	100.00	909,531	1,119,500	
1973/01		0.10	8.0622	3.0000	5.0622	100	100.00	912,260	1,177,200	
1973/07		0.20	10.7186	3.0000	7.7186	100	100.00	917,734	1,243,800	
1974/01	1,720	0.20	12.9457	3.0000	9.9457	100	100.00	924,960	1,308,800	
1974/07		0.30	13.0494	3.0000	10.0494	100	100.00	933,285	1,349,400	
1975/01		0.30	13.1399	3.0000	10.1399	100	100.00	941,685	1,391,100	
1975/07		0.40	14.2033	3.0000	11.2033	100	100.00	952,985	1,447,700	
1976/01	24,203	0.40	15.2478	3.0000	12.2478	100	100.00	988,624	1,506,200	
1976/07		0.50	15.7330	3.0000	12.7330	100	100.00	1,003,453	1,558,700	
1977/01	20,911	0.50	16.4836	3.0000	13.4836	100	100.00	1,039,416	1,617,200	
1977/07		0.60	18.5412	3.0000	15.5412	100	100.00	1,058,125	1,698,900	
1978/01		0.60	20.2809	3.0000	17.2809	100	100.00	1,077,171	1,779,500	
1978/07	3,863	0.70	22.8203	3.0000	19.8203	100	100.00	1,103,655	1,878,000	
1979/01		0.70	24.9476	3.0000	21.9476	100	100.00	1,126,832	1,974,300	
1979/07		0.80	26.1458	3.0000	23.1458	100	100.00	1,153,876	2,057,200	
1980/01	755	0.80	29.3115	3.0000	26.3115	100	32.29	1,170,889	2,184,100	
1980/07	17,723	0.90	30.1222	3.0000	27.1222	100	32.29	1,207,172	2,267,300	
1981/01	19,576	0.90	30.9462	3.0000	27.9462	100	33.00	1,246,304	2,354,000	
1981/07		1.00	30.5350	3.0000	27.5350	100	33.00	1,268,737	2,414,900	
1982/01	5,633	1.00	30.2110	3.0000	27.2110	100	28.92	1,294,384	2,479,600	
1982/07		1.00	29.5087	3.0000	26.5087	100	28.92	1,314,802	2,536,500	
1983/04	434	1.00	29.1375	3.0000	26.1375	100	23.16	1,315,236	2,603,200	
1983/07		1.00	30.0953	3.0000	27.0953	100	23.16	1,315,236	2,706,200	
1984/01	553	1.00	28.3905	3.0000	25.3905	100	23.16	1,315,789	2,741,300	
1984/07	591	1.00	27.3084	3.0000	24.3084	100	23.16	1,316,380	2,793,900	
1985/01	4,156	1.00	25.4555	3.0000	22.4555	100	23.16	1,320,536	2,825,900	
1985/10		1.00	23.3077	3.0000	20.3077	100	36.05	1,346,503	2,850,000	
1986/01		1.00	21.1376	3.0000	18.1376	100	28.40	1,367,362	2,873,700	
1986/07		1.00	18.4350	3.0000	15.4350	100	28.40	1,388,544	2,868,200	



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: 7/31/2013

0 211281-00 - 2015/01

197.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	100	13.57	1,388,544	2,919,500	
1987/07		1.00	14.3448	3.0000	11.3448	100	13.57	1,388,544	2,942,300	
1988/01	13,725	1.00	12.2455	3.0000	9.2455	100	11.57	1,402,269	2,966,200	
1988/07		1.00	9.8354	3.0000	6.8354	100	11.57	1,402,269	2,964,600	
1989/01		1.00	7.4253	3.0000	4.4253	100	13.82	1,402,269	2,982,100	
1989/07		1.00	5.0152	3.0000	2.0152	100	13.82	1,402,269	3,002,300	
1990/01		1.00	2.6051	2.6051		100	13.25	1,402,269	3,017,400	
1990/07		1.00	0.5899	0.5899		100	14.21	1,402,269	3,035,200	
1991/01		1.00	0.5899	0.5899		100	14.21	1,402,269	3,053,000	
1991/07		1.00	1.4932	1.4932		100	19.86	1,402,269	3,098,600	
1992/01		1.00	2.0117	2.0117		100	19.86	1,402,269	3,160,900	
1992/07		0.95	1.8152	1.8152		100	25.21	1,413,353	3,218,300	
1993/01		0.95	1.7710	1.7710		100	25.21	1,424,253	3,275,300	
1993/07		0.90	1.5329	1.5329		100	27.80	1,434,185	3,325,500	
1994/01		0.90	1.6983	1.6983		100	27.80	1,445,265	3,382,000	
1994/07	28,374	0.85	1.5991	1.5991		100	44.50	1,489,533	3,436,100	
1995/01		0.85	1.5812	1.5812		100	44.50	1,505,730	3,490,400	
1995/07		0.80	1.5250	1.5250		100	44.50	1,520,593	3,543,600	
1996/01		0.80	1.7228	1.7228		100	44.50	1,537,549	3,604,700	
1996/07		0.75	1.3294	1.3294		100	44.50	1,549,953	3,652,600	
1997/01		0.75	1.4109	1.4109		100	44.50	1,563,223	3,704,100	
1997/07		0.70	1.0917	1.0917		100	44.50	1,572,889	3,744,500	
1998/01	28,374	0.70	1.1663	1.1663		100	47.36	1,601,263	3,788,200	5
1998/07		0.65	1.0794	1.0794		100	44.75	1,621,524	3,829,100	
1999/01		0.65	1.4499	1.4499		100	44.75	1,621,524	3,884,600	5
1999/07	48,692	0.60	1.2299	1.2299		100	54.34	1,694,561	3,932,400	
2000/01		0.60	1.3356	1.3356		100	54.34	1,707,978	3,984,900	
2000/07	25,396	0.55	1.1129	1.1129		100	63.91	1,743,829	4,029,200	
2001/01		0.55	1.2976	1.2976		100	63.91	1,756,275	4,081,500	
2001/07	92,217	0.50	0.9615	0.9615		100	63.55	1,856,936	4,120,700	



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: 7/31/2013

0 211281-00 - 2015/01

197.03

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		0.50	1.0301	1.0301		100	61.62	1,866,501	4,163,100	
2002/07		0.45	0.8337	0.8337		100	61.62	1,873,504	4,197,800	
2003/01	73,232	0.45	1.3271	1.3271		100	56.95	1,957,925	4,253,500	
2003/07		0.40	1.1664	1.1664		100	56.95	1,967,061	4,303,100	
2004/01	22,387	0.40	1.1103	1.1103		100	57.88	1,998,184	4,350,900	
2004/07		0.35	0.8378	0.8378		100	57.88	2,004,043	4,387,400	
2005/01		0.35	0.8595	0.8595		100	57.88	2,010,071	4,425,100	
2005/07	18,701	0.30	0.7364	0.7364		100	51.93	2,032,964	4,457,700	
2006/01		0.30	0.9068	0.9068		100	51.93	2,038,185	4,498,100	
2006/07	90,457	0.25	0.8133	0.8133		100	57.40	2,132,786	4,534,700	
2007/01		0.25	1.0133	1.0133		100	57.40	2,138,188	4,580,600	
2007/07	51,425	0.20	1.1050	1.1050		100	56.65	2,194,338	4,631,200	
2008/01		0.20	0.8556	0.8556		100	56.65	2,198,093	4,670,800	
2008/07		0.15	0.6104	0.6104		100	52.70	2,200,022	4,699,300	
2009/01		0.15	1.3268	1.3268		100	52.70	2,204,217	4,761,700	
2009/07	16,284	0.10	0.6841	0.6841		100	52.21	2,221,932	4,794,300	
2010/01		0.10	0.8643	0.8643		100	52.21	2,223,754	4,835,700	
2010/07	27,955	0.05	0.7107	0.7107		100	57.55	2,252,498	4,870,100	
2011/01		0.05	0.9198	0.9198		100	57.55	2,253,534	4,914,900	
2011/07		0.00	0.9028	0.9028		100	62.54	2,253,534	4,959,300	
2012/01		0.00	0.3865	0.3865		100	62.56	2,253,534	4,978,500	
2012/07		0.00	0.9417	0.9417		100	62.56	2,253,534	5,025,400	
2013/01		0.00	0.4901	0.4901		100	62.56	2,253,534	5,050,000	
2013/07		0.00	0.6196	0.6196		100	61.66	2,253,534	5,081,300	
2014/01		0.00	0.8564	0.8564		100	61.66	2,253,534	5,124,800	
2014/07		0.00	1.2383	1.2383		100	60.07	2,253,534	5,188,300	
2015/01		0.00	0.7571	0.7571		100	60.07	2,253,534	5,227,600	

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 211435-00 - 2015/01

202.96

Hardee Manor 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
401 ORANGE PLACE	1/1/2012-12/31/2012	Number of Beds: 79	Superior: 0
WAUCHULA, FL 33873	Days in CR 366	Maximum: 28,914	Standard: 243
County: Hardee [25]	First Used : 2014/01	Max Annualized: 28,835	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 25,528	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,057	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 17,775	FY Index: 1.28335532
Class at 1/94: South Small	Medical Utilization	69.62943%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.28941%	Cost: 1.06877567
Open Date: 09/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20250000
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	112.74160%	DC Sem Index: 1.25449501
Med # Active Date: 05/10/1994	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04323909
Previous Med # 206636			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	803,513	1,149,494	669,946	397,627		3,020,580	
1a	Audit Adjustments							
2	Cost Per Diem	45.2047	64.6692	37.6904	22.3700		169.9343	
3	Cost Per Diem Inflated	48.3137	67.4654	40.2826				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.3137	67.4654	40.2826	22.3700		178.4317	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	55.7133		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	48.3137	67.4654	40.2826	13.6500		169.7117	
12/13	Medical Adjustment Rate		1.4898	0.8896				
14	Prospective Per Diem 11	48.3137	68.9552	41.1722	13.6500		172.0911	
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 211435-00 - 2015/01

202.96

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

Hardee Manor Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	926,800.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	1,972,894	9.1079
Indexed Asset Value	2,466,118	<60% of Base:	False	20% ROE(2):	493,224	0.2771
FRVS Base Asset:	893,513	Interest Rate:	10.5000%	Insurance Cost(3):	22,800	0.8931
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	34,087	1.3353
ROE Factor	0.014580	Amortization Rate:	10.5000%	Home Office(3):	18,202	0.7130
		Interest Only:	False	Replacement(3&4):	33,107	0.0000
		Yearly Payment:	236,364	Total FRVS PD:		12.3264

(1) 80% Capital (\$1,972,894) amortized at 10.5000 % for 20 years Principal & Interest of \$236,364 divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$9.1079

(2) 20% ROE (\$493,224) times the ROE factor (0.014580) divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$0.2771

(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	48.3137	48.3137	0.8405	47.4732
Direct Care	68.9552	68.9552	1.1997	67.7555
Indirect Care	41.1722	41.1722	0.7163	40.4559
Property	13.6500	12.3264	0.2144	12.1120
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.2575
Supplemental Rate Add-on				9.9025
Totals	172.0911	170.7675	2.9709	202.9566

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 211435-00 - 2015/01

202.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	839,846	0.00	3.8106	3.0000	0.8106	60	55.00	839,846	1,360,380	
1981/01		0.10	4.6347	3.0000	1.6347	60	55.00	842,366	1,412,400	
1981/07		0.10	4.2235	3.0000	1.2235	60	55.00	844,893	1,448,940	
1982/01		0.20	3.8995	3.0000	0.8995	60	82.02	849,962	1,487,760	
1982/07		0.20	3.1971	3.0000	0.1971	60	82.02	855,062	1,521,900	
1983/04		0.30	2.8260	2.8260		60	87.26	862,311	1,561,920	
1983/07		0.30	3.9578	3.0000	0.9578	60	87.26	870,072	1,623,720	
1984/01		0.40	2.2530	2.2530		60	89.07	877,913	1,644,780	
1984/07		0.40	1.9179	1.9179		60	89.07	884,648	1,676,340	
1985/01		0.50	1.1471	1.1471		60	89.94	889,722	1,695,540	
1985/10		0.50	0.8522	0.8522		60	89.07	893,513	1,710,000	
1986/01		0.60	0.8299	0.8299		60	89.07	897,962	1,724,220	
1986/07		0.60	0.2974	0.2974		60	87.26	899,564	1,720,920	
1987/01		0.70	1.0091	1.0091		60	86.97	905,919	1,751,700	
1987/07		0.70	0.9007	0.9007		60	87.12	911,631	1,765,380	
1988/01		0.80	0.9007	0.9007		60	87.12	918,200	1,779,720	
1988/07		0.80	0.5899	0.5899		60	86.27	922,533	1,778,760	
1989/01	559,037	0.90	0.5899	0.5899		79	86.27	1,486,468	2,355,859	
1989/07		0.90	0.5899	0.5899		79	87.79	1,494,360	2,371,817	
1990/01		1.00	0.5899	0.5899		79	87.79	1,503,175	2,383,746	
1990/07		1.00	0.5899	0.5899		79	83.70	1,512,042	2,397,808	
1991/01		1.00	0.5899	0.5899		79	83.70	1,520,962	2,411,870	
1991/07		1.00	1.4932	1.4932		79	84.66	1,520,962	2,447,894	5
1992/01		1.00	2.0117	2.0117		79	84.66	1,574,727	2,497,111	
1992/07		1.00	1.8152	1.8152		79	84.81	1,603,311	2,542,457	
1993/01		1.00	1.7710	1.7710		79	84.81	1,631,706	2,587,487	
1993/07		1.00	1.5329	1.5329		79	84.96	1,656,718	2,627,145	
1994/01		1.00	1.6983	1.6983		79	84.96	1,684,854	2,671,780	
1994/07		1.00	1.5991	1.5991		79	80.99	1,711,797	2,714,519	
1995/01		1.00	1.5812	1.5812		79	80.99	1,738,864	2,757,416	



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 211435-00 - 2015/01

202.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		79	82.56	1,765,382	2,799,444	
1996/01		1.00	1.7228	1.7228		79	82.56	1,795,796	2,847,713	
1996/07	32,923	1.00	1.3294	1.3294		79	87.02	1,852,592	2,885,554	
1997/01		1.00	1.4109	1.4109		79	87.02	1,878,730	2,926,239	
1997/07		1.00	1.0917	1.0917		79	85.72	1,899,240	2,958,155	
1998/01		1.00	1.1663	1.1663		79	85.72	1,899,240	2,992,678	5
1998/07		1.00	1.0794	1.0794		79	82.33	1,942,130	3,024,989	
1999/01		1.00	1.4499	1.4499		79	82.33	1,970,289	3,068,834	
1999/07	28,626	1.00	1.2299	1.2299		79	82.26	2,023,148	3,106,596	
2000/01		1.00	1.3356	1.3356		79	82.26	2,050,169	3,148,071	
2000/07		1.00	1.1129	1.1129		79	82.87	2,072,985	3,183,068	
2001/01		0.95	1.2976	1.2976		79	82.87	2,098,539	3,224,385	
2001/07		0.95	0.9615	0.9615		79	76.25	2,117,707	3,255,353	
2002/01		0.90	1.0301	1.0301		79	74.81	2,137,340	3,288,849	
2002/07		0.90	0.8337	0.8337		79	74.81	2,153,376	3,316,262	
2003/01		0.85	1.3271	1.3271		79	76.66	2,177,666	3,360,265	
2003/07		0.85	1.1664	1.1664		79	76.66	2,199,255	3,399,449	
2004/01		0.80	1.1103	1.1103		79	72.89	2,218,789	3,437,211	
2004/07		0.80	0.8378	0.8378		79	72.89	2,233,659	3,466,046	
2005/01		0.75	0.8595	0.8595		79	72.89	2,248,057	3,495,829	
2005/07		0.75	0.7364	0.7364		79	70.19	2,260,473	3,521,583	
2006/01		0.70	0.9068	0.9068		79	70.19	2,274,822	3,553,499	
2006/07		0.70	0.8133	0.8133		79	77.23	2,287,773	3,582,413	
2007/01		0.65	1.0133	1.0133		79	77.23	2,302,840	3,618,674	
2007/07		0.65	1.1050	1.1050		79	77.37	2,319,381	3,658,648	
2008/01		0.60	0.8556	0.8556		79	77.37	2,331,289	3,689,932	
2008/07		0.60	0.6104	0.6104		79	76.08	2,339,826	3,712,447	
2009/01		0.55	1.3268	1.3268		79	71.28	2,356,900	3,761,743	
2009/07		0.55	0.6841	0.6841		79	71.28	2,365,769	3,787,497	
2010/01		0.50	0.8643	0.8643		79	71.28	2,375,994	3,820,203	



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 211435-00 - 2015/01

202.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		79	71.28	2,384,438	3,847,379	
2011/01		0.45	0.9198	0.9198		79	74.45	2,394,307	3,882,771	
2011/07		0.45	0.9028	0.9028		79	73.83	2,404,035	3,917,847	
2012/01		0.40	0.3865	0.3865		79	73.83	2,407,752	3,933,015	
2012/07		0.40	0.9417	0.9417		79	73.83	2,416,822	3,970,066	
2013/01	19,803	0.35	0.4901	0.4901		79	72.33	2,440,770	3,989,500	
2013/07		0.35	0.6196	0.6196		79	72.33	2,446,064	4,014,227	
2014/01		0.30	0.8564	0.8564		79	69.63	2,452,348	4,048,592	
2014/07		0.30	1.2383	1.2383		79	69.63	2,461,458	4,098,757	
2015/01		0.25	0.7571	0.7571		79	69.63	2,466,118	4,129,804	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 211435123120120101201210282013061336



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 211516-00 - 2015/01

200.53

Laurel 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
703 South 29th Street	9/1/2012-8/31/2013	Number of Beds: 107	Superior: 0
FORT PIERCE, FL 34947	Days in CR 365	Maximum: 39,055	Standard: 243
County: St Lucie [56]	First Used : 2014/07	Max Annualized: 39,055	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 34,811	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,790	Inflation
Current Class South Large	Initial CR? False	Medicaid: 22,741	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	65.32705%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.13327%	Cost: 1.05040266
Open Date: 12/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 12/01/1980	Low Occupancy Adjustment Factor:	113.81917%	DC Sem Index: 1.25449501
Med # Active Date: 12/20/1993	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 209121			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	976,773	1,465,472	1,086,316	586,263		4,114,824
1a	Audit Adjustments						
2	Cost Per Diem	42.9521	64.4418	47.7691	25.7800		180.9430
3	Cost Per Diem Inflated	45.1170	66.7840	50.1768			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1170	66.7840	50.1768	25.7800		187.8578
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3837		56.6225			
7	Provider Target Rate	49.1189		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	45.1170	66.7840	50.1768	13.6500		175.7278
12/13	Medical Adjustment Rate		1.1516	0.8652			
14	Prospective Per Diem 11	45.1170	67.9356	51.0420	13.6500		177.7446
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 211516-00 - 2015/01

200.53

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

Laurel Pointe Health and Rehabilitation

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1993	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,382,588.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Fixed	80% Capital(1):	2,497,744 7.1825
Indexed Asset Value	3,122,180	<60% of Base:	False	20% ROE(2):	624,436 0.2794
FRVS Base Asset:	1,564,975	Interest Rate:	8.0940%	Insurance Cost(3):	21,155 0.6077
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	74,982 2.1540
ROE Factor	0.015730	Amortization Rate:	8.0940%	Home Office(3):	20,263 0.5821
		Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	252,462	Total FRVS PD:	10.8057

- (1) 80% Capital (\$2,497,744) amortized at 8.0940 % for 20 years Principal & Interest of \$252,462 divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$7.1825
- (2) 20% ROE (\$624,436) times the ROE factor (0.015730) divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$0.2794
- (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	107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	45.1170	45.1170	0.7849	44.3321
Direct Care	67.9356	67.9356	1.1819	66.7537
Indirect Care	51.0420	51.0420	0.8880	50.1540
Property	13.6500	10.8057	0.1880	10.6177
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.7740
Supplemental Rate Add-on				9.9025
Totals	177.7446	174.9003	3.0428	200.5340

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: 8/31/2013

0 211516-00 - 2015/01

200.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,399,570	0.00	3.8106	3.0000	0.8106	107	68.27	1,399,570	2,426,011	
1981/01		0.10	4.6347	3.0000	1.6347	107	68.27	1,403,769	2,518,780	
1981/07	11,088	0.10	4.2235	3.0000	1.2235	107	62.87	1,419,068	2,583,943	
1982/01		0.20	3.8995	3.0000	0.8995	107	62.87	1,427,582	2,653,172	
1982/07	828	0.20	3.1971	3.0000	0.1971	107	67.18	1,436,975	2,714,055	
1983/04		0.30	2.8260	2.8260		107	67.18	1,449,158	2,785,424	
1983/07	53,000	0.30	3.9578	3.0000	0.9578	107	79.29	1,515,200	2,895,634	
1984/01		0.40	2.2530	2.2530		107	67.63	1,528,855	2,933,191	
1984/07	313	0.40	1.9179	1.9179		107	66.64	1,540,897	2,989,473	
1985/01		0.50	1.1471	1.1471		107	66.64	1,549,736	3,023,713	
1985/10	8,636	0.50	0.8522	0.8522		107	66.64	1,564,975	3,049,500	
1986/01		0.60	0.8299	0.8299		107	66.64	1,572,767	3,074,859	
1986/07		0.60	0.2974	0.2974		107	78.17	1,575,573	3,068,974	
1987/01		0.70	1.0091	1.0091		107	78.17	1,586,703	3,123,865	
1987/07		0.70	0.9007	0.9007		107	78.17	1,596,707	3,148,261	
1988/01		0.80	0.9007	0.9007		107	78.17	1,608,213	3,173,834	
1988/07		0.80	0.5899	0.5899		107	78.17	1,615,802	3,172,122	
1989/01		0.90	0.5899	0.5899		107	77.79	1,624,380	3,190,847	
1989/07		0.90	0.5899	0.5899		107	77.79	1,633,004	3,212,461	
1990/01		1.00	0.5899	0.5899		107	68.70	1,642,637	3,228,618	
1990/07		1.00	0.5899	0.5899		107	68.70	1,652,327	3,247,664	
1991/01		1.00	0.5899	0.5899		107	79.77	1,662,074	3,266,710	
1991/07		1.00	1.4932	1.4932		107	79.77	1,686,892	3,315,502	
1992/01		1.00	2.0117	2.0117		107	79.77	1,720,827	3,382,163	
1992/07		1.00	1.8152	1.8152		107	80.99	1,752,063	3,443,581	
1993/01		1.00	1.7710	1.7710		107	80.99	1,783,092	3,504,571	
1993/07	17,509	1.00	1.5329	1.5329		107	79.29	1,827,934	3,558,285	
1994/01		1.00	1.6983	1.6983		107	79.29	1,858,978	3,618,740	
1994/07		1.00	1.5991	1.5991		107	79.29	1,888,705	3,676,627	
1995/01		1.00	1.5812	1.5812		107	79.29	1,918,569	3,734,728	



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: 8/31/2013

0 211516-00 - 2015/01

200.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		107	79.29	1,947,827	3,791,652	
1996/01		1.00	1.7228	1.7228		107	79.29	1,981,384	3,857,029	
1996/07	16,335	1.00	1.3294	1.3294		107	82.12	2,024,060	3,908,282	
1997/01		1.00	1.4109	1.4109		107	82.12	2,052,617	3,963,387	
1997/07		1.00	1.0917	1.0917		107	83.12	2,075,025	4,006,615	
1998/01		1.00	1.1663	1.1663		107	83.12	2,099,226	4,053,374	
1998/07		1.00	1.0794	1.0794		107	81.16	2,099,226	4,097,137	5
1999/01		1.00	1.4499	1.4499		107	81.16	2,152,650	4,156,522	
1999/07		1.00	1.2299	1.2299		107	78.64	2,152,650	4,207,668	5
2000/01		1.00	1.3356	1.3356		107	78.64	2,208,229	4,263,843	
2000/07	45,386	1.00	1.1129	1.1129		107	84.61	2,278,190	4,311,244	
2001/01		0.95	1.2976	1.2976		107	84.61	2,306,273	4,367,205	
2001/07		0.95	0.9615	0.9615		107	82.50	2,327,338	4,409,149	
2002/01	18,400	0.90	1.0301	1.0301		107	82.56	2,367,315	4,454,517	
2002/07		0.90	0.8337	0.8337		107	82.56	2,385,077	4,491,646	
2003/01		0.85	1.3271	1.3271		107	84.94	2,411,981	4,551,245	
2003/07		0.85	1.1664	1.1664		107	84.94	2,435,893	4,604,317	
2004/01		0.80	1.1103	1.1103		107	81.88	2,457,529	4,655,463	
2004/07		0.80	0.8378	0.8378		107	81.88	2,473,999	4,694,518	
2005/01		0.75	0.8595	0.8595		107	76.26	2,489,946	4,734,857	
2005/07		0.75	0.7364	0.7364		107	76.26	2,503,698	4,769,739	
2006/01		0.70	0.9068	0.9068		107	76.26	2,519,591	4,812,967	
2006/07		0.70	0.8133	0.8133		107	79.56	2,533,935	4,852,129	
2007/01		0.65	1.0133	1.0133		107	79.56	2,550,623	4,901,242	
2007/07		0.65	1.1050	1.1050		107	81.17	2,568,944	4,955,384	
2008/01		0.60	0.8556	0.8556		107	81.17	2,582,133	4,997,756	
2008/07	100,966	0.60	0.6104	0.6104		107	78.57	2,692,555	5,028,251	
2009/01		0.55	1.3268	1.3268		107	78.57	2,712,203	5,095,019	
2009/07		0.55	0.6841	0.6841		107	69.78	2,722,409	5,129,901	
2010/01		0.50	0.8643	0.8643		107	69.78	2,734,175	5,174,199	



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: 8/31/2013

0 211516-00 - 2015/01

200.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		107	70.65	2,743,892	5,211,007	
2011/01		0.45	0.9198	0.9198		107	70.65	2,755,249	5,258,943	
2011/07		0.45	0.9028	0.9028		107	66.61	2,766,444	5,306,451	
2012/01		0.40	0.3865	0.3865		107	66.61	2,770,721	5,326,995	
2012/07	97,252	0.40	0.9417	0.9417		107	67.04	2,878,410	5,377,178	
2013/01		0.35	0.4901	0.4901		107	67.04	2,883,346	5,403,500	
2013/07	169,718	0.35	0.6196	0.6196		107	63.32	3,059,318	5,436,991	
2014/01		0.30	0.8564	0.8564		107	63.32	3,067,177	5,483,536	
2014/07	37,709	0.30	1.2383	1.2383		107	65.33	3,116,281	5,551,481	
2015/01		0.25	0.7571	0.7571		107	65.33	3,122,180	5,593,532	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 211516083120130901201201312014082311



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 211532-00 - 2015/01

227.51

Life Care Center of Citrus County

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
3325 W JERWAYNE LN	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
LECANTO, FL 34461	Days in CR 365	Maximum: 43,800	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: 34,295	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,716	Inflation
Current Class North Large	Initial CR? False	Medicaid: 14,052	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	40.97390%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	78.29909%	Cost: 1.03444406
Open Date: 11/15/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/15/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 11/15/1994	Low Occupancy Adjustment Factor:	99.98441%	DC Sem Index: 1.25449501
Med # Active Date: 11/15/1994	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	652,611	1,200,807	921,777	322,915		3,098,110	
1a	Audit Adjustments							
2	Cost Per Diem	46.4426	85.4546	65.5976	22.9800		220.4748	
3	Cost Per Diem Inflated	48.0423	87.5956	67.8570				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.0423	87.5956	67.8570	22.9800		226.4749	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.6159		53.7101				
7	Provider Target Rate	56.6160		55.6770				
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	48.0423	87.5956	55.6770	13.6500		204.9649	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.0423	87.5956	55.6770	13.6500		204.9649	
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 211532-00 - 2015/01

227.51

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

Life Care Center of Citrus County

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/15/1994	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,800,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,691,558 9.6237
RS to Start Calcs:	1994/07	<60% of Base:	False	20% ROE(2):	1,172,890 0.6787
Indexed Asset Value	5,864,448	Interest Rate:	8.1315%	Insurance Cost(3):	19,263 0.5617
FRVS Base Asset:	3,754,020	Chase Rate:	3.2500%	Taxes Cost(3):	98,088 2.8601
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	42,411 1.2367
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	108,001 0.0000
		Yearly Payment:	379,366	Total FRVS PD:	14.9609

- (1) 80% Capital (\$4,691,558) amortized at 5.2500 % for 20 years Principal & Interest of \$379,366 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.6237
- (2) 20% ROE (\$1,172,890) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6787
- (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	111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	48.0423	48.0423	0.8358	47.2065
Direct Care	87.5956	87.5956	1.5240	86.0716
Indirect Care	55.6770	55.6770	0.9686	54.7084
Property	13.6500	14.9609	0.2603	14.7006
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				14.9222
Supplemental Rate Add-on				9.9025
Totals	204.9649	206.2758	3.5887	227.5118

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: 7/31/2014

0 211532-00 - 2015/01

227.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	6,471,189	0.00	1.5991	1.5991		111	36.16	3,754,020	3,754,020	1
1995/01	28,000	0.10	1.5812	1.5812		111	36.16	3,785,922	3,874,344	
1995/07		0.10	1.5250	1.5250		111	36.16	3,789,718	3,933,396	
1996/01		0.20	1.7228	1.7228		111	36.16	3,798,304	4,001,217	
1996/07		0.20	1.3294	1.3294		111	36.16	3,804,944	4,054,386	
1997/01		0.30	1.4109	1.4109		111	36.16	3,815,533	4,111,551	
1997/07	33,529	0.30	1.0917	1.0917		111	41.03	3,858,384	4,156,395	
1998/01	347,757	0.40	1.1663	1.1663		120	46.47	4,221,349	4,545,840	
1998/07		0.40	1.0794	1.0794		120	46.47	4,236,750	4,594,920	
1999/01		0.50	1.4499	1.4499		120	46.55	4,262,747	4,661,520	
1999/07		0.50	1.2299	1.2299		120	46.55	4,284,935	4,718,880	
2000/01	22,255	0.60	1.3356	1.3356		120	50.41	4,338,664	4,781,880	
2000/07		0.60	1.1129	1.1129		120	50.41	4,365,216	4,835,040	
2001/01	43,977	0.70	1.2976	1.2976		120	53.00	4,447,400	4,897,800	
2001/07		0.70	0.9615	0.9615		120	53.00	4,476,247	4,944,840	
2002/01		0.80	1.0301	1.0301		120	53.07	4,511,841	4,995,720	
2002/07		0.80	0.8337	0.8337		120	53.07	4,540,879	5,037,360	
2003/01		0.90	1.3271	1.3271		120	55.07	4,595,115	5,104,200	
2003/07		0.90	1.1664	1.1664		120	55.07	4,643,355	5,163,720	
2004/01		1.00	1.1103	1.1103		120	50.34	4,690,542	5,221,080	
2004/07		1.00	0.8378	0.8378		120	50.34	4,726,510	5,264,880	
2005/01	20,280	1.00	0.8595	0.8595		120	48.69	4,782,754	5,310,120	
2005/07		1.00	0.7364	0.7364		120	48.69	4,813,933	5,349,240	
2006/01	33,478	1.00	0.9068	0.9068		120	43.28	4,881,762	5,397,720	
2006/07		1.00	0.8133	0.8133		120	43.28	4,913,005	5,441,640	
2007/01		1.00	1.0133	1.0133		120	43.28	4,952,180	5,496,720	
2007/07		1.00	1.1050	1.1050		120	34.02	4,986,028	5,557,440	
2008/01		1.00	0.8556	0.8556		120	34.02	5,012,415	5,604,960	
2008/07	94,972	1.00	0.6104	0.6104		120	31.62	5,124,977	5,639,160	
2009/01		1.00	1.3268	1.3268		120	31.62	5,164,070	5,714,040	



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: 7/31/2014

0 211532-00 - 2015/01

227.51

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07	204,990	1.00	0.6841	0.6841		120	29.45	5,387,976	5,753,160	
2010/01	103,600	1.00	0.8643	0.8643		120	29.08	5,516,198	5,802,840	
2010/07		1.00	0.7107	0.7107		120	29.08	5,536,926	5,844,120	
2011/01		1.00	0.9198	0.9198		120	32.74	5,567,242	5,897,880	
2011/07		1.00	0.9028	0.9028		120	32.74	5,597,161	5,951,160	
2012/01	28,563	1.00	0.3865	0.3865		120	32.52	5,638,515	5,974,200	
2012/07		1.00	0.9417	0.9417		120	32.52	5,669,910	6,030,480	
2013/01		1.00	0.4901	0.4901		120	32.52	5,686,340	6,060,000	
2013/07		1.00	0.6196	0.6196		120	36.34	5,709,619	6,097,560	
2014/01		1.00	0.8564	0.8564		120	36.34	5,741,927	6,149,760	
2014/07		1.00	1.2383	1.2383		120	42.08	5,796,327	6,225,960	
2015/01	37,068	0.95	0.7571	0.7571		120	40.97	5,864,448	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: 211532073120140801201310192014114408



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 211885-00 - 2015/01

226.09

Plaza West

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
912 AMERICAN EAGLE BLVD	1/1/2013-12/31/2013	Number of Beds: 113	Superior: 0
SUN CITY CENTER, FL 33573	Days in CR 365	Maximum: 41,245	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 41,245	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 38,044	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 18,146	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 6,592	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	17.32731%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.23906%	Cost: 1.04340134
Open Date: 06/10/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/10/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/10/1994	Low Occupancy Adjustment Factor:	117.78512%	DC Sem Index: 1.25449501
Med # Active Date: 06/10/1994	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	353,526	537,207	455,143	294,267		1,640,143	
1a	Audit Adjustments							
2	Cost Per Diem	53.6296	81.4937	69.0448	44.6400		248.8081	
3	Cost Per Diem Inflated	55.9572	84.1427	72.0414				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.9572	84.1427	72.0414	44.6400		256.7813	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.2015		62.3170				
7	Provider Target Rate	56.1864		64.5991				
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	84.1427	63.5578	13.6500		215.5054	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1549	84.1427	63.5578	13.6500		215.5054	
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 211885-00 - 2015/01

226.09

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

Plaza West

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/10/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,755,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable	80% Capital(1):	3,601,546	10.1521
Indexed Asset Value	4,501,932	<60% of Base:	False	20% ROE(2):	900,386	0.4548
FRVS Base Asset:	1,396,710	Interest Rate:	8.5654%	Insurance Cost(3):	43,129	1.1337
Occup Adj Factor	0.9000	Chase Rate:	8.8463%	Taxes Cost(3):	53,956	1.4183
ROE Factor	0.018750	Amortization Rate:	8.5654%	Home Office(3):	190,404	5.0048
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	376,852	Total FRVS PD:		18.1637

- (1) 80% Capital (\$3,601,546) amortized at 8.5654 % for 20 years Principal & Interest of \$376,852 divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$10.1521
- (2) 20% ROE (\$900,386) times the ROE factor (0.018750) divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$0.4548
- (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	42	Effective PBS Limitation	1,396,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	84.1427	84.1427	1.4639	82.6788
Indirect Care	63.5578	63.5578	1.1058	62.4520
Property	13.6500	18.1637	0.3160	17.8477
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	215.5054	220.0191	3.8279	226.0937

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 211885-00 - 2015/01

226.09

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	1,575,790	0.00	1.6983	1.6983		42	2.05	1,396,710	1,396,710	1
1994/07		0.10	1.5991	1.5991		42	2.05	1,396,710	1,443,162	
1995/01		0.10	1.5812	1.5812		42	2.05	1,396,710	1,465,968	
1995/07		0.20	1.5250	1.5250		42	2.05	1,396,710	1,488,312	
1996/01		0.20	1.7228	1.7228		42	2.05	1,396,710	1,513,974	
1996/07		0.30	1.3294	1.3294		42	2.05	1,396,710	1,534,092	5
1997/01		0.30	1.4109	1.4109		42	2.05	1,396,710	1,555,722	
1997/07		0.40	1.0917	1.0917		42	2.05	1,396,710	1,572,690	
1998/01	12,365	0.40	1.1663	1.1663		42	3.59	1,409,075	1,591,044	
1998/07		0.50	1.0794	1.0794		42	5.11	1,409,075	1,608,222	
1999/01		0.50	1.4499	1.4499		42	5.11	1,409,075	1,631,532	
1999/07		0.60	1.2299	1.2299		42	5.11	1,409,075	1,651,608	
2000/01		0.60	1.3356	1.3356		42	5.11	1,409,075	1,673,658	
2000/07		0.70	1.1129	1.1129		42	7.29	1,409,075	1,692,264	
2001/01		0.70	1.2976	1.2976		42	7.29	1,409,075	1,714,230	
2001/07	2,829,279	0.80	0.9615	0.9615		113	9.67	4,238,354	4,656,391	
2002/01		0.80	1.0301	1.0301		113	9.67	4,238,354	4,704,303	
2002/07		0.90	0.8337	0.8337		113	6.16	4,238,354	4,743,514	
2003/01		0.90	1.3271	1.3271		113	6.16	4,238,354	4,806,455	
2003/07		1.00	1.1664	1.1664		113	12.25	4,238,354	4,862,503	
2004/01		1.00	1.1103	1.1103		113	12.25	4,238,354	4,916,517	
2004/07	38,827	1.00	0.8378	0.8378		113	22.19	4,277,181	4,957,762	
2005/01		1.00	0.8595	0.8595		113	22.19	4,277,181	5,000,363	
2005/07		1.00	0.7364	0.7364		113	26.02	4,292,082	5,037,201	
2006/01		1.00	0.9068	0.9068		113	26.02	4,310,495	5,082,853	
2006/07		1.00	0.8133	0.8133		113	26.02	4,327,080	5,124,211	
2007/01		1.00	1.0133	1.0133		113	23.38	4,327,080	5,176,078	
2007/07		1.00	1.1050	1.1050		113	23.38	4,327,080	5,233,256	
2008/01		1.00	0.8556	0.8556		113	21.38	4,327,080	5,278,004	
2008/07		1.00	0.6104	0.6104		113	21.38	4,327,080	5,310,209	



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 211885-00 - 2015/01

226.09

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		113	24.28	4,327,080	5,380,721	
2009/07		1.00	0.6841	0.6841		113	24.28	4,327,080	5,417,559	
2010/01	35,179	1.00	0.8643	0.8643		113	26.47	4,380,258	5,464,341	
2010/07		1.00	0.7107	0.7107		113	26.47	4,395,240	5,503,213	
2011/01	33,856	1.00	0.9198	0.9198		113	23.69	4,429,096	5,553,837	
2011/07		1.00	0.9028	0.9028		113	27.75	4,449,271	5,604,009	
2012/01		1.00	0.3865	0.3865		113	27.75	4,457,947	5,625,705	
2012/07		1.00	0.9417	0.9417		113	26.37	4,478,075	5,678,702	
2013/01		1.00	0.4901	0.4901		113	26.37	4,488,598	5,706,500	
2013/07		1.00	0.6196	0.6196		113	26.37	4,501,932	5,741,869	
2014/01		1.00	0.8564	0.8564		113	21.08	4,501,932	5,791,024	
2014/07		0.95	1.2383	1.2383		113	21.08	4,501,932	5,862,779	
2015/01		0.95	0.7571	0.7571		113	17.33	4,501,932	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

0 211923-00 - 2015/01

194.62

Lake Park of Madison

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
259 SW CAPTAIN BROWN RD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
MADISON, FL 32340	Days in CR 365	Maximum: 43,800	Standard: 243
County: Madison [40]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 33,206	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,579	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,478	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	79.73860%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.81279%	Cost: 1.05040266
Open Date: 08/25/1995	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/25/1995	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 08/25/1995	Low Occupancy Adjustment Factor:	96.80952%	DC Sem Index: 1.25449501
Med # Active Date: 08/25/1995	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	942,958	1,695,539	1,070,431	835,910		4,544,838	
1a	Audit Adjustments							
2	Cost Per Diem	35.6129	64.0358	40.4272	31.5700		171.6459	
3	Cost Per Diem Inflated	37.4079	66.3632	42.4648				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.4079	66.3632	42.4648	31.5700		177.8059	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.9754		52.2722				
7	Provider Target Rate	45.5858		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	37.4079	66.3632	42.4648	13.6500		159.8859	
12/13	Medical Adjustment Rate		2.2202	1.4207				
14	Prospective Per Diem 11	37.4079	68.5834	43.8855	13.6500		163.5268	
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 211923-00 - 2015/01

194.62

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

Lake Park of Madison
FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/25/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,760,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed	80% Capital(1):	4,150,178	11.4101
Indexed Asset Value	5,187,723	<60% of Base:	False	20% ROE(2):	1,037,545	0.4140
FRVS Base Asset:	2,757,416	Interest Rate:	9.0532%	Insurance Cost(3):	16,429	0.4948
Occup Adj Factor	0.9000	Chase Rate:	7.6490%	Taxes Cost(3):	48,581	1.4630
ROE Factor	0.015730	Amortization Rate:	9.0532%	Home Office(3):	2,765	0.0833
		Interest Only:	False	Replacement(3&4):	1,500	0.0000
		Yearly Payment:	449,788	Total FRVS PD:		13.8652

- (1) 80% Capital (\$4,150,178) amortized at 9.0532 % for 20 years Principal & Interest of \$449,788 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.4101
- (2) 20% ROE (\$1,037,545) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4140
- (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	79	Effective PBS Limitation	2,757,416

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.4079	37.4079	0.6508	36.7571
Direct Care	68.5834	68.5834	1.1932	67.3902
Indirect Care	43.8855	43.8855	0.7635	43.1220
Property	13.6500	13.8652	0.2412	13.6240
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8213
Supplemental Rate Add-on				9.9025
Totals	163.5268	163.7420	2.8487	194.6171

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: 8/31/2013

0 211923-00 - 2015/01

194.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07	4,128,820	0.00	1.5250	1.5250		79	58.22	2,757,416	2,757,416	1
1996/01	6,344	0.10	1.7228	1.7228		79	58.22	2,768,511	2,847,713	
1996/07		0.10	1.3294	1.3294		79	58.22	2,772,190	2,885,554	
1997/01		0.20	1.4109	1.4109		79	58.22	2,780,013	2,926,239	
1997/07		0.20	1.0917	1.0917		79	58.22	2,786,082	2,958,155	
1998/01		0.30	1.1663	1.1663		79	58.22	2,795,831	2,992,678	
1998/07		0.30	1.0794	1.0794		79	58.22	2,804,884	3,024,989	
1999/01		0.40	1.4499	1.4499		79	58.22	2,821,152	3,068,834	
1999/07		0.40	1.2299	1.2299		79	77.76	2,835,032	3,106,596	
2000/01	433,954	0.50	1.3356	1.3356		99	78.40	3,287,918	3,945,051	
2000/07		0.50	1.1129	1.1129		99	78.40	3,306,215	3,988,908	
2001/01	765,820	0.60	1.2976	1.2976		119	80.72	4,097,777	4,856,985	
2001/07		0.60	0.9615	0.9615		119	80.72	4,121,417	4,903,633	
2002/01		0.70	1.0301	1.0301		119	84.62	4,151,137	4,954,089	
2002/07		0.70	0.8337	0.8337		119	84.62	4,175,363	4,995,382	
2003/01		0.80	1.3271	1.3271		120	80.94	4,219,693	5,104,200	
2003/07		0.80	1.1664	1.1664		120	80.94	4,259,067	5,163,720	
2004/01		0.90	1.1103	1.1103		120	81.61	4,301,628	5,221,080	
2004/07		0.90	0.8378	0.8378		120	81.61	4,334,062	5,264,880	
2005/01		1.00	0.8595	0.8595		120	83.53	4,371,313	5,310,120	
2005/07		1.00	0.7364	0.7364		120	83.53	4,403,503	5,349,240	
2006/01		1.00	0.9068	0.9068		120	83.53	4,443,434	5,397,720	
2006/07		1.00	0.8133	0.8133		120	83.53	4,479,572	5,441,640	
2007/01		1.00	1.0133	1.0133		120	83.53	4,524,964	5,496,720	
2007/07		1.00	1.1050	1.1050		120	83.53	4,574,965	5,557,440	
2008/01		1.00	0.8556	0.8556		120	83.53	4,614,108	5,604,960	
2008/07		1.00	0.6104	0.6104		120	81.11	4,642,273	5,639,160	
2009/01		1.00	1.3268	1.3268		120	81.11	4,703,867	5,714,040	
2009/07		1.00	0.6841	0.6841		120	78.57	4,736,046	5,753,160	
2010/01		1.00	0.8643	0.8643		120	78.57	4,776,980	5,802,840	



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: 8/31/2013

0 211923-00 - 2015/01

194.62

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		1.00	0.7107	0.7107		120	81.00	4,810,930	5,844,120	
2011/01		1.00	0.9198	0.9198		120	81.00	4,855,181	5,897,880	
2011/07		1.00	0.9028	0.9028		120	80.76	4,899,014	5,951,160	
2012/01		1.00	0.3865	0.3865		120	80.76	4,917,949	5,974,200	
2012/07		1.00	0.9417	0.9417		120	83.29	4,964,261	6,030,480	
2013/01	22,938	1.00	0.4901	0.4901		120	85.68	5,011,529	6,060,000	
2013/07		1.00	0.6196	0.6196		120	85.68	5,042,580	6,097,560	
2014/01		1.00	0.8564	0.8564		120	85.68	5,085,765	6,149,760	
2014/07		1.00	1.2383	1.2383		120	79.74	5,148,742	6,225,960	
2015/01		1.00	0.7571	0.7571		120	79.74	5,187,723	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: 211923083120130901201204182014105803



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 212032-00 - 2015/01

249.10

Edward J Healy Rehabilitation and Nursing Center

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
5101 WEST BLUE HERON BLVD	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
RIVIERA BEACH, FL 33418	Days in CR 365	Maximum: 57,216	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: 34,326	Total: 243
Control: Government	Unaudited	Medicare: 410	Inflation
Current Class South Large	Initial CR? False	Medicaid: 23,816	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	69.38181%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	59.99371%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	76.60926%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1995	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 201812			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,702,878	3,785,528	4,092,732	471,319		11,052,457	
1a	Audit Adjustments							
2	Cost Per Diem	113.4900	158.9490	171.8480	19.7900		464.0770	
3	Cost Per Diem Inflated	118.8894	164.5900	180.0239				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	118.8894	164.5900	180.0239	19.7900		483.2933	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	113.4859		114.8887				
7	Provider Target Rate	117.6419		119.0960				
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	99.8648	65.5807	13.6500		235.8374	
12/13	Medical Adjustment Rate		2.1775	1.4300				
14	Prospective Per Diem 11	56.7419	102.0423	67.0107	13.6500		239.4449	
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 212032-00 - 2015/01

249.10

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

Edward J Healy Rehabilitation and Nursing 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:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None	80% Capital(1):	4,980,768 15.7089
Indexed Asset Value	6,225,960	<60% of Base:	True	20% ROE(2):	1,245,192 0.5266
FRVS Base Asset:	5,586,000	Interest Rate:	12.5000%	Insurance Cost(3):	48,104 1.4014
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
		Interest Only:	True	Replacement(3&4):	0 0.0000
		Yearly Payment:	619,246	Total FRVS PD:	17.6369

- (1) 80% Capital (\$4,980,768) amortized at 12.5000 % for 20 years Interest of \$619,246 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.7089
- (2) 20% ROE (\$1,245,192) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5266
- (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	196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.7419	56.7419	0.9872	55.7547
Direct Care	102.0423	102.0423	1.7753	100.2670
Indirect Care	67.0107	67.0107	1.1658	65.8449
Property	13.6500	17.6369	0.3068	17.3301
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	239.4449	243.4318	4.2351	249.0992

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: 9/30/2013

0 212032-00 - 2015/01

249.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	1,602,869	0.00				196	100.00	1,602,869	2,011,156	
1972/01		0.10	3.9787	3.0000	0.9787	196	100.00	1,607,678	2,091,124	
1972/07	32,096	0.10	5.9113	3.0000	2.9113	196	100.00	1,644,597	2,194,220	
1973/01		0.20	8.0622	3.0000	5.0622	196	100.00	1,654,465	2,307,312	
1973/07		0.20	10.7186	3.0000	7.7186	196	100.00	1,664,392	2,437,848	
1974/01		0.30	12.9457	3.0000	9.9457	196	100.00	1,679,372	2,565,248	
1974/07		0.30	13.0494	3.0000	10.0494	196	100.00	1,694,486	2,644,824	
1975/01		0.40	13.1399	3.0000	10.1399	196	100.00	1,714,820	2,726,556	
1975/07	1,884	0.40	14.2033	3.0000	11.2033	196	100.00	1,737,282	2,837,492	
1976/01		0.50	15.2478	3.0000	12.2478	196	100.00	1,763,341	2,952,152	
1976/07		0.50	15.7330	3.0000	12.7330	196	100.00	1,789,791	3,055,052	
1977/01		0.60	16.4836	3.0000	13.4836	196	100.00	1,822,007	3,169,712	
1977/07		0.60	18.5412	3.0000	15.5412	196	100.00	1,854,803	3,329,844	
1978/01	15,137	0.70	20.2809	3.0000	17.2809	196	100.00	1,908,891	3,487,820	
1978/07		0.70	22.8203	3.0000	19.8203	196	100.00	1,948,978	3,680,880	
1979/01	26,185	0.80	24.9476	3.0000	21.9476	196	100.00	2,021,938	3,869,628	
1979/07	99,297	0.80	26.1458	3.0000	23.1458	196	100.00	2,169,762	4,032,112	
1980/01	23,923	0.90	29.3115	3.0000	26.3115	196		2,193,685	4,280,836	
1980/07	2,118,864	0.90	30.1222	3.0000	27.1222	196		4,312,549	4,443,908	
1981/01	13,745	1.00	30.9462	3.0000	27.9462	196		4,326,294	4,613,840	
1981/07		1.00	30.5350	3.0000	27.5350	196		4,326,294	4,733,204	
1982/01	78,505	1.00	30.2110	3.0000	27.2110	196		4,404,799	4,860,016	
1982/07	158,919	1.00	29.5087	3.0000	26.5087	196		4,563,718	4,971,540	
1983/04	2,300	1.00	29.1375	3.0000	26.1375	196	59.73	4,702,930	5,102,272	
1983/07	189,087	1.00	30.0953	3.0000	27.0953	196	59.73	5,033,105	5,304,152	
1984/01	57,456	1.00	28.3905	3.0000	25.3905	196		5,090,561	5,372,948	
1984/07	28,784	1.00	27.3084	3.0000	24.3084	196	53.33	5,267,425	5,476,044	
1985/01	16,389	1.00	25.4555	3.0000	22.4555	196	53.33	5,437,039	5,538,764	
1985/10	10,506	1.00	23.3077	3.0000	20.3077	196	57.65	5,586,000	5,586,000	1
1986/01		1.00	21.1376	3.0000	18.1376	196	58.35	5,753,580	5,632,452	



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: 9/30/2013

0 212032-00 - 2015/01

249.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	196	51.89	5,916,427	5,621,672	
1987/01		1.00	16.4441	3.0000	13.4441	196	51.89	6,083,883	5,722,220	
1987/07		1.00	14.3448	3.0000	11.3448	196	54.12	6,263,479	5,766,908	
1988/01		1.00	12.2455	3.0000	9.2455	196	54.12	6,448,377	5,813,752	
1988/07	93,984	1.00	9.8354	3.0000	6.8354	196	46.39	6,705,528	5,810,616	
1989/01		1.00	7.4253	3.0000	4.4253	196	46.39	6,875,202	5,844,916	
1989/07	567,817	1.00	5.0152	3.0000	2.0152	196	56.56	7,649,275	5,884,508	
1990/01		1.00	2.6051	2.6051		196	56.56	7,848,546	5,914,104	
1990/07	151,206	1.00	0.5899	0.5899		196	47.99	8,040,150	5,948,992	
1991/01		1.00	0.5899	0.5899		196	47.99	8,081,534	5,983,880	
1991/07	25,935	1.00	1.4932	1.4932		196	61.52	8,228,142	6,073,256	
1992/01		0.95	2.0117	2.0117		196	61.52	8,385,390	6,195,364	
1992/07	63,446	0.95	1.8152	1.8152		196	54.00	8,590,805	6,307,868	
1993/01		0.90	1.7710	1.7710		196	54.00	8,725,244	6,419,588	
1993/07		0.90	1.5329	1.5329		196	49.53	8,833,646	6,517,980	
1994/01		0.85	1.6983	1.6983		196	49.53	8,948,486	6,628,720	
1994/07		0.85	1.5991	1.5991		196	49.25	9,057,398	6,734,756	
1995/01		0.80	1.5812	1.5812		196	49.25	9,159,996	6,841,184	
1995/07		0.80	1.5250	1.5250		210	49.72	9,261,020	7,441,560	
1996/01		0.75	1.7228	1.7228		210	49.72	9,369,194	7,569,870	
1996/07	64,361	0.75	1.3294	1.3294		210	57.26	9,369,194	7,670,460	3
1997/01		0.70	1.4109	1.4109		210	57.26	9,369,194	7,778,610	3
1997/07		0.70	1.0917	1.0917		210	57.26	9,369,194	7,863,450	3
1998/01		0.65	1.1663	1.1663		210	57.26	9,369,194	7,955,220	3
1998/07		0.65	1.0794	1.0794		210	72.48	9,369,194	8,041,110	3
1999/01		0.60	1.4499	1.4499		210	72.48	9,369,194	8,157,660	3
1999/07		0.60	1.2299	1.2299		210	81.09	9,369,194	8,258,040	3
2000/01		0.55	1.3356	1.3356		210	81.09	9,369,194	8,368,290	3
2000/07		0.55	1.1129	1.1129		198	90.24	9,369,194	7,977,816	3
2001/01		0.50	1.2976	1.2976		198	90.24	9,369,194	8,081,370	3



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: 9/30/2013

0 212032-00 - 2015/01

249.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	30,415	0.50	0.9615	0.9615		198	85.26	9,369,194	8,158,986	3
2002/01		0.45	1.0301	1.0301		198	85.26	9,369,194	8,242,938	3
2002/07		0.45	0.8337	0.8337		198	84.59	9,369,194	8,311,644	3
2003/01		0.40	1.3271	1.3271		198	84.59	9,369,194	8,421,930	3
2003/07		0.40	1.1664	1.1664		198	84.05	9,369,194	8,520,138	3
2004/01		0.35	1.1103	1.1103		198	84.05	9,369,194	8,614,782	3
2004/07		0.35	0.8378	0.8378		198	82.90	9,369,194	8,687,052	3
2005/01		0.30	0.8595	0.8595		198	82.90	9,369,194	8,761,698	3
2005/07		0.30	0.7364	0.7364		198	79.16	9,369,194	8,826,246	3
2006/01		0.25	0.9068	0.9068		198	79.16	9,369,194	8,906,238	3
2006/07		0.25	0.8133	0.8133		198	78.20	9,369,194	8,978,706	3
2007/01		0.20	1.0133	1.0133		198	78.20	9,369,194	9,069,588	3
2007/07		0.20	1.1050	1.1050		198	71.95	9,369,194	9,169,776	3
2008/01		0.15	0.8556	0.8556		198	71.95	9,369,194	9,248,184	3
2008/07		0.15	0.6104	0.6104		198	66.04	9,369,194	9,304,614	3
2009/01		0.10	1.3268	1.3268		198	66.04	9,381,627	9,428,166	
2009/07		0.10	0.6841	0.6841		198	64.23	9,388,044	9,492,714	
2010/01		0.05	0.8643	0.8643		198	64.23	9,392,100	9,574,686	
2010/07	76,458	0.05	0.7107	0.7107		198	71.81	9,471,892	9,642,798	
2011/01		0.00	0.9198	0.9198		198	71.81	9,471,892	9,731,502	
2011/07	105,897	0.00	0.9028	0.9028		198	73.17	9,577,789	9,819,414	
2012/01		0.00	0.3865	0.3865		198	73.17	9,577,789	9,857,430	
2012/07	37,553	0.00	0.9417	0.9417		198	73.00	9,615,342	9,950,292	
2013/01		0.00	0.4901	0.4901		198	73.00	9,615,342	9,999,000	
2013/07	296,695	0.00	0.6196	0.6196		198	76.60	9,912,037	10,060,974	
2014/01		0.00	0.8564	0.8564		198	76.60	9,912,037	10,147,104	
2014/07	21,033,284	0.00	1.2383	1.2383		120	69.38	6,225,960	6,225,960	8
2015/01		0.00	0.7571	0.7571		120	69.38	6,225,960	6,273,120	

Message Code:

- | | |
|---|--|
| 1 | Per Bed Standard Limitation |
| 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

0 212083-00 - 2015/01

220.02

Westminster Woods on Julington Creek

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	
25 STATE ROAD 13		4/1/2013-3/31/2014		Number of Beds:	60	Superior:	0
JACKSONVILLE , FL 32259		Days in CR	365	Maximum:	21,900	Standard:	243
County: St Johns [55]		First Used :	2015/01	Max Annualized:	21,900	Conditional:	0
Region: North Area: 4		Last Used:	2015/01	Total Patient:	20,288	Total:	243
Control: Nonprofit : 501(c)(3) Organization		Unaudited		Medicare:	3,114	Inflation	
Current Class North Small		Initial CR? False		Medicaid:	4,216	FY Index:	1.31463861
Class at 1/94: North Small		Medical Utilization			20.78076%	Semester Index:	1.37161894
Operating Ex > 18 months		Occupancy:			92.63927%	Cost:	1.04334296
Open Date: 12/12/1970		Statewide Low Occupancy Threshold:			78.31130%	Target:	1.02563464
Acquired Date: 01/01/1996		Medicaid Low Occupancy Threshold:			41.41010%	DC FY Index:	1.21900000
Entered Medicaid 01/01/1996		Low Occupancy Adjustment Factor:			118.29617%	DC Sem Index:	1.25449501
Med # Active Date: 01/01/1996		Weighted Low Occ Adjustment Factor:			100.00000%	DC Inflation:	1.02911814
Previous Med #						PS Target:	1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	271,074	345,474	353,650	104,220		1,074,418	
1a	Audit Adjustments							
2	Cost Per Diem	64.2965	81.9435	83.8828	24.7201		254.8429	
3	Cost Per Diem Inflated	67.0833	84.3295	87.5185				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	67.0833	84.3295	87.5185	24.7201		263.6514	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.3511		90.4578				
7	Provider Target Rate	65.6711		93.7704				
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	55.8134	84.3295	67.8397	13.6500		221.6326	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.8134	84.3295	67.8397	13.6500		221.6326	
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 212083-00 - 2015/01

220.02

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

Westminster Woods on Julington Creek

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	617,331 2.6384
RS to Start Calcs:	1996/01	<60% of Base:	True	20% ROE(2):	154,333 0.1623
Indexed Asset Value	771,664	Interest Rate:	8.5000%	Insurance Cost(3):	51,425 2.5347
FRVS Base Asset:	584,877	Chase Rate:	8.5000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.5000%	Home Office(3):	10,624 0.5237
ROE Factor	0.020730	Interest Only:	True	Replacement(3&4):	2,704,509 0.0000
		Yearly Payment:	52,002	Total FRVS PD:	5.8591

(1) 80% Capital (\$617,331) amortized at 8.5000 % for 20 years Interest of \$52,002 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$2.6384

(2) 20% ROE (\$154,333) times the ROE factor (0.020730) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.1623

(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:	10,261
Comparison Date:	01/01/1971	Current RS PBS:	52,276
Comparison Bed	57	Effective PBS Limitation	584,877

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	84.3295	84.3295	1.4671	82.8624
Indirect Care	67.8397	67.8397	1.1802	66.6595
Property	13.6500	5.8591	0.1019	5.7572
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	221.6326	213.8417	3.7202	220.0240

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: 3/31/2014

0 212083-00 - 2015/01

220.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	2,180,040	0.00	1.7228	1.7228		57	27.26	584,877	584,877	1
1996/07		0.10	1.3294	1.3294		57	27.26	585,262	2,081,982	
1997/01		0.10	1.4109	1.4109		57	27.26	585,671	2,111,337	
1997/07		0.20	1.0917	1.0917		57	27.26	586,305	2,134,365	
1998/01		0.20	1.1663	1.1663		57	27.26	586,983	2,159,274	
1998/07		0.30	1.0794	1.0794		57	27.26	587,925	2,182,587	
1999/01		0.30	1.4499	1.4499		57	24.44	587,925	2,214,222	
1999/07		0.40	1.2299	1.2299		57	24.44	587,925	2,241,468	
2000/01	32,216	0.40	1.3356	1.3356		57	22.53	620,141	2,271,393	
2000/07		0.50	1.1129	1.1129		57	22.53	620,141	2,296,644	
2001/01		0.50	1.2976	1.2976		57	28.81	622,249	2,326,455	
2001/07		0.60	0.9615	0.9615		57	28.81	624,129	2,348,799	
2002/01		0.60	1.0301	1.0301		57	27.92	626,087	2,372,967	
2002/07	21,153	0.70	0.8337	0.8337		57	30.66	649,277	2,392,746	
2003/01		0.70	1.3271	1.3271		57	30.66	652,639	2,424,495	
2003/07		0.80	1.1664	1.1664		57	37.05	656,741	2,452,767	
2004/01		0.80	1.1103	1.1103		57	37.05	660,670	2,480,013	
2004/07		0.90	0.8378	0.8378		60	43.77	664,634	2,632,440	
2005/01		0.90	0.8595	0.8595		60	43.77	668,726	2,655,060	
2005/07		1.00	0.7364	0.7364		60	43.77	672,645	2,674,620	
2006/01		1.00	0.9068	0.9068		60	44.51	677,581	2,698,860	
2006/07		1.00	0.8133	0.8133		60	44.51	682,041	2,720,820	
2007/01		1.00	1.0133	1.0133		60	42.43	687,373	2,748,360	
2007/07		1.00	1.1050	1.1050		60	42.43	693,233	2,778,720	
2008/01	10,002	1.00	0.8556	0.8556		60	31.54	706,636	2,802,480	
2008/07		1.00	0.6104	0.6104		60	31.54	709,109	2,819,580	
2009/01	10,680	1.00	1.3268	1.3268		60	29.15	724,775	2,857,020	
2009/07		1.00	0.6841	0.6841		60	29.15	727,403	2,876,580	
2010/01		1.00	0.8643	0.8643		60	38.79	731,837	2,901,420	
2010/07		1.00	0.7107	0.7107		60	38.79	735,505	2,922,060	



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: 3/31/2014

0 212083-00 - 2015/01

220.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01	14,426	1.00	0.9198	0.9198		60	33.43	754,043	2,948,940	
2011/07		1.00	0.9028	0.9028		60	33.43	758,181	2,975,580	
2012/01		1.00	0.3865	0.3865		60	31.82	759,876	2,987,100	
2012/07		1.00	0.9417	0.9417		60	31.82	764,016	3,015,240	
2013/01		1.00	0.4901	0.4901		60	21.61	764,016	3,030,000	
2013/07		1.00	0.6196	0.6196		60	21.61	764,016	3,048,780	
2014/01		1.00	0.8564	0.8564		60	26.22	767,135	3,074,880	
2014/07		1.00	1.2383	1.2383		60	26.22	771,664	3,112,980	
2015/01		1.00	0.7571	0.7571		60	20.78	771,664	3,136,560	

Message Code:

1 Per Bed Standard Limitation

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

Report Printed: 12/23/2014 ID: 212083033120140401201310262014140903



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 212164-00 - 2015/01

224.83

Ybor City 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
1709 TALIAFERRO AVE	8/1/2013-7/31/2014	Number of Beds: 80	Superior: 0
TAMPA, FL 33602	Days in CR 365	Maximum: 29,200	Standard: 243
County: Hillsborough [29]	First Used : 2015/01	Max Annualized: 29,200	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 26,753	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,386	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 20,007	FY Index: 1.32594791
Class at 1/94: North Small	Medical Utilization	74.78414%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.61986%	Cost: 1.03444406
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: 1.22383277
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	116.99443%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 200999			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	799,399	1,623,578	1,044,487	215,075		3,682,539	
1a	Audit Adjustments							
2	Cost Per Diem	39.9560	81.1505	52.2061	10.7500		184.0626	
3	Cost Per Diem Inflated	41.3322	83.1837	54.0043				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.3322	83.1837	54.0043	10.7500		189.2702	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	53.7451		63.3459				
7	Provider Target Rate	55.7133		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	41.3322	83.1837	54.0043	10.7500		189.2702	
12/13	Medical Adjustment Rate		2.3193	1.5058				
14	Prospective Per Diem 11	41.3322	85.5030	55.5101	10.7500		193.0953	
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 212164-00 - 2015/01

224.83

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

Ybor City Healthcare 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:	235,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,026,347	9.5864
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	506,587	0.4397
Indexed Asset Value	2,532,934	Interest Rate:	13.0000%	Insurance Cost(3):	30,394	1.1361
FRVS Base Asset:	924,242	Chase Rate:	12.5000%	Taxes Cost(3):	15,367	0.5744
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	5,017	0.1875
ROE Factor	0.022810	Interest Only:	True	Replacement(3&4):	16,754	0.0000
		Yearly Payment:	251,931	Total FRVS PD:		11.9241

(1) 80% Capital (\$2,026,347) amortized at 12.5000 % for 20 years Interest of \$251,931 divided by annual available days (29200) divided by Occup. Adj. (0.90) = \$9.5864

(2) 20% ROE (\$506,587) times the ROE factor (0.022810) divided by annual available days (29200) divided by Occup. Adj. (0.90) = \$0.4397

(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	41.3322	41.3322	0.7191	40.6131
Direct Care	85.5030	85.5030	1.4875	84.0155
Indirect Care	55.5101	55.5101	0.9657	54.5444
Property	10.7500	11.9241	0.2075	11.7166
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0389
Supplemental Rate Add-on				9.9025
Totals	193.0953	194.2694	3.3798	224.8310

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: 7/31/2014

0 212164-00 - 2015/01

224.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	282,589	0.00				80	100.00	282,589	820,880	
1972/01	15,248	0.10	3.9787	3.0000	0.9787	80	100.00	298,685	853,520	
1972/07		0.10	5.9113	3.0000	2.9113	80	100.00	299,581	895,600	
1973/01		0.20	8.0622	3.0000	5.0622	80	100.00	301,378	941,760	
1973/07		0.20	10.7186	3.0000	7.7186	80	100.00	303,186	995,040	
1974/01	8,387	0.30	12.9457	3.0000	9.9457	80	100.00	314,302	1,047,040	
1974/07		0.30	13.0494	3.0000	10.0494	80	100.00	317,131	1,079,520	
1975/01	217,012	0.40	13.1399	3.0000	10.1399	80	100.00	537,949	1,112,880	
1975/07		0.40	14.2033	3.0000	11.2033	80	100.00	544,404	1,158,160	
1976/01	5,203	0.50	15.2478	3.0000	12.2478	80	100.00	557,773	1,204,960	
1976/07		0.50	15.7330	3.0000	12.7330	80	100.00	566,140	1,246,960	
1977/01		0.60	16.4836	3.0000	13.4836	80	100.00	576,331	1,293,760	
1977/07		0.60	18.5412	3.0000	15.5412	80	100.00	586,705	1,359,120	
1978/01		0.70	20.2809	3.0000	17.2809	80	100.00	599,026	1,423,600	
1978/07		0.70	22.8203	3.0000	19.8203	80	100.00	611,606	1,502,400	
1979/01		0.80	24.9476	3.0000	21.9476	80	100.00	626,285	1,579,440	
1979/07		0.80	26.1458	3.0000	23.1458	80	100.00	641,316	1,645,760	
1980/01		0.90	29.3115	3.0000	26.3115	80	97.92	658,632	1,747,280	
1980/07		0.90	30.1222	3.0000	27.1222	80	97.92	676,415	1,813,840	
1981/01		1.00	30.9462	3.0000	27.9462	80	95.87	696,707	1,883,200	
1981/07		1.00	30.5350	3.0000	27.5350	80	95.87	717,608	1,931,920	
1982/01		1.00	30.2110	3.0000	27.2110	80	93.55	739,136	1,983,680	
1982/07		1.00	29.5087	3.0000	26.5087	80	93.55	761,310	2,029,200	
1983/04	13,110	1.00	29.1375	3.0000	26.1375	80	91.34	797,259	2,082,560	
1983/07		1.00	30.0953	3.0000	27.0953	80	91.34	821,177	2,164,960	
1984/01		1.00	28.3905	3.0000	25.3905	80	90.83	845,812	2,193,040	
1984/07		1.00	27.3084	3.0000	24.3084	80	90.83	871,186	2,235,120	
1985/01		1.00	25.4555	3.0000	22.4555	80	90.82	897,322	2,260,720	
1985/10		1.00	23.3077	3.0000	20.3077	80	90.55	924,242	2,280,000	
1986/01		1.00	21.1376	3.0000	18.1376	80	93.38	951,969	2,298,960	



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: 7/31/2014

0 212164-00 - 2015/01

224.83

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	80	93.38	980,528	2,294,560	
1987/01		1.00	16.4441	3.0000	13.4441	80	93.98	1,009,944	2,335,600	
1987/07		1.00	14.3448	3.0000	11.3448	80	93.98	1,040,242	2,353,840	
1988/01		1.00	12.2455	3.0000	9.2455	80	89.20	1,071,449	2,372,960	
1988/07		1.00	9.8354	3.0000	6.8354	80	89.20	1,103,592	2,371,680	
1989/01		1.00	7.4253	3.0000	4.4253	80	85.34	1,136,700	2,385,680	
1989/07		1.00	5.0152	3.0000	2.0152	80	85.34	1,170,801	2,401,840	
1990/01		1.00	2.6051	2.6051		80	80.14	1,201,302	2,413,920	
1990/07		1.00	0.5899	0.5899		80	80.14	1,208,388	2,428,160	
1991/01		1.00	0.5899	0.5899		80	91.52	1,208,388	2,442,400	5
1991/07		1.00	1.4932	1.4932		80	91.52	1,233,666	2,478,880	
1992/01	17,258	0.95	2.0117	2.0117		80	92.58	1,274,501	2,528,720	
1992/07		0.95	1.8152	1.8152		80	92.58	1,296,478	2,574,640	
1993/01	28,603	0.90	1.7710	1.7710		80	95.20	1,345,746	2,620,240	
1993/07		0.90	1.5329	1.5329		80	95.20	1,364,312	2,660,400	
1994/01		0.85	1.6983	1.6983		80	96.49	1,384,007	2,705,600	
1994/07		0.85	1.5991	1.5991		80	96.49	1,402,818	2,748,880	
1995/01	649,299	0.80	1.5812	1.5812		80	95.68	2,069,863	2,792,320	
1995/07		0.80	1.5250	1.5250		80	95.68	2,069,863	2,834,880	5
1996/01	47,023	0.75	1.7228	1.7228		80	88.25	2,142,138	2,883,760	5
1996/07		0.75	1.3294	1.3294		80	88.25	2,190,838	2,922,080	
1997/01		0.70	1.4109	1.4109		80	88.25	2,212,475	2,963,280	
1997/07		0.70	1.0917	1.0917		80	88.25	2,229,383	2,995,600	
1998/01		0.65	1.1663	1.1663		80	88.25	2,246,284	3,030,560	
1998/07		0.65	1.0794	1.0794		80	93.03	2,262,044	3,063,280	
1999/01	53,373	0.60	1.4499	1.4499		80	92.83	2,335,095	3,107,680	
1999/07		0.60	1.2299	1.2299		80	92.83	2,352,326	3,145,920	
2000/01		0.55	1.3356	1.3356		80	87.98	2,369,606	3,187,920	
2000/07		0.55	1.1129	1.1129		80	87.98	2,384,110	3,223,360	
2001/01		0.50	1.2976	1.2976		80	90.52	2,399,578	3,265,200	



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: 7/31/2014

0 212164-00 - 2015/01

224.83

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		0.50	0.9615	0.9615		80	90.52	2,411,115	3,296,560	
2002/01		0.45	1.0301	1.0301		80	90.52	2,422,291	3,330,480	
2002/07		0.45	0.8337	0.8337		80	91.06	2,431,379	3,358,240	
2003/01		0.40	1.3271	1.3271		80	91.01	2,444,285	3,402,800	
2003/07		0.40	1.1664	1.1664		80	91.01	2,455,690	3,442,480	
2004/01	14,486	0.35	1.1103	1.1103		80	88.50	2,479,719	3,480,720	
2004/07		0.35	0.8378	0.8378		80	88.50	2,486,990	3,509,920	
2005/01		0.30	0.8595	0.8595		80	82.57	2,493,404	3,540,080	
2005/07		0.30	0.7364	0.7364		80	82.57	2,498,912	3,566,160	
2006/01		0.25	0.9068	0.9068		80	84.42	2,504,577	3,598,480	
2006/07		0.25	0.8133	0.8133		80	84.42	2,509,669	3,627,760	
2007/01		0.20	1.0133	1.0133		80	83.77	2,514,756	3,664,480	
2007/07		0.20	1.1050	1.1050		80	83.77	2,520,314	3,704,960	
2008/01		0.15	0.8556	0.8556		80	83.77	2,523,548	3,736,640	
2008/07		0.15	0.6104	0.6104		80	78.49	2,525,860	3,759,440	
2009/01		0.10	1.3268	1.3268		80	78.49	2,529,212	3,809,360	
2009/07		0.10	0.6841	0.6841		80	79.44	2,530,942	3,835,440	
2010/01		0.05	0.8643	0.8643		80	82.41	2,532,035	3,868,560	
2010/07		0.05	0.7107	0.7107		80	82.41	2,532,934	3,896,080	
2011/01		0.00	0.9198	0.9198		80	83.37	2,532,934	3,931,920	
2011/07		0.00	0.9028	0.9028		80	83.37	2,532,934	3,967,440	
2012/01		0.00	0.3865	0.3865		80	78.83	2,532,934	3,982,800	
2012/07		0.00	0.9417	0.9417		80	78.83	2,532,934	4,020,320	
2013/01		0.00	0.4901	0.4901		80	78.83	2,532,934	4,040,000	
2013/07		0.00	0.6196	0.6196		80	76.53	2,532,934	4,065,040	
2014/01		0.00	0.8564	0.8564		80	76.53	2,532,934	4,099,840	
2014/07		0.00	1.2383	1.2383		80	74.58	2,532,934	4,150,640	
2015/01		0.00	0.7571	0.7571		80	74.78	2,532,934	4,182,080	

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 212393-00 - 2015/01

224.37

The Fountains Nursing Home

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
3800 N FEDERAL HWY	1/1/2013-12/31/2013	Number of Beds: 51	Superior: 0
BOCA RATON, FL 33431	Days in CR 365	Maximum: 18,615	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 18,615	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 13,475	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 967	Inflation
Current Class South Small	Initial CR? False	Medicaid: 6,852	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	50.84972%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	72.38786%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	92.43603%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 201758			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	363,783	394,477	421,441	76,468		1,256,169	
1a	Audit Adjustments							
2	Cost Per Diem	53.0915	57.5711	61.5063	11.1600		183.3289	
3	Cost Per Diem Inflated	55.3957	59.4425	64.1758				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.3957	59.4425	64.1758	11.1600		190.1740	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.6274		69.1600				
7	Provider Target Rate	66.9941		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	55.3957	59.4425	64.1758	11.1600		190.1740	
12/13	Medical Adjustment Rate		0.0568	0.0613				
14	Prospective Per Diem 11	55.3957	59.4993	64.2371	11.1600		190.2921	
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 212393-00 - 2015/01

224.37

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

The Fountains Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/01/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	991,401	6.2753
Indexed Asset Value	1,239,251	<60% of Base:	False	20% ROE(2):	247,850	0.2774
FRVS Base Asset:	728,314	Interest Rate:	8.7500%	Insurance Cost(3):	17,714	1.3146
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	61,813	4.5872
ROE Factor	0.018750	Amortization Rate:	8.7500%	Home Office(3):	4,774	0.3543
		Interest Only:	False	Replacement(3&4):	5,708	0.0000
		Yearly Payment:	105,133	Total FRVS PD:		12.8088

- (1) 80% Capital (\$991,401) amortized at 8.7500 % for 20 years Principal & Interest of \$105,133 divided by annual available days (18615) divided by Occup. Adj. (0.90) = \$6.2753
- (2) 20% ROE (\$247,850) times the ROE factor (0.018750) divided by annual available days (18615) 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	51	Effective PBS Limitation	1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.3957	55.3957	0.9638	54.4319
Direct Care	59.4993	59.4993	1.0351	58.4642
Indirect Care	64.2371	64.2371	1.1176	63.1195
Property	11.1600	12.8088	0.2228	12.5860
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.8687
Supplemental Rate Add-on				9.9025
Totals	190.2921	191.9409	3.3393	224.3728

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 212393-00 - 2015/01

224.37

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	552,403	0.00				51	100.00	552,403	523,311	
1972/01		0.10	3.9787	3.0000	0.9787	51	100.00	554,060	544,119	
1972/07		0.10	5.9113	3.0000	2.9113	51	100.00	555,722	570,945	
1973/01		0.20	8.0622	3.0000	5.0622	51	100.00	559,056	600,372	
1973/07		0.20	10.7186	3.0000	7.7186	51	100.00	562,410	634,338	
1974/01	1,203	0.30	12.9457	3.0000	9.9457	51	100.00	568,675	667,488	
1974/07		0.30	13.0494	3.0000	10.0494	51	100.00	573,793	688,194	
1975/01	7,718	0.40	13.1399	3.0000	10.1399	51	100.00	588,397	709,461	
1975/07		0.40	14.2033	3.0000	11.2033	51	100.00	595,458	738,327	
1976/01		0.50	15.2478	3.0000	12.2478	51	100.00	604,390	768,162	
1976/07		0.50	15.7330	3.0000	12.7330	51	100.00	613,456	794,937	
1977/01	5,150	0.60	16.4836	3.0000	13.4836	51	100.00	629,648	824,772	
1977/07		0.60	18.5412	3.0000	15.5412	51	100.00	640,982	866,439	
1978/01	2,699	0.70	20.2809	3.0000	17.2809	51	100.00	657,142	907,545	
1978/07		0.70	22.8203	3.0000	19.8203	51	100.00	670,942	957,780	
1979/01		0.80	24.9476	3.0000	21.9476	51	100.00	687,045	1,006,893	
1979/07		0.80	26.1458	3.0000	23.1458	51	100.00	703,534	1,049,172	
1980/01		0.90	29.3115	3.0000	26.3115	51	2.69	703,534	1,113,891	
1980/07		0.90	30.1222	3.0000	27.1222	51	2.69	703,534	1,156,323	
1981/01		1.00	30.9462	3.0000	27.9462	51	2.40	703,534	1,200,540	
1981/07	13,670	1.00	30.5350	3.0000	27.5350	51	2.40	717,204	1,231,599	
1982/01		1.00	30.2110	3.0000	27.2110	51	3.18	717,204	1,264,596	
1982/07	1,139	1.00	29.5087	3.0000	26.5087	51	3.18	718,343	1,293,615	
1983/04	6,275	1.00	29.1375	3.0000	26.1375	51	1.98	724,618	1,327,632	
1983/07		1.00	30.0953	3.0000	27.0953	51	1.98	724,618	1,380,162	
1984/01	1,900	1.00	28.3905	3.0000	25.3905	51	1.86	726,518	1,398,063	
1984/07	499	1.00	27.3084	3.0000	24.3084	51	1.86	727,017	1,424,889	
1985/01	477	1.00	25.4555	3.0000	22.4555	51	1.98	727,494	1,441,209	
1985/10	820	1.00	23.3077	3.0000	20.3077	51	1.86	728,314	1,453,500	
1986/01		1.00	21.1376	3.0000	18.1376	51	1.86	728,314	1,465,587	



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 212393-00 - 2015/01

224.37

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	51	1.85	728,314	1,462,782	
1987/01		1.00	16.4441	3.0000	13.4441	51	2.00	728,314	1,488,945	
1987/07		1.00	14.3448	3.0000	11.3448	51	4.27	728,314	1,500,573	
1988/01		1.00	12.2455	3.0000	9.2455	51	4.27	728,314	1,512,762	
1988/07		1.00	9.8354	3.0000	6.8354	51	4.72	728,314	1,511,946	
1989/01		1.00	7.4253	3.0000	4.4253	51	4.72	728,314	1,520,871	
1989/07		1.00	5.0152	3.0000	2.0152	51	19.69	728,314	1,531,173	
1990/01		1.00	2.6051	2.6051		51	19.69	728,314	1,538,874	
1990/07		1.00	0.5899	0.5899		51	30.94	730,731	1,547,952	
1991/01		1.00	0.5899	0.5899		51	30.94	733,156	1,557,030	
1991/07		1.00	1.4932	1.4932		51	28.49	738,827	1,580,286	
1992/01		0.95	2.0117	2.0117		51	28.49	746,141	1,612,059	
1992/07		0.95	1.8152	1.8152		51	30.53	753,283	1,641,333	
1993/01		0.90	1.7710	1.7710		51	30.53	759,948	1,670,403	
1993/07		0.90	1.5329	1.5329		51	31.16	765,888	1,696,005	
1994/01		0.85	1.6983	1.6983		51	31.16	772,152	1,724,820	
1994/07		0.85	1.5991	1.5991		51	32.96	778,441	1,752,411	
1995/01		0.80	1.5812	1.5812		51	32.96	784,342	1,780,104	
1995/07		0.80	1.5250	1.5250		51	44.10	792,015	1,807,236	
1996/01		0.75	1.7228	1.7228		51	44.10	800,221	1,838,397	
1996/07	13,843	0.75	1.3294	1.3294		51	52.56	821,689	1,862,826	
1997/01		0.70	1.4109	1.4109		51	52.56	829,444	1,889,091	
1997/07	7,629	0.70	1.0917	1.0917		51	48.35	842,645	1,909,695	
1998/01		0.65	1.1663	1.1663		51	48.35	848,261	1,931,982	
1998/07	17,203	0.65	1.0794	1.0794		51	53.70	871,275	1,952,841	
1999/01		0.60	1.4499	1.4499		51	53.70	878,675	1,981,146	
1999/07		0.60	1.2299	1.2299		51	53.70	885,005	2,005,524	
2000/01		0.55	1.3356	1.3356		51	55.97	891,506	2,032,299	
2000/07	19,278	0.55	1.1129	1.1129		51	59.35	916,241	2,054,892	
2001/01		0.50	1.2976	1.2976		51	59.35	922,186	2,081,565	



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 212393-00 - 2015/01

224.37

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	19,591	0.50	0.9615	0.9615		51	56.89	946,211	2,101,557	
2002/01		0.45	1.0301	1.0301		51	56.89	950,597	2,123,181	
2002/07	16,829	0.45	0.8337	0.8337		51	58.28	970,993	2,140,878	
2003/01		0.40	1.3271	1.3271		51	58.28	976,147	2,169,285	
2003/07		0.40	1.1664	1.1664		51	50.57	980,335	2,194,581	
2004/01		0.35	1.1103	1.1103		51	50.57	983,838	2,218,959	
2004/07	23,885	0.35	0.8378	0.8378		51	50.59	1,010,376	2,237,574	
2005/01		0.30	0.8595	0.8595		51	50.59	1,012,773	2,256,801	
2005/07	38,911	0.30	0.7364	0.7364		51	42.46	1,053,411	2,273,427	
2006/01		0.25	0.9068	0.9068		51	42.46	1,055,255	2,294,031	
2006/07		0.25	0.8133	0.8133		51	42.46	1,056,911	2,312,697	
2007/01	18,730	0.20	1.0133	1.0133		51	48.03	1,077,512	2,336,106	
2007/07	45,691	0.20	1.1050	1.1050		51	50.49	1,125,389	2,361,912	
2008/01		0.15	0.8556	0.8556		51	50.49	1,126,714	2,382,108	
2008/07		0.15	0.6104	0.6104		51	50.49	1,127,661	2,396,643	
2009/01		0.10	1.3268	1.3268		51	54.15	1,129,134	2,428,467	
2009/07	17,280	0.10	0.6841	0.6841		51	59.29	1,147,186	2,445,093	
2010/01		0.05	0.8643	0.8643		51	59.29	1,147,682	2,466,207	
2010/07	16,899	0.05	0.7107	0.7107		51	56.66	1,164,988	2,483,751	
2011/01		0.00	0.9198	0.9198		51	56.66	1,164,988	2,506,599	
2011/07		0.00	0.9028	0.9028		51	56.66	1,164,988	2,529,243	
2012/01	21,445	0.00	0.3865	0.3865		51	59.36	1,186,433	2,539,035	
2012/07		0.00	0.9417	0.9417		51	59.36	1,186,433	2,562,954	
2013/01	17,618	0.00	0.4901	0.4901		51	44.14	1,204,051	2,575,500	
2013/07	20,550	0.00	0.6196	0.6196		51	52.96	1,224,601	2,591,463	
2014/01		0.00	0.8564	0.8564		51	52.96	1,224,601	2,613,648	
2014/07		0.00	1.2383	1.2383		51	52.96	1,224,601	2,646,033	
2015/01	14,650	0.00	0.7571	0.7571		51	50.85	1,239,251	2,666,076	

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 212636-00 - 2015/01

172.66

Woodland Terrace

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
120 CHIPOLA AVE	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
DELAND, FL 32720	Days in CR 366	Maximum: 43,920	Standard: 197
County: Volusia [64]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 46
Region: North Area: 4	Last Used: 2015/01	Total Patient: 43,048	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,505	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,840	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	62.34901%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	98.01457%	Cost: 1.06877567
Open Date: 09/27/1996	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/27/1996	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20250000
Entered Medicaid 09/27/1996	Low Occupancy Adjustment Factor:	125.16019%	DC Sem Index: 1.25449501
Med # Active Date: 09/27/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04323909
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	878,753	1,578,346	884,455	716,896		4,058,450	
1a	Audit Adjustments							
2	Cost Per Diem	32.7404	58.8058	32.9529	26.7100		151.2091	
3	Cost Per Diem Inflated	34.9921	61.3485	35.2193				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	34.9921	61.3485	35.2193	26.7100		158.2699	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.3140		52.2722				
7	Provider Target Rate	46.9734		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	34.9921	61.3485	35.2193	13.6500		145.2099	
12/13	Medical Adjustment Rate		0.6910	0.3967				
14	Prospective Per Diem 11	34.9921	62.0395	35.6160	13.6500		146.2976	
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 212636-00 - 2015/01

172.66

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

Woodland Terrace

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/27/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,750,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,437,735 7.9253
RS to Start Calcs:	1996/07	<60% of Base:	False	20% ROE(2):	1,109,434 0.4103
Indexed Asset Value	5,547,169	Interest Rate:	3.6300%	Insurance Cost(3):	50,669 1.1770
FRVS Base Asset:	4,325,640	Chase Rate:	3.2500%	Taxes Cost(3):	65,879 1.5304
Occup Adj Factor	0.9000	Amortization Rate:	3.6300%	Home Office(3):	10,366 0.2408
ROE Factor	0.014580	Interest Only:	False	Replacement(3&4):	33,675 0.0000
		Yearly Payment:	312,414	Total FRVS PD:	11.2838

- (1) 80% Capital (\$4,437,735) amortized at 3.6300 % for 20 years Principal & Interest of \$312,414 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.9253
- (2) 20% ROE (\$1,109,434) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4103
- (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	120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	34.9921	34.9921	0.6088	34.3833
Direct Care	62.0395	62.0395	1.0793	60.9602
Indirect Care	35.6160	35.6160	0.6196	34.9964
Property	13.6500	11.2838	0.1963	11.0875
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3319
Supplemental Rate Add-on				9.9025
Totals	146.2976	143.9314	2.5040	172.6618

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 212636-00 - 2015/01

172.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	5,740,391	0.00	1.3294	1.3294		120	44.94	4,325,640	4,325,640	1
1997/01		0.10	1.4109	1.4109		120	44.94	4,330,627	4,444,920	
1997/07		0.10	1.0917	1.0917		120	44.94	4,334,491	4,493,400	
1998/01		0.20	1.1663	1.1663		120	44.94	4,342,754	4,545,840	
1998/07		0.20	1.0794	1.0794		120	44.94	4,350,415	4,594,920	
1999/01		0.30	1.4499	1.4499		120	44.94	4,365,878	4,661,520	
1999/07		0.30	1.2299	1.2299		120	54.66	4,381,889	4,718,880	
2000/01		0.40	1.3356	1.3356		120	54.66	4,405,152	4,781,880	
2000/07		0.40	1.1129	1.1129		120	62.40	4,424,764	4,835,040	
2001/01		0.50	1.2976	1.2976		120	62.40	4,453,472	4,897,800	
2001/07		0.50	0.9615	0.9615		120	59.45	4,474,884	4,944,840	
2002/01		0.60	1.0301	1.0301		120	59.45	4,502,543	4,995,720	
2002/07		0.60	0.8337	0.8337		120	63.31	4,525,065	5,037,360	
2003/01		0.70	1.3271	1.3271		120	63.31	4,567,103	5,104,200	
2003/07		0.70	1.1664	1.1664		120	62.61	4,604,393	5,163,720	
2004/01		0.80	1.1103	1.1103		120	62.61	4,645,289	5,221,080	
2004/07		0.80	0.8378	0.8378		120	61.72	4,676,422	5,264,880	
2005/01		0.90	0.8595	0.8595		120	61.72	4,712,599	5,310,120	
2005/07		0.90	0.7364	0.7364		120	61.72	4,743,834	5,349,240	
2006/01		1.00	0.9068	0.9068		120	55.88	4,786,851	5,397,720	
2006/07		1.00	0.8133	0.8133		120	55.88	4,825,782	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.43	4,874,682	5,496,720	
2007/07		1.00	1.1050	1.1050		120	58.43	4,928,547	5,557,440	
2008/01		1.00	0.8556	0.8556		120	61.21	4,970,716	5,604,960	
2008/07		1.00	0.6104	0.6104		120	61.21	5,001,057	5,639,160	
2009/01		1.00	1.3268	1.3268		120	61.67	5,067,411	5,714,040	
2009/07		1.00	0.6841	0.6841		120	61.67	5,102,077	5,753,160	
2010/01		1.00	0.8643	0.8643		120	63.73	5,146,174	5,802,840	
2010/07		1.00	0.7107	0.7107		120	63.73	5,182,748	5,844,120	
2011/01		1.00	0.9198	0.9198		120	65.29	5,230,419	5,897,880	



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 212636-00 - 2015/01

172.66

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		120	65.29	5,277,639	5,951,160	
2012/01		1.00	0.3865	0.3865		120	60.30	5,298,037	5,974,200	
2012/07		1.00	0.9417	0.9417		120	60.30	5,347,929	6,030,480	
2013/01		1.00	0.4901	0.4901		120	61.19	5,374,139	6,060,000	
2013/07		1.00	0.6196	0.6196		120	61.19	5,407,437	6,097,560	
2014/01	25,573	1.00	0.8564	0.8564		120	62.35	5,479,319	6,149,760	
2014/07		1.00	1.2383	1.2383		120	62.35	5,547,169	6,225,960	
2015/01		1.00	0.7571	0.7571		120	62.35	5,547,169	6,273,120	5

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: 212636123120120101201210302013091332



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 212709-00 - 2015/01

200.76

Suncoast Manor

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			
1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705 -6272 County: Pinellas [52] Region: Central Area: 5 Control: Nonprofit : 501(c)(3) Organization Current Class Central Large Class at 1/94: North Large Operating Ex > 18 months Open Date: 06/01/1968 Acquired Date: 08/23/1996 Entered Medicaid 08/23/1996 Med # Active Date: 08/23/1996 Previous Med #	4/1/2013-3/31/2014 Days in CR 365 First Used : 2015/01 Last Used: 2015/01 Unaudited Initial CR? False Medical Utilization Occupancy: Statewide Low Occupancy Threshold: Medicaid Low Occupancy Threshold: Low Occupancy Adjustment Factor: Weighted Low Occ Adjustment Factor:	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,801 Medicare: 5,678 Medicaid: 22,561	Superior: 243 Standard: 0 Conditional: 0 Total: 243 Inflation FY Index: 1.31463861 Semester Index: 1.37161894 Cost: 1.04334296 Target: 1.02563464 DC FY Index: 1.21900000 DC Sem Index: 1.25449501 DC Inflation: 1.02911814 PS Target: 1.03662091			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,453,180	1,596,643	1,347,454	490,251		4,887,528	
1a	Audit Adjustments							
2	Cost Per Diem	64.4112	70.7700	59.7249	21.7300		216.6361	
3	Cost Per Diem Inflated	67.2030	72.8307	62.3136				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	67.2030	72.8307	62.3136	21.7300		224.0773	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0373		62.5600				
7	Provider Target Rate	53.9430		64.8510				
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	53.9430	72.8307	62.3136	13.6500		202.7373	
12/13	Medical Adjustment Rate		0.3255	0.2785				
14	Prospective Per Diem 11	53.9430	73.1562	62.5921	13.6500		203.3413	
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 212709-00 - 2015/01

200.76

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

Suncoast Manor

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/23/1996	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,438,930 2.9836
RS to Start Calcs:	1996/07	<60% of Base:	True	20% ROE(2):	359,732 0.1892
Indexed Asset Value	1,798,662	Interest Rate:	8.2500%	Insurance Cost(3):	39,228 0.9384
FRVS Base Asset:	1,652,021	Chase Rate:	8.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	18,215 0.4358
ROE Factor	0.020730	Interest Only:	True	Replacement(3&4):	303,536 0.0000
		Yearly Payment:	117,612	Total FRVS PD:	4.5470

(1) 80% Capital (\$1,438,930) amortized at 8.2500 % for 20 years Interest of \$117,612 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$2.9836

(2) 20% ROE (\$359,732) times the ROE factor (0.020730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.1892

(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:	10,261
Comparison Date:	01/01/1971	Current RS PBS:	52,276
Comparison Bed	161	Effective PBS Limitation	1,652,021

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.9430	53.9430	0.9385	53.0045
Direct Care	73.1562	73.1562	1.2727	71.8835
Indirect Care	62.5921	62.5921	1.0890	61.5031
Property	13.6500	4.5470	0.0791	4.4679
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	203.3413	194.2383	3.3793	200.7615

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: 3/31/2014

0 212709-00 - 2015/01

200.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/07	3,215,298	0.00	1.3294	1.3294		161	11.98	1,652,021	1,652,021	1
1997/01		0.10	1.4109	1.4109		161	11.98	1,652,021	5,963,601	5
1997/07	65,611	0.10	1.0917	1.0917		161	11.98	1,717,632	6,028,645	
1998/01		0.20	1.1663	1.1663		161	11.98	1,717,632	6,099,002	
1998/07		0.20	1.0794	1.0794		161	11.98	1,717,632	6,164,851	
1999/01		0.30	1.4499	1.4499		161	11.98	1,717,632	6,254,206	
1999/07		0.30	1.2299	1.2299		161	22.98	1,717,632	6,331,164	
2000/01		0.40	1.3356	1.3356		161	22.98	1,717,632	6,415,689	
2000/07		0.40	1.1129	1.1129		161	24.53	1,717,632	6,487,012	
2001/01		0.50	1.2976	1.2976		161	24.53	1,717,632	6,571,215	
2001/07	(420,701)	0.50	0.9615	0.9615		120	27.22	1,301,018	4,944,840	
2002/01		0.60	1.0301	1.0301		120	27.22	1,304,998	4,995,720	
2002/07		0.60	0.8337	0.8337		120	33.15	1,308,932	5,037,360	
2003/01		0.70	1.3271	1.3271		120	33.15	1,316,261	5,104,200	
2003/07		0.70	1.1664	1.1664		120	43.35	1,324,732	5,163,720	
2004/01		0.80	1.1103	1.1103		120	43.35	1,334,006	5,221,080	
2004/07		0.80	0.8378	0.8378		120	52.89	1,342,604	5,264,880	
2005/01		0.90	0.8595	0.8595		120	52.89	1,352,592	5,310,120	
2005/07		0.90	0.7364	0.7364		120	52.89	1,361,213	5,349,240	
2006/01		1.00	0.9068	0.9068		120	57.12	1,373,556	5,397,720	
2006/07		1.00	0.8133	0.8133		120	57.12	1,384,727	5,441,640	
2007/01		1.00	1.0133	1.0133		120	55.57	1,398,758	5,496,720	
2007/07		1.00	1.1050	1.1050		120	55.57	1,414,214	5,557,440	
2008/01		1.00	0.8556	0.8556		120	54.32	1,426,164	5,604,960	
2008/07		1.00	0.6104	0.6104		120	54.32	1,434,762	5,639,160	
2009/01	44,000	1.00	1.3268	1.3268		120	46.02	1,494,690	5,714,040	
2009/07		1.00	0.6841	0.6841		120	46.02	1,503,246	5,753,160	
2010/01		1.00	0.8643	0.8643		120	45.78	1,514,061	5,802,840	
2010/07		1.00	0.7107	0.7107		120	45.78	1,523,018	5,844,120	
2011/01	20,436	1.00	0.9198	0.9198		120	48.33	1,555,764	5,897,880	



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: 3/31/2014

0 212709-00 - 2015/01

200.76

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/07		1.00	0.9028	0.9028		120	48.33	1,568,106	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.82	1,573,265	5,974,200	
2012/07		1.00	0.9417	0.9417		120	46.82	1,585,877	6,030,480	
2013/01	149,989	1.00	0.4901	0.4901		120	47.50	1,742,579	6,060,000	
2013/07		1.00	0.6196	0.6196		120	47.50	1,751,904	6,097,560	
2014/01		1.00	0.8564	0.8564		120	49.97	1,765,535	6,149,760	
2014/07		1.00	1.2383	1.2383		120	49.97	1,785,398	6,225,960	
2015/01		1.00	0.7571	0.7571		120	53.97	1,798,662	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: 212709033120140401201310212014103807



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 212733-00 - 2015/01

181.20

Oceanside Extended Care 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
550 9TH STREET	1/1/2013-12/31/2013	Number of Beds: 196	Superior: 0
MIAMI BEACH , FL 33139	Days in CR 365	Maximum: 71,540	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 71,540	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 71,287	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 17,732	Inflation
Current Class South Large	Initial CR? False	Medicaid: 52,653	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	73.86059%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.64635%	Cost: 1.04340134
Open Date: 03/01/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/01/1976	Low Occupancy Adjustment Factor:	127.24390%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 209449			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,687,619	3,509,868	2,009,617	639,207		7,846,311	
1a	Audit Adjustments							
2	Cost Per Diem	32.0517	66.6604	38.1672	12.1400		149.0193	
3	Cost Per Diem Inflated	33.4428	68.8273	39.8237				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	33.4428	68.8273	39.8237	12.1400		154.2338	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	49.1189		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	33.4428	68.8273	39.8237	12.1400		154.2338	
12/13	Medical Adjustment Rate		1.8475	1.0690				
14	Prospective Per Diem 11	33.4428	70.6748	40.8927	12.1400		157.1503	
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 212733-00 - 2015/01

181.20

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

Oceanside Extended Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,150,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,916,021 5.3752
RS to Start Calcs:	1976/01	<60% of Base:	False	20% ROE(2):	1,229,005 0.3579
Indexed Asset Value	6,145,026	Interest Rate:	3.6300%	Insurance Cost(3):	124,744 1.7499
FRVS Base Asset:	3,339,389	Chase Rate:	3.2500%	Taxes Cost(3):	64,162 0.9001
Occup Adj Factor	0.9000	Amortization Rate:	3.6300%	Home Office(3):	8,168 0.1146
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	53,181 0.0000
		Yearly Payment:	346,085	Total FRVS PD:	8.4977

- (1) 80% Capital (\$4,916,021) amortized at 3.6300 % for 20 years Principal & Interest of \$346,085 divided by annual available days (71540) divided by Occup. Adj. (0.90) = \$5.3752
- (2) 20% ROE (\$1,229,005) times the ROE factor (0.018750) divided by annual available days (71540) divided by Occup. Adj. (0.90) = \$0.3579
- (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	196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	33.4428	33.4428	0.5818	32.8610
Direct Care	70.6748	70.6748	1.2296	69.4452
Indirect Care	40.8927	40.8927	0.7114	40.1813
Property	12.1400	8.4977	0.1478	8.3499
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.4635
Supplemental Rate Add-on				9.9025
Totals	157.1503	153.5080	2.6706	181.2034

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 212733-00 - 2015/01

181.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	2,385,932	0.00	4.0445	3.0000	1.0445	196	100.00	2,385,932	2,952,152	
1976/07		0.10	4.5297	3.0000	1.5297	196	100.00	2,393,090	3,055,052	
1977/01		0.10	5.2803	3.0000	2.2803	196	100.00	2,400,269	3,169,712	
1977/07		0.20	7.3379	3.0000	4.3379	196	100.00	2,414,671	3,329,844	
1978/01		0.20	9.0776	3.0000	6.0776	196	100.00	2,429,159	3,487,820	
1978/07		0.30	11.6170	3.0000	8.6170	196	100.00	2,451,021	3,680,880	
1979/01	15,549	0.30	13.7443	3.0000	10.7443	196	100.00	2,488,629	3,869,628	
1979/07		0.40	14.9425	3.0000	11.9425	196	100.00	2,518,493	4,032,112	
1980/01	14,079	0.40	18.1082	3.0000	15.1082	196	43.06	2,556,233	4,280,836	
1980/07		0.50	18.9189	3.0000	15.9189	196	43.06	2,586,252	4,443,908	
1981/01		0.50	19.7429	3.0000	16.7429	196	41.17	2,615,291	4,613,840	
1981/07		0.60	19.3317	3.0000	16.3317	196	41.17	2,650,529	4,733,204	
1982/01		0.60	19.0077	3.0000	16.0077	196	49.94	2,693,849	4,860,016	
1982/07		0.70	18.3054	3.0000	15.3054	196	49.94	2,745,215	4,971,540	
1983/04	125,113	0.70	17.9342	3.0000	14.9342	196	53.44	2,926,342	5,102,272	
1983/07		0.80	18.8920	3.0000	15.8920	196	53.44	2,994,582	5,304,152	
1984/01	7,442	0.80	17.1872	3.0000	14.1872	196	67.50	3,073,894	5,372,948	
1984/07		0.90	16.1051	3.0000	13.1051	196	67.50	3,156,889	5,476,044	
1985/01		0.90	14.2522	3.0000	11.2522	196	72.76	3,242,125	5,538,764	
1985/10		1.00	12.1044	3.0000	9.1044	196	72.76	3,339,389	5,586,000	
1986/01		1.00	9.9343	3.0000	6.9343	196	72.76	3,439,571	5,632,452	
1986/07		1.00	7.2317	3.0000	4.2317	196	72.76	3,542,758	5,621,672	
1987/01		1.00	5.2408	3.0000	2.2408	196	80.89	3,649,041	5,722,220	
1987/07		1.00	3.1415	3.0000	0.1415	196	80.89	3,758,512	5,766,908	
1988/01		1.00	1.0422	1.0422		196	80.89	3,797,683	5,813,752	
1988/07		1.00	0.5899	0.5899		196	80.89	3,820,086	5,810,616	
1989/01		1.00	0.5899	0.5899		196	83.71	3,842,621	5,844,916	
1989/07		1.00	0.5899	0.5899		196	83.71	3,865,289	5,884,508	
1990/01		1.00	0.5899	0.5899		196	82.95	3,888,090	5,914,104	
1990/07		1.00	0.5899	0.5899		196	82.95	3,911,026	5,948,992	



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 212733-00 - 2015/01

181.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/01	84,528	1.00	0.5899	0.5899		196	85.80	4,018,625	5,983,880	
1991/07		1.00	1.4932	1.4932		196	85.80	4,078,631	6,073,256	
1992/01		1.00	2.0117	2.0117		196	88.57	4,160,681	6,195,364	
1992/07		1.00	1.8152	1.8152		196	88.57	4,236,206	6,307,868	
1993/01	34,356	1.00	1.7710	1.7710		196	88.68	4,345,585	6,419,588	
1993/07		1.00	1.5329	1.5329		196	88.68	4,345,585	6,517,980	5
1994/01		1.00	1.6983	1.6983		196	88.68	4,412,198	6,628,720	5
1994/07		1.00	1.5991	1.5991		196	87.02	4,558,884	6,734,756	
1995/01		1.00	1.5812	1.5812		196	89.36	4,630,969	6,841,184	
1995/07		1.00	1.5250	1.5250		196	89.36	4,701,591	6,945,456	
1996/01		1.00	1.7228	1.7228		196	90.31	4,782,590	7,065,212	
1996/07		0.95	1.3294	1.3294		196	78.75	4,842,989	7,159,096	
1997/01		0.95	1.4109	1.4109		196	78.75	4,907,904	7,260,036	
1997/07		0.90	1.0917	1.0917		196	78.75	4,956,124	7,339,220	
1998/01		0.90	1.1663	1.1663		196	78.75	5,008,148	7,424,872	
1998/07		0.85	1.0794	1.0794		196	78.75	5,008,148	7,505,036	5
1999/01	57,790	0.85	1.4499	1.4499		196	82.11	5,111,888	7,613,816	5
1999/07		0.80	1.2299	1.2299		196	82.11	5,174,175	7,707,504	5
2000/01		0.80	1.3356	1.3356		196	85.04	5,280,914	7,810,404	
2000/07		0.75	1.1129	1.1129		196	85.04	5,324,994	7,897,232	
2001/01		0.75	1.2976	1.2976		196	81.83	5,376,817	7,999,740	
2001/07		0.70	0.9615	0.9615		196	81.83	5,413,008	8,076,572	
2002/01		0.70	1.0301	1.0301		196	85.72	5,413,008	8,159,676	5
2002/07		0.65	0.8337	0.8337		196	85.72	5,481,586	8,227,688	
2003/01		0.65	1.3271	1.3271		196	86.02	5,528,870	8,336,860	
2003/07		0.60	1.1664	1.1664		196	86.02	5,567,561	8,434,076	
2004/01		0.60	1.1103	1.1103		196	85.61	5,604,652	8,527,764	
2004/07		0.55	0.8378	0.8378		196	85.61	5,604,652	8,599,304	5
2005/01		0.55	0.8595	0.8595		196	88.77	5,657,093	8,673,196	
2005/07		0.50	0.7364	0.7364		196	88.77	5,657,093	8,737,092	5



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 212733-00 - 2015/01

181.20

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/01	208,057	0.50	0.9068	0.9068		196	82.35	5,911,723	8,816,276	
2006/07		0.45	0.8133	0.8133		196	82.35	5,933,360	8,888,012	
2007/01		0.45	1.0133	1.0133		196	73.94	5,960,416	8,977,976	
2007/07		0.40	1.1050	1.1050		196	73.94	5,986,761	9,077,152	
2008/01		0.40	0.8556	0.8556		196	72.52	6,007,248	9,154,768	
2008/07		0.35	0.6104	0.6104		196	72.52	6,020,079	9,210,628	
2009/01		0.35	1.3268	1.3268		196	72.98	6,048,036	9,332,932	
2009/07		0.30	0.6841	0.6841		196	73.21	6,060,447	9,396,828	
2010/01		0.30	0.8643	0.8643		196	73.21	6,076,162	9,477,972	
2010/07		0.25	0.7107	0.7107		196	73.21	6,086,959	9,545,396	
2011/01		0.25	0.9198	0.9198		196	74.13	6,100,959	9,633,204	
2011/07		0.20	0.9028	0.9028		196	75.01	6,111,977	9,720,228	
2012/01		0.20	0.3865	0.3865		196	75.01	6,116,702	9,757,860	
2012/07		0.15	0.9417	0.9417		196	75.01	6,125,345	9,849,784	
2013/01		0.15	0.4901	0.4901		196	74.23	6,129,847	9,898,000	
2013/07		0.10	0.6196	0.6196		196	74.23	6,133,648	9,959,348	
2014/01		0.10	0.8564	0.8564		196	74.21	6,138,898	10,044,608	
2014/07		0.05	1.2383	1.2383		196	73.86	6,142,698	10,169,068	
2015/01		0.05	0.7571	0.7571		196	73.86	6,145,026	10,246,096	

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 212792-00 - 2015/01

213.61

Florida Lutheran 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
450 NORTH MCDONALD AVENUE	7/1/2013-6/30/2014	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: 18,472	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 2,996	Inflation
Current Class North Small	Initial CR? False	Medicaid: 8,553	FY Index: 1.32215372
Class at 1/94: North Small	Medical Utilization	46.30251%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.34703%	Cost: 1.03741261
Open Date: 01/17/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/17/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 01/17/1997	Low Occupancy Adjustment Factor:	107.70736%	DC Sem Index: 1.25449501
Med # Active Date: 01/17/1997	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	615,956	700,617	495,296	191,844		2,003,713	
1a	Audit Adjustments							
2	Cost Per Diem	72.0164	81.9148	57.9090	22.4300		234.2702	
3	Cost Per Diem Inflated	74.7107	84.0243	60.0755				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	74.7107	84.0243	60.0755	22.4300		241.2405	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		64.6109				
7	Provider Target Rate	50.2006		66.9770				
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	84.0243	60.0755	13.6500		207.9504	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.2006	84.0243	60.0755	13.6500		207.9504	
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 212792-00 - 2015/01

213.61

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

Florida Lutheran Retirement Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/17/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,300,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,497,647 10.2213
RS to Start Calcs:	1997/01	<60% of Base:	False	20% ROE(2):	624,412 0.7195
Indexed Asset Value	3,122,059	Interest Rate:	5.2200%	Insurance Cost(3):	19,660 1.0643
FRVS Base Asset:	2,191,560	Chase Rate:	3.2500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	5.2200%	Home Office(3):	18,652 1.0097
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	970,256 0.0000
		Yearly Payment:	201,461	Total FRVS PD:	13.0148

- (1) 80% Capital (\$2,497,647) amortized at 5.2200 % for 20 years Principal & Interest of \$201,461 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.2213
- (2) 20% ROE (\$624,412) times the ROE factor (0.022710) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.7195
- (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	60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.2006	50.2006	0.8734	49.3272
Direct Care	84.0243	84.0243	1.4618	82.5625
Indirect Care	60.0755	60.0755	1.0452	59.0303
Property	13.6500	13.0148	0.2264	12.7884
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	207.9504	207.3152	3.6068	213.6109

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: 6/30/2014

0 212792-00 - 2015/01

213.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	3,683,360	0.00	1.4109	1.4109		60	35.43	2,191,560	2,191,560	1
1997/07	92,109	0.10	1.0917	1.0917		60	35.43	2,246,700	2,246,700	8
1998/01	6,882	0.10	1.1663	1.1663		60	35.43	2,255,270	2,272,920	
1998/07		0.20	1.0794	1.0794		60	35.43	2,258,407	2,297,460	
1999/01		0.20	1.4499	1.4499		60	35.43	2,262,626	2,330,760	
1999/07		0.30	1.2299	1.2299		60	35.43	2,268,004	2,359,440	
2000/01	17,069	0.30	1.3356	1.3356		60	44.30	2,292,393	2,390,940	
2000/07		0.40	1.1129	1.1129		60	44.30	2,300,613	2,417,520	
2001/01	35,673	0.40	1.2976	1.2976		60	58.58	2,348,226	2,448,900	
2001/07		0.50	0.9615	0.9615		60	58.58	2,359,516	2,472,420	
2002/01		0.50	1.0301	1.0301		60	59.91	2,371,670	2,497,860	
2002/07		0.60	0.8337	0.8337		60	59.91	2,383,533	2,518,680	
2003/01		0.60	1.3271	1.3271		60	52.20	2,401,547	2,552,100	
2003/07		0.70	1.1664	1.1664		60	52.20	2,420,157	2,581,860	
2004/01	10,492	0.70	1.1103	1.1103		60	45.86	2,446,333	2,610,540	
2004/07		0.80	0.8378	0.8378		60	45.86	2,460,004	2,632,440	
2005/01		0.80	0.8595	0.8595		60	50.34	2,475,486	2,655,060	
2005/07		0.90	0.7364	0.7364		60	50.34	2,490,503	2,674,620	
2006/01	11,125	0.90	0.9068	0.9068		60	52.38	2,520,985	2,698,860	
2006/07		1.00	0.8133	0.8133		60	52.38	2,540,511	2,720,820	
2007/01	126,343	1.00	1.0133	1.0133		60	56.32	2,692,597	2,748,360	
2007/07		1.00	1.1050	1.1050		60	56.32	2,722,350	2,778,720	
2008/01	25,309	1.00	0.8556	0.8556		60	50.17	2,768,906	2,802,480	
2008/07		1.00	0.6104	0.6104		60	50.17	2,784,323	2,819,580	
2009/01		1.00	1.3268	1.3268		60	56.80	2,821,265	2,857,020	
2009/07		1.00	0.6841	0.6841		60	56.80	2,840,565	2,876,580	
2010/01		1.00	0.8643	0.8643		60	58.35	2,865,116	2,901,420	
2010/07		1.00	0.7107	0.7107		60	58.35	2,885,478	2,922,060	
2011/01		1.00	0.9198	0.9198		60	58.35	2,912,019	2,948,940	
2011/07	12,591	1.00	0.9028	0.9028		60	57.63	2,950,900	2,975,580	



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 212792-00 - 2015/01

213.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		60	57.63	2,962,305	2,987,100	
2012/07	16,709	1.00	0.9417	0.9417		60	54.80	3,006,809	3,015,240	
2013/01		1.00	0.4901	0.4901		60	53.20	3,021,063	3,030,000	
2013/07		1.00	0.6196	0.6196		60	53.20	3,039,169	3,048,780	
2014/01		1.00	0.8564	0.8564		60	54.26	3,064,846	3,074,880	
2014/07		1.00	1.2383	1.2383		60	54.26	3,102,287	3,112,980	
2015/01		1.00	0.7571	0.7571		60	46.30	3,122,059	3,136,560	

Message Code:

1 Per Bed Standard Limitation
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 212806-00 - 2015/01

280.44

Palmetto Subacute 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
7600 SW 8TH STREET	8/1/2012-7/31/2013	Number of Beds: 95	Superior: 0
MIAMI, FL 33144	Days in CR 365	Maximum: 34,675	Standard: 243
County: Dade [13]	First Used : 2014/01	Max Annualized: 34,675	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 31,184	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 19,370	Inflation
Current Class South Small	Initial CR? False	Medicaid: 11,688	FY Index: 1.30228922
Class at 1/94: South Small	Medical Utilization	37.48076%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.93223%	Cost: 1.05323681
Open Date: 01/24/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/24/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 01/24/1997	Low Occupancy Adjustment Factor:	114.83940%	DC Sem Index: 1.25449501
Med # Active Date: 01/24/1997	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	696,185	1,192,345	863,927	270,928		3,023,385	
1a	Audit Adjustments							
2	Cost Per Diem	59.5641	102.0144	73.9157	23.1800		258.6742	
3	Cost Per Diem Inflated	62.7351	105.8095	77.8507				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.7351	105.8095	77.8507	23.1800		269.5753	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	70.0014		78.7094				
7	Provider Target Rate	72.5649		81.5918				
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	105.8095	77.8507	13.6500		259.4818	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	105.8095	77.8507	13.6500		259.4818	
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 212806-00 - 2015/01

280.44

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

Palmetto Subacute Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/24/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable	80% Capital(1):	3,513,694	12.5078
Indexed Asset Value	4,392,118	<60% of Base:	False	20% ROE(2):	878,424	0.4222
FRVS Base Asset:	3,104,710	Interest Rate:	9.4022%	Insurance Cost(3):	83,188	2.6677
Occup Adj Factor	0.9000	Chase Rate:	7.6956%	Taxes Cost(3):	75,514	2.4216
ROE Factor	0.015000	Amortization Rate:	9.4022%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	13,642	0.0000
		Yearly Payment:	390,338	Total FRVS PD:		18.0193

- (1) 80% Capital (\$3,513,694) amortized at 9.4022 % for 20 years Principal & Interest of \$390,338 divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$12.5078
- (2) 20% ROE (\$878,424) times the ROE factor (0.015000) divided by annual available days (34675) divided by Occup. Adj. (0.90) = \$0.4222
- (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	85	Effective PBS Limitation	3,104,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	105.8095	105.8095	1.8408	103.9687
Indirect Care	77.8507	77.8507	1.3544	76.4963
Property	13.6500	18.0193	0.3135	17.7058
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.2811
Supplemental Rate Add-on				9.9025
Totals	259.4818	263.8511	4.5903	280.4444

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: 7/31/2013

0 212806-00 - 2015/01

280.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	6,042,200	0.00	1.4109	1.4109		85	20.03	3,104,710	3,104,710	1
1997/07		0.10	1.0917	1.0917		85	20.03	3,104,710	3,182,825	
1998/01		0.10	1.1663	1.1663		85	20.03	3,104,710	3,219,970	
1998/07		0.20	1.0794	1.0794		85	20.03	3,104,710	3,254,735	5
1999/01		0.20	1.4499	1.4499		85	20.03	3,104,710	3,301,910	5
1999/07	52,474	0.30	1.2299	1.2299		85	45.84	3,166,732	3,342,540	
2000/01		0.30	1.3356	1.3356		85	55.68	3,179,421	3,387,165	
2000/07		0.40	1.1129	1.1129		85	55.68	3,193,576	3,424,820	
2001/01		0.40	1.2976	1.2976		85	63.04	3,210,151	3,469,275	
2001/07		0.50	0.9615	0.9615		85	63.04	3,225,585	3,502,595	
2002/01		0.50	1.0301	1.0301		85	61.83	3,242,200	3,538,635	
2002/07		0.60	0.8337	0.8337		85	61.83	3,258,417	3,568,130	
2003/01		0.60	1.3271	1.3271		85	53.14	3,283,486	3,615,475	
2003/07		0.70	1.1664	1.1664		85	53.14	3,309,389	3,657,635	
2004/01		0.70	1.1103	1.1103		85	41.00	3,328,563	3,698,265	
2004/07		0.80	0.8378	0.8378		85	41.00	3,345,193	3,729,290	
2005/01	598,663	0.80	0.8595	0.8595		95	33.36	3,957,807	4,203,845	
2005/07		0.90	0.7364	0.7364		95	33.36	3,973,718	4,234,815	
2006/01	19,064	0.90	0.9068	0.9068		95	27.81	4,009,180	4,273,195	
2006/07		1.00	0.8133	0.8133		95	27.81	4,025,667	4,307,965	
2007/01	14,963	1.00	1.0133	1.0133		95	28.97	4,062,116	4,351,570	
2007/07		1.00	1.1050	1.1050		95	28.97	4,085,759	4,399,640	
2008/01		1.00	0.8556	0.8556		95	28.97	4,104,172	4,437,260	
2008/07		1.00	0.6104	0.6104		95	31.32	4,118,438	4,464,335	
2009/01		1.00	1.3268	1.3268		95	30.28	4,148,522	4,523,615	
2009/07		1.00	0.6841	0.6841		95	30.28	4,164,147	4,554,585	
2010/01		1.00	0.8643	0.8643		95	31.94	4,185,048	4,593,915	
2010/07		1.00	0.7107	0.7107		95	31.94	4,202,321	4,626,595	
2011/01		1.00	0.9198	0.9198		95	31.94	4,224,768	4,669,155	
2011/07		1.00	0.9028	0.9028		95	35.16	4,249,151	4,711,335	



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: 7/31/2013

0 212806-00 - 2015/01

280.44

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		95	35.16	4,259,650	4,729,575	
2012/07		1.00	0.9417	0.9417		95	30.50	4,281,895	4,774,130	
2013/01		1.00	0.4901	0.4901		95	30.02	4,293,349	4,797,500	
2013/07		1.00	0.6196	0.6196		95	30.02	4,307,869	4,827,235	
2014/01		1.00	0.8564	0.8564		95	37.48	4,333,010	4,868,560	
2014/07		1.00	1.2383	1.2383		95	37.48	4,369,574	4,928,885	
2015/01		1.00	0.7571	0.7571		95	37.48	4,392,118	4,966,220	

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 212890-00 - 2015/01

220.13

Egret Cove 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
550 62ND ST S	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
SAINT PETERSBURG, FL 33707	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: 38,875	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,075	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 32,216	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	82.87074%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.75571%	Cost: 1.05323681
Open Date: 07/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 07/01/1971	Low Occupancy Adjustment Factor:	113.33704%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 210811			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,276,518	2,711,023	1,436,284	610,815		6,034,640	
1a	Audit Adjustments							
2	Cost Per Diem	39.6237	84.1515	44.5829	18.9600		187.3181	
3	Cost Per Diem Inflated	41.7331	87.2821	46.9564				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.7331	87.2821	46.9564	18.9600		194.9316	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.2918		54.4811				
7	Provider Target Rate	46.9504		56.4762				
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	41.7331	87.2821	46.9564	13.6500		189.6216	
12/13	Medical Adjustment Rate		3.2277	1.7364				
14	Prospective Per Diem 11	41.7331	90.5098	48.6928	13.6500		194.5857	
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 212890-00 - 2015/01

220.13

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

Egret Cove 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:	5,166,667.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable	80% Capital(1):	1,849,270	5.4325
Indexed Asset Value	2,311,587	<60% of Base:	False	20% ROE(2):	462,317	0.1759
FRVS Base Asset:	1,389,485	Interest Rate:	10.0000%	Insurance Cost(3):	80,329	2.0663
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	28,199	0.7254
ROE Factor	0.015000	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	18,073	0.0000
		Yearly Payment:	214,150	Total FRVS PD:		8.4001

(1) 80% Capital (\$1,849,270) amortized at 10.0000 % for 20 years Principal & Interest of \$214,150 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.4325

(2) 20% ROE (\$462,317) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.1759

(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	41.7331	41.7331	0.7261	41.0070
Direct Care	90.5098	90.5098	1.5747	88.9351
Indirect Care	48.6928	48.6928	0.8471	47.8457
Property	13.6500	8.4001	0.1461	8.2540
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1871
Supplemental Rate Add-on				9.9025
Totals	194.5857	189.3358	3.2940	220.1314

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: 7/31/2013

0 212890-00 - 2015/01

220.13

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01	1,027,501	0.00				120	100.00	1,027,501	1,231,320	
1971/07	1,027,501	0.00				120	100.00	1,027,501	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	1,027,501	1,280,280	4
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	1,027,501	1,343,400	4
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	1,033,666	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	1,039,868	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	1,049,227	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	1,058,670	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	1,071,374	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	1,084,230	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	1,100,493	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	1,117,000	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	1,137,106	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	1,157,574	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	1,181,883	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	1,206,703	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	1,235,664	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	1,265,320	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120	37.45	1,288,582	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	37.45	1,312,272	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	26.53	1,331,262	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	26.53	1,350,527	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	24.27	1,350,527	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	24.27	1,350,527	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	23.19	1,350,527	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	23.19	1,350,527	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	19.87	1,350,527	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	19.87	1,350,527	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	19.86	1,350,527	3,391,080	
1985/10	38,958	1.00	23.3077	3.0000	20.3077	120	19.86	1,389,485	3,420,000	



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: 7/31/2013

0 212890-00 - 2015/01

220.13

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		1.00	21.1376	3.0000	18.1376	120	17.62	1,389,485	3,448,440	
1986/07		1.00	18.4350	3.0000	15.4350	120	17.62	1,389,485	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	21.29	1,389,485	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	21.29	1,389,485	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	21.29	1,389,485	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	25.14	1,408,539	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	31.06	1,432,402	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	31.06	1,456,669	3,602,760	
1990/01		1.00	2.6051	2.6051		120	34.50	1,480,473	3,620,880	
1990/07		1.00	0.5899	0.5899		120	34.50	1,485,951	3,642,240	
1991/01		1.00	0.5899	0.5899		120	34.50	1,491,449	3,663,600	
1991/07		1.00	1.4932	1.4932		120	39.89	1,507,601	3,718,320	
1992/01		0.95	2.0117	2.0117		120	41.99	1,529,597	3,793,080	
1992/07		0.95	1.8152	1.8152		120	41.99	1,549,734	3,861,960	
1993/01		0.90	1.7710	1.7710		120	41.99	1,568,592	3,930,360	
1993/07	35,482	0.90	1.5329	1.5329		120	38.65	1,619,281	3,990,600	
1994/01		0.85	1.6983	1.6983		120	38.65	1,635,708	4,058,400	
1994/07		0.85	1.5991	1.5991		120	38.65	1,651,331	4,123,320	
1995/01		0.80	1.5812	1.5812		120	38.65	1,666,011	4,188,480	
1995/07		0.80	1.5250	1.5250		120	38.65	1,680,294	4,252,320	
1996/01		0.75	1.7228	1.7228		120	38.65	1,695,551	4,325,640	
1996/07	35,525	0.75	1.3294	1.3294		120	46.74	1,731,076	4,383,120	5
1997/01	10,986	0.70	1.4109	1.4109		120	46.74	1,771,078	4,444,920	
1997/07		0.70	1.0917	1.0917		120	46.74	1,782,580	4,493,400	
1998/01		0.65	1.1663	1.1663		120	46.74	1,794,064	4,545,840	
1998/07		0.65	1.0794	1.0794		120	46.74	1,804,761	4,594,920	
1999/01		0.60	1.4499	1.4499		120	46.74	1,818,103	4,661,520	
1999/07	18,386	0.60	1.2299	1.2299		120	55.12	1,849,905	4,718,880	
2000/01		0.55	1.3356	1.3356		120	55.12	1,863,494	4,781,880	
2000/07		0.55	1.1129	1.1129		120	53.50	1,874,589	4,835,040	



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: 7/31/2013

0 212890-00 - 2015/01

220.13

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		0.50	1.2976	1.2976		120	53.50	1,886,420	4,897,800	
2001/07		0.50	0.9615	0.9615		120	54.87	1,895,468	4,944,840	
2002/01		0.45	1.0301	1.0301		120	61.01	1,904,253	4,995,720	
2002/07		0.45	0.8337	0.8337		120	61.01	1,911,398	5,037,360	
2003/01		0.40	1.3271	1.3271		120	66.22	1,921,544	5,104,200	
2003/07		0.40	1.1664	1.1664		120	66.22	1,930,510	5,163,720	
2004/01		0.35	1.1103	1.1103		120	65.85	1,938,012	5,221,080	
2004/07		0.35	0.8378	0.8378		120	65.85	1,943,694	5,264,880	
2005/01		0.30	0.8595	0.8595		120	67.40	1,948,707	5,310,120	
2005/07		0.30	0.7364	0.7364		120	67.40	1,953,012	5,349,240	
2006/01		0.25	0.9068	0.9068		120	67.87	1,957,439	5,397,720	
2006/07		0.25	0.8133	0.8133		120	67.87	1,961,418	5,441,640	
2007/01		0.20	1.0133	1.0133		120	67.87	1,965,394	5,496,720	
2007/07		0.20	1.1050	1.1050		120	68.30	1,969,738	5,557,440	
2008/01		0.15	0.8556	0.8556		120	68.30	1,972,265	5,604,960	
2008/07		0.15	0.6104	0.6104		120	69.55	1,974,072	5,639,160	
2009/01	51,514	0.10	1.3268	1.3268		120	73.86	2,028,206	5,714,040	
2009/07		0.10	0.6841	0.6841		120	73.86	2,029,593	5,753,160	
2010/01		0.05	0.8643	0.8643		120	73.86	2,030,470	5,802,840	
2010/07		0.05	0.7107	0.7107		120	76.43	2,031,191	5,844,120	
2011/01		0.00	0.9198	0.9198		120	75.42	2,031,191	5,897,880	
2011/07		0.00	0.9028	0.9028		120	75.42	2,031,191	5,951,160	
2012/01		0.00	0.3865	0.3865		120	75.42	2,031,191	5,974,200	
2012/07	206,708	0.00	0.9417	0.9417		120	77.64	2,237,899	6,030,480	
2013/01		0.00	0.4901	0.4901		120	77.64	2,237,899	6,060,000	
2013/07		0.00	0.6196	0.6196		120	80.42	2,237,899	6,097,560	
2014/01	73,688	0.00	0.8564	0.8564		120	82.87	2,311,587	6,149,760	
2014/07		0.00	1.2383	1.2383		120	82.87	2,311,587	6,225,960	
2015/01		0.00	0.7571	0.7571		120	82.87	2,311,587	6,273,120	

Message Code:

- | | |
|---|----------------------------------|
| 4 | Index Cost 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 212903-00 - 2015/01

199.53

Emerald Coast 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
114 THIRD STREET SE	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
FORT WALTON BEACH , FL	Days in CR 365	Maximum: 43,800	Standard: 243
32548	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
County: Okaloosa [46]	Last Used: 2015/01	Total Patient: 35,237	Total: 243
Region: North Area: 1	Unaudited	Medicare: 4,385	Inflation
Control: Nonprofit : 501(c)(3) Organization	Initial CR? False	Medicaid: 27,345	FY Index: 1.32594791
Current Class North Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	77.60309%	Cost: 1.03444406
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	80.44977%	Target: 1.02563464
Open Date: 09/01/1973	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22383277
Acquired Date: 09/01/1973	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 09/01/1973	Weighted Low Occ Adjustment Factor:	102.73073%	DC Inflation: 1.02505427
Med # Active Date: 09/01/1996		100.00000%	PS Target: 1.03662091
Previous Med # 210757			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,041,496	1,921,664	1,158,662	525,297		4,647,119	
1a	Audit Adjustments							
2	Cost Per Diem	38.0873	70.2748	42.3720	19.2100		169.9441	
3	Cost Per Diem Inflated	39.3992	72.0355	43.8315				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.3992	72.0355	43.8315	19.2100		174.4762	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.1399		53.7526				
7	Provider Target Rate	45.7563		55.7211				
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	39.3992	72.0355	43.8315	13.6500		168.9162	
12/13	Medical Adjustment Rate		2.2370	1.3611				
14	Prospective Per Diem 11	39.3992	74.2725	45.1926	13.6500		172.5143	
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 212903-00 - 2015/01

199.53

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

Emerald Coast 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:	5,708,333.00	
RS to Start Calcs:	1973/07	Type:	Variable	80% Capital(1):
Indexed Asset Value	2,626,246	<60% of Base:	False	2,100,997
FRVS Base Asset:	1,330,721	Interest Rate:	11.5000%	6.8206
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	20% ROE(2):
ROE Factor	0.022810	Amortization Rate:	11.5000%	525,249
		Interest Only:	False	0.3039
		Yearly Payment:	268,868	Insurance Cost(3):
				77,447
				Taxes Cost(3):
				12,624
				Home Office(3):
				0
				Replacement(3&4):
				43,383
				Total FRVS PD:
				9.6807

(1) 80% Capital (\$2,100,997) amortized at 11.5000 % for 20 years Principal & Interest of \$268,868 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.8206

(2) 20% ROE (\$525,249) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3039

(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	39.3992	39.3992	0.6855	38.7137
Direct Care	74.2725	74.2725	1.2922	72.9803
Indirect Care	45.1926	45.1926	0.7862	44.4064
Property	13.6500	9.6807	0.1684	9.5123
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0171
Supplemental Rate Add-on				9.9025
Totals	172.5143	168.5450	2.9323	199.5323

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: 7/31/2014

0 212903-00 - 2015/01

199.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1973/07	831,030	0.00	5.6564	3.0000	2.6564	120	100.00	831,030	1,492,560	
1974/01		0.10	7.8836	3.0000	4.8836	120	100.00	833,523	1,570,560	
1974/07		0.10	7.9873	3.0000	4.9873	120	100.00	836,024	1,619,280	
1975/01		0.20	8.0777	3.0000	5.0777	120	100.00	841,040	1,669,320	
1975/07		0.20	9.1411	3.0000	6.1411	120	100.00	846,086	1,737,240	
1976/01		0.30	10.1856	3.0000	7.1856	120	100.00	853,701	1,807,440	
1976/07		0.30	10.6709	3.0000	7.6709	120	100.00	861,384	1,870,440	
1977/01		0.40	11.4215	3.0000	8.4215	120	100.00	871,721	1,940,640	
1977/07		0.40	13.4790	3.0000	10.4790	120	100.00	882,182	2,038,680	
1978/01		0.50	15.2187	3.0000	12.2187	120	100.00	895,415	2,135,400	
1978/07		0.50	17.7582	3.0000	14.7582	120	100.00	908,846	2,253,600	
1979/01		0.60	19.8854	3.0000	16.8854	120	100.00	925,205	2,369,160	
1979/07		0.60	21.0836	3.0000	18.0836	120	100.00	941,859	2,468,640	
1980/01		0.70	24.2494	3.0000	21.2494	120	82.81	961,638	2,620,920	
1980/07		0.70	25.0600	3.0000	22.0600	120	82.81	981,832	2,720,760	
1981/01		0.80	25.8840	3.0000	22.8840	120	83.84	1,005,396	2,824,800	
1981/07		0.80	25.4728	3.0000	22.4728	120	83.84	1,029,526	2,897,880	
1982/01		0.90	25.1488	3.0000	22.1488	120	83.31	1,057,323	2,975,520	
1982/07		0.90	24.4465	3.0000	21.4465	120	83.31	1,085,871	3,043,800	
1983/04		1.00	24.0753	3.0000	21.0753	120	83.80	1,118,447	3,123,840	
1983/07		1.00	25.0331	3.0000	22.0331	120	83.80	1,152,000	3,247,440	
1984/01		1.00	23.3283	3.0000	20.3283	120	81.92	1,186,560	3,289,560	
1984/07		1.00	22.2462	3.0000	19.2462	120	81.92	1,222,157	3,352,680	
1985/01		1.00	20.3933	3.0000	17.3933	120	81.92	1,258,822	3,391,080	
1985/10	34,134	1.00	18.2455	3.0000	15.2455	120	81.92	1,330,721	3,420,000	
1986/01		1.00	16.0754	3.0000	13.0754	120	80.81	1,370,643	3,448,440	
1986/07		1.00	13.3728	3.0000	10.3728	120	80.81	1,411,762	3,441,840	
1987/01		1.00	11.3819	3.0000	8.3819	120	78.86	1,454,115	3,503,400	
1987/07		1.00	9.2826	3.0000	6.2826	120	78.86	1,497,738	3,530,760	
1988/01		1.00	7.1833	3.0000	4.1833	120	78.86	1,542,670	3,559,440	



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: 7/31/2014

0 212903-00 - 2015/01

199.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/07		1.00	4.7732	3.0000	1.7732	120	81.17	1,588,950	3,557,520	
1989/01		1.00	2.3631	2.3631		120	81.48	1,626,498	3,578,520	
1989/07		1.00	0.5899	0.5899		120	81.48	1,636,093	3,602,760	
1990/01		1.00	0.5899	0.5899		120	73.04	1,645,744	3,620,880	
1990/07		1.00	0.5899	0.5899		120	73.04	1,655,452	3,642,240	
1991/01		1.00	0.5899	0.5899		120	73.04	1,665,218	3,663,600	
1991/07		1.00	1.4932	1.4932		120	75.61	1,665,218	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	78.37	1,724,082	3,793,080	
1992/07		1.00	1.8152	1.8152		120	78.37	1,755,378	3,861,960	
1993/01		1.00	1.7710	1.7710		120	78.37	1,786,466	3,930,360	
1993/07	(14,728)	1.00	1.5329	1.5329		119	74.72	1,771,738	3,957,345	5
1994/01		0.95	1.6983	1.6983		119	74.72	1,799,123	4,024,580	5
1994/07		0.95	1.5991	1.5991		119	74.72	1,855,921	4,088,959	
1995/01		0.90	1.5812	1.5812		119	74.72	1,882,333	4,153,576	
1995/07		0.90	1.5250	1.5250		119	74.72	1,908,168	4,216,884	
1996/01		0.85	1.7228	1.7228		119	74.72	1,936,111	4,289,593	
1996/07	1,797	0.85	1.3294	1.3294		119	71.82	1,959,786	4,346,594	
1997/01	73,531	0.80	1.4109	1.4109		119	71.82	2,055,437	4,407,879	
1997/07	7,334	0.80	1.0917	1.0917		119	71.82	2,080,723	4,455,955	
1998/01		0.75	1.1663	1.1663		119	71.82	2,098,923	4,507,958	
1998/07		0.75	1.0794	1.0794		119	71.82	2,115,916	4,556,629	
1999/01		0.70	1.4499	1.4499		119	71.82	2,137,390	4,622,674	
1999/07	23,281	0.70	1.2299	1.2299		119	74.61	2,179,072	4,679,556	
2000/01		0.65	1.3356	1.3356		119	74.61	2,197,989	4,742,031	
2000/07	27,545	0.65	1.1129	1.1129		119	72.09	2,241,434	4,794,748	
2001/01		0.60	1.2976	1.2976		119	72.09	2,258,886	4,856,985	
2001/07		0.60	0.9615	0.9615		119	71.55	2,271,918	4,903,633	
2002/01		0.55	1.0301	1.0301		120	73.60	2,284,791	4,995,720	
2002/07		0.55	0.8337	0.8337		120	73.60	2,295,267	5,037,360	
2003/01		0.50	1.3271	1.3271		120	70.31	2,310,498	5,104,200	



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: 7/31/2014

0 212903-00 - 2015/01

199.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/07		0.50	1.1664	1.1664		120	70.31	2,323,973	5,163,720	
2004/01	71,423	0.45	1.1103	1.1103		120	71.04	2,407,007	5,221,080	
2004/07		0.45	0.8378	0.8378		120	71.04	2,416,081	5,264,880	
2005/01		0.40	0.8595	0.8595		120	68.29	2,424,387	5,310,120	
2005/07		0.40	0.7364	0.7364		120	68.29	2,431,529	5,349,240	
2006/01		0.35	0.9068	0.9068		120	68.29	2,439,247	5,397,720	
2006/07		0.35	0.8133	0.8133		120	74.86	2,446,192	5,441,640	
2007/01		0.30	1.0133	1.0133		120	74.86	2,453,628	5,496,720	
2007/07		0.30	1.1050	1.1050		120	72.44	2,461,762	5,557,440	
2008/01		0.25	0.8556	0.8556		120	72.44	2,467,028	5,604,960	
2008/07		0.25	0.6104	0.6104		120	66.39	2,470,793	5,639,160	
2009/01		0.20	1.3268	1.3268		120	68.68	2,477,350	5,714,040	
2009/07		0.20	0.6841	0.6841		120	68.68	2,480,739	5,753,160	
2010/01		0.15	0.8643	0.8643		120	68.68	2,483,954	5,802,840	
2010/07	45,789	0.15	0.7107	0.7107		120	66.07	2,532,391	5,844,120	
2011/01		0.10	0.9198	0.9198		120	63.91	2,534,721	5,897,880	
2011/07		0.10	0.9028	0.9028		120	63.91	2,537,010	5,951,160	
2012/01		0.05	0.3865	0.3865		120	63.91	2,537,500	5,974,200	
2012/07		0.05	0.9417	0.9417		120	69.03	2,538,695	6,030,480	
2013/01		0.00	0.4901	0.4901		120	69.03	2,538,695	6,060,000	
2013/07	87,551	0.00	0.6196	0.6196		120	77.09	2,626,246	6,097,560	
2014/01		0.00	0.8564	0.8564		120	77.09	2,626,246	6,149,760	
2014/07		0.00	1.2383	1.2383		120	73.62	2,626,246	6,225,960	
2015/01		0.00	0.7571	0.7571		120	77.60	2,626,246	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 212911-00 - 2015/01
222.02

Clearwater 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
1270 TURNER ST	9/1/2013-8/31/2014	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33756	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: 35,334	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,518	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 30,712	FY Index: 1.32975299
Class at 1/94: North Large	Medical Utilization	86.91911%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.67123%	Cost: 1.03148401
Open Date: 03/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1974	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 01/01/1974	Low Occupancy Adjustment Factor:	103.01352%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 210838			PS Target: 1.03662091

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,214,394	2,543,972	1,492,760	629,596		5,880,722	
1a	Audit Adjustments							
2	Cost Per Diem	39.5414	82.8332	48.6051	20.5000		191.4797	
3	Cost Per Diem Inflated	40.7863	84.8507	50.1354				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.7863	84.8507	50.1354	20.5000		196.2724	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.5759		54.6645				
7	Provider Target Rate	47.2449		56.6664				
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	40.7863	84.8507	50.1354	13.6500		189.4224	
12/13	Medical Adjustment Rate		3.5242	2.0823				
14	Prospective Per Diem 11	40.7863	88.3749	52.2177	13.6500		195.0289	
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 212911-00 - 2015/01

222.02

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

Clearwater Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	5,416,667.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	1,996,738	5.8658
RS to Start Calcs:	1974/01	<60% of Base:	False	20% ROE(2):	499,184	0.2915
Indexed Asset Value	2,495,922	Interest Rate:	10.0000%	Insurance Cost(3):	91,341	2.5851
FRVS Base Asset:	1,302,829	Chase Rate:	8.0000%	Taxes Cost(3):	30,130	0.8527
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	0	0.0000
ROE Factor	0.023020	Interest Only:	False	Replacement(3&4):	(293,189)	0.0000
		Yearly Payment:	231,228	Total FRVS PD:		9.5951

(1) 80% Capital (\$1,996,738) amortized at 10.0000 % for 20 years Principal & Interest of \$231,228 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$5.8658

(2) 20% ROE (\$499,184) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2915

(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	40.7863	40.7863	0.7096	40.0767
Direct Care	88.3749	88.3749	1.5375	86.8374
Indirect Care	52.2177	52.2177	0.9085	51.3092
Property	13.6500	9.5951	0.1669	9.4282
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4694
Supplemental Rate Add-on				9.9025
Totals	195.0289	190.9740	3.3225	222.0234

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 212911-00 - 2015/01

222.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/01	813,235	0.00	3.9787	3.0000	0.9787	120	100.00	813,235	1,280,280	
1972/07		0.00	5.9113	3.0000	2.9113	120	100.00	813,235	1,343,400	
1973/01		0.00	8.0622	3.0000	5.0622	120	100.00	813,235	1,412,640	
1973/07		0.00	10.7186	3.0000	7.7186	120	100.00	813,235	1,492,560	
1974/01		0.00	12.9457	3.0000	9.9457	120	100.00	813,235	1,570,560	
1974/07		0.10	13.0494	3.0000	10.0494	120	100.00	815,675	1,619,280	
1975/01		0.10	13.1399	3.0000	10.1399	120	100.00	818,122	1,669,320	
1975/07		0.20	14.2033	3.0000	11.2033	120	100.00	823,031	1,737,240	
1976/01		0.20	15.2478	3.0000	12.2478	120	100.00	827,969	1,807,440	
1976/07		0.30	15.7330	3.0000	12.7330	120	100.00	835,421	1,870,440	
1977/01		0.30	16.4836	3.0000	13.4836	120	100.00	842,940	1,940,640	
1977/07		0.40	18.5412	3.0000	15.5412	120	100.00	853,055	2,038,680	
1978/01		0.40	20.2809	3.0000	17.2809	120	100.00	863,292	2,135,400	
1978/07		0.50	22.8203	3.0000	19.8203	120	100.00	876,241	2,253,600	
1979/01		0.50	24.9476	3.0000	21.9476	120	100.00	889,385	2,369,160	
1979/07		0.60	26.1458	3.0000	23.1458	120	100.00	905,394	2,468,640	
1980/01		0.60	29.3115	3.0000	26.3115	120	74.82	921,691	2,620,920	
1980/07		0.70	30.1222	3.0000	27.1222	120	74.82	941,047	2,720,760	
1981/01		0.70	30.9462	3.0000	27.9462	120	72.15	960,809	2,824,800	
1981/07		0.80	30.5350	3.0000	27.5350	120	72.15	983,868	2,897,880	
1982/01		0.80	30.2110	3.0000	27.2110	120	67.71	1,007,481	2,975,520	
1982/07		0.90	29.5087	3.0000	26.5087	120	67.71	1,034,683	3,043,800	
1983/04		0.90	29.1375	3.0000	26.1375	120	57.39	1,062,619	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120	57.39	1,094,498	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	53.01	1,126,145	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	53.01	1,158,707	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	53.00	1,192,204	3,391,080	
1985/10	76,159	1.00	23.3077	3.0000	20.3077	120	53.00	1,302,829	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	50.05	1,338,396	3,448,440	
1986/07		1.00	18.4350	3.0000	15.4350	120	50.05	1,374,934	3,441,840	



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 212911-00 - 2015/01

222.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/01		1.00	16.4441	3.0000	13.4441	120	50.89	1,413,100	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	50.89	1,452,325	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	50.89	1,492,639	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	53.66	1,536,327	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	61.20	1,582,417	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	61.20	1,629,890	3,602,760	
1990/01		1.00	2.6051	2.6051		120	63.49	1,672,350	3,620,880	
1990/07		1.00	0.5899	0.5899		120	63.49	1,682,215	3,642,240	
1991/01		1.00	0.5899	0.5899		120	63.49	1,692,138	3,663,600	
1991/07	13,152	1.00	1.4932	1.4932		120	69.49	1,730,557	3,718,320	
1992/01		1.00	2.0117	2.0117		120	72.16	1,765,371	3,793,080	
1992/07		1.00	1.8152	1.8152		120	76.16	1,797,416	3,861,960	
1993/01		1.00	1.7710	1.7710		120	72.16	1,829,248	3,930,360	
1993/07	(16,175)	1.00	1.5329	1.5329		119	68.54	1,841,114	3,957,345	
1994/01		1.00	1.6983	1.6983		119	68.54	1,872,382	4,024,580	
1994/07		0.95	1.5991	1.5991		119	68.54	1,900,825	4,088,959	
1995/01		0.95	1.5812	1.5812		119	68.54	1,929,377	4,153,576	
1995/07		0.90	1.5250	1.5250		119	68.54	1,955,858	4,216,884	
1996/01		0.90	1.7228	1.7228		119	68.54	1,986,184	4,289,593	
1996/07	16,646	0.85	1.3294	1.3294		120	68.21	2,025,274	4,383,120	
1997/01		0.85	1.4109	1.4109		120	68.21	2,049,563	4,444,920	
1997/07		0.80	1.0917	1.0917		120	68.21	2,067,464	4,493,400	
1998/01		0.80	1.1663	1.1663		120	68.21	2,086,753	4,545,840	
1998/07		0.75	1.0794	1.0794		120	68.21	2,103,647	4,594,920	
1999/01	33,483	0.75	1.4499	1.4499		120	63.84	2,160,005	4,661,520	
1999/07		0.70	1.2299	1.2299		120	63.84	2,178,600	4,718,880	
2000/01		0.70	1.3356	1.3356		120	65.14	2,198,968	4,781,880	
2000/07		0.65	1.1129	1.1129		120	65.14	2,214,875	4,835,040	
2001/01		0.65	1.2976	1.2976		120	69.93	2,233,555	4,897,800	
2001/07		0.60	0.9615	0.9615		120	69.93	2,246,440	4,944,840	



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 212911-00 - 2015/01

222.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/01		0.60	1.0301	1.0301		120	79.58	2,260,325	4,995,720	
2002/07		0.55	0.8337	0.8337		120	79.58	2,270,689	5,037,360	
2003/01		0.55	1.3271	1.3271		120	83.25	2,270,689	5,104,200	5
2003/07		0.50	1.1664	1.1664		120	83.25	2,300,602	5,163,720	
2004/01		0.50	1.1103	1.1103		120	81.01	2,313,375	5,221,080	
2004/07		0.45	0.8378	0.8378		120	81.01	2,322,096	5,264,880	
2005/01		0.45	0.8595	0.8595		120	83.78	2,331,078	5,310,120	
2005/07		0.40	0.7364	0.7364		120	83.78	2,337,945	5,349,240	
2006/01		0.40	0.9068	0.9068		120	83.78	2,346,425	5,397,720	
2006/07		0.35	0.8133	0.8133		120	76.93	2,353,105	5,441,640	
2007/01		0.35	1.0133	1.0133		120	76.93	2,361,451	5,496,720	
2007/07		0.30	1.1050	1.1050		120	78.15	2,369,279	5,557,440	
2008/01		0.30	0.8556	0.8556		120	80.03	2,375,361	5,604,960	
2008/07		0.25	0.6104	0.6104		120	80.03	2,378,986	5,639,160	
2009/01		0.25	1.3268	1.3268		120	78.88	2,386,877	5,714,040	
2009/07		0.20	0.6841	0.6841		120	78.88	2,390,142	5,753,160	
2010/01		0.20	0.8643	0.8643		120	83.46	2,394,275	5,802,840	
2010/07		0.15	0.7107	0.7107		120	83.46	2,396,827	5,844,120	
2011/01		0.15	0.9198	0.9198		120	86.18	2,400,135	5,897,880	
2011/07		0.10	0.9028	0.9028		120	86.18	2,402,302	5,951,160	
2012/01		0.10	0.3865	0.3865		120	86.18	2,403,232	5,974,200	
2012/07		0.05	0.9417	0.9417		120	85.87	2,404,364	6,030,480	
2013/01		0.05	0.4901	0.4901		120	85.87	2,404,953	6,060,000	
2013/07	66,734	0.00	0.6196	0.6196		120	86.88	2,471,687	6,097,560	
2014/01	24,235	0.00	0.8564	0.8564		120	87.86	2,495,922	6,149,760	
2014/07		0.00	1.2383	1.2383		120	87.86	2,495,922	6,225,960	
2015/01		0.00	0.7571	0.7571		120	86.92	2,495,922	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 212971-00 - 2015/01

229.21

FLORIDA PRESBYTERIAN HOMES, 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	
909 LAKESIDE AVE		1/1/2013-12/31/2013		Number of Beds:	48	Superior:	243
LAKELAND, FL 33803		Days in CR	365	Maximum:	17,520	Standard:	0
County: Polk [53]		First Used :	2015/01	Max Annualized:	17,520	Conditional:	0
Region: Central Area: 6		Last Used:	2015/01	Total Patient:	16,796	Total:	243
Control: Nonprofit : 501(c)(3) Organization		Unaudited		Medicare:	1,866	Inflation	
Current Class Central Small		Initial CR? False		Medicaid:	4,896	FY Index:	1.31456505
Class at 1/94: South Small		Medical Utilization			29.14980%	Semester Index:	1.37161894
Operating Ex > 18 months		Occupancy:			95.86758%	Cost:	1.04340134
Open Date: 01/14/1997		Statewide Low Occupancy Threshold:			78.31130%	Target:	1.02563464
Acquired Date: 03/20/1997		Medicaid Low Occupancy Threshold:			41.41010%	DC FY Index:	1.21500000
Entered Medicaid 03/20/1997		Low Occupancy Adjustment Factor:			122.41858%	DC Sem Index:	1.25449501
Med # Active Date: 03/20/1997		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	247,408	422,948	322,966	45,239		1,038,561	
1a	Audit Adjustments							
2	Cost Per Diem	50.5327	86.3865	65.9653	9.2400		212.1245	
3	Cost Per Diem Inflated	52.7259	89.1946	68.8283				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.7259	89.1946	68.8283	9.2400		219.9888	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	74.3665		73.4467				
7	Provider Target Rate	77.0899		76.1364				
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	52.7259	89.1946	68.8283	9.2400		219.9888	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	52.7259	89.1946	68.8283	9.2400		219.9888	
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 212971-00 - 2015/01

229.21

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

FLORIDA PRESBYTERIAN HOMES, INC.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/20/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,852,014	9.6002
RS to Start Calcs:	1997/01	<60% of Base:	True	20% ROE(2):	463,003	0.5506
Indexed Asset Value	2,315,017	Interest Rate:	8.2500%	Insurance Cost(3):	38,440	2.2886
FRVS Base Asset:	1,461,040	Chase Rate:	8.2500%	Taxes Cost(3):	0	0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.2500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	12,909	0.0000
		Yearly Payment:	151,376	Total FRVS PD:		12.4394

(1) 80% Capital (\$1,852,014) amortized at 8.2500 % for 20 years Interest of \$151,376 divided by annual available days (17520) divided by Occup. Adj. (0.90) = \$9.6002

(2) 20% ROE (\$463,003) times the ROE factor (0.018750) divided by annual available days (17520) divided by Occup. Adj. (0.90) = \$0.5506

(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	40	Effective PBS Limitation	1,461,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.7259	52.7259	0.9173	51.8086
Direct Care	89.1946	89.1946	1.5518	87.6428
Indirect Care	68.8283	68.8283	1.1974	67.6309
Property	9.2400	12.4394	0.2164	12.2230
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	219.9888	223.1882	3.8829	229.2078

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 212971-00 - 2015/01

229.21

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	3,787,267	0.00	1.4109	1.4109		40	39.98	1,461,040	1,461,040	1
1997/07		0.10	1.0917	1.0917		40	39.98	1,462,200	1,497,800	
1998/01		0.10	1.1663	1.1663		40	39.98	1,463,439	1,515,280	
1998/07		0.20	1.0794	1.0794		40	39.98	1,465,736	1,531,640	
1999/01		0.20	1.4499	1.4499		40	39.98	1,468,826	1,553,840	
1999/07		0.30	1.2299	1.2299		40	47.65	1,473,522	1,572,960	
2000/01		0.30	1.3356	1.3356		40	47.65	1,478,637	1,593,960	
2000/07	16,734	0.40	1.1129	1.1129		40	39.01	1,500,040	1,611,680	
2001/01		0.40	1.2976	1.2976		40	39.01	1,505,562	1,632,600	
2001/07	9,388	0.50	0.9615	0.9615		40	37.40	1,519,872	1,648,280	
2002/01		0.50	1.0301	1.0301		40	37.40	1,525,196	1,665,240	
2002/07	16,682	0.60	0.8337	0.8337		40	49.60	1,548,758	1,679,120	
2003/01		0.60	1.3271	1.3271		40	49.60	1,559,880	1,701,400	
2003/07	9,904	0.70	1.1664	1.1664		40	43.25	1,579,799	1,721,240	
2004/01		0.70	1.1103	1.1103		40	43.25	1,589,454	1,740,360	
2004/07	6,067	0.80	0.8378	0.8378		40	36.47	1,602,585	1,754,960	
2005/01		0.80	0.8595	0.8595		40	36.47	1,609,892	1,770,040	
2005/07	15,126	0.90	0.7364	0.7364		40	39.17	1,632,617	1,783,080	
2006/01		0.90	0.9068	0.9068		40	39.17	1,642,106	1,799,240	
2006/07	25,845	1.00	0.8133	0.8133		40	41.93	1,678,133	1,813,880	
2007/01		1.00	1.0133	1.0133		40	41.93	1,691,097	1,832,240	
2007/07	12,232	1.00	1.1050	1.1050		40	45.54	1,718,802	1,852,480	
2008/01		1.00	0.8556	0.8556		40	45.54	1,730,979	1,868,320	
2008/07		1.00	0.6104	0.6104		40	45.54	1,739,728	1,879,720	
2009/01	368,304	1.00	1.3268	1.3268		48	41.82	2,125,583	2,285,616	
2009/07		1.00	0.6841	0.6841		48	41.82	2,136,640	2,301,264	
2010/01	18,895	1.00	0.8643	0.8643		48	35.09	2,167,317	2,321,136	
2010/07		1.00	0.7107	0.7107		48	35.09	2,177,144	2,337,648	
2011/01		1.00	0.9198	0.9198		48	30.87	2,188,384	2,359,152	
2011/07		1.00	0.9028	0.9028		48	30.87	2,199,473	2,380,464	



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 212971-00 - 2015/01

229.21

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		48	31.41	2,204,328	2,389,680	
2012/07		1.00	0.9417	0.9417		48	31.41	2,216,183	2,412,192	
2013/01		1.00	0.4901	0.4901		48	29.19	2,221,948	2,424,000	
2013/07		1.00	0.6196	0.6196		48	29.19	2,229,255	2,439,024	
2014/01		1.00	0.8564	0.8564		48	27.09	2,238,658	2,459,904	
2014/07		1.00	1.2383	1.2383		48	27.09	2,252,312	2,490,384	
2015/01	53,667	1.00	0.7571	0.7571		48	29.15	2,315,017	2,509,248	

Message Code:

1 Per Bed Standard Limitation

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

Report Printed: 12/23/2014 ID: 212971123120130101201309022014133751



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 212989-00 - 2015/01

208.16

Bay 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
1336 ST ANDREWS BLVD	9/1/2013-8/31/2014	Number of Beds: 160	Superior: 0
PANAMA CITY, FL 32405	Days in CR 365	Maximum: 58,400	Standard: 243
County: Bay [3]	First Used : 2015/01	Max Annualized: 58,400	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 43,179	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,772	Inflation
Current Class North Large	Initial CR? False	Medicaid: 35,418	FY Index: 1.32975299
Class at 1/94: North Large	Medical Utilization	82.02598%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	73.93664%	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:	94.41376%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 210820			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,365,161	2,557,769	1,622,684	769,987		6,315,601	
1a	Audit Adjustments							
2	Cost Per Diem	38.5443	72.2167	45.8152	21.7400		178.3162	
3	Cost Per Diem Inflated	39.7578	73.9757	47.2576				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.7578	73.9757	47.2576	21.7400		182.7311	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	44.2609		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	39.7578	73.9757	47.2576	13.6500		174.6411	
12/13	Medical Adjustment Rate		2.6653	1.7027				
14	Prospective Per Diem 11	39.7578	76.6410	48.9603	13.6500		179.0091	
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 212989-00 - 2015/01

208.16

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

Bay Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,375,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,520,617 8.5719
RS to Start Calcs:	1972/07	<60% of Base:	False	20% ROE(2):	880,154 0.3855
Indexed Asset Value	4,400,771	Interest Rate:	11.5000%	Insurance Cost(3):	113,060 2.6184
FRVS Base Asset:	2,287,922	Chase Rate:	9.5000%	Taxes Cost(3):	10,394 0.2407
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):	(274,444) 0.0000
		Yearly Payment:	450,539	Total FRVS PD:	11.8165

(1) 80% Capital (\$3,520,617) amortized at 11.5000 % for 20 years Principal & Interest of \$450,539 divided by annual available days (58400) divided by Occup. Adj. (0.90) = \$8.5719

(2) 20% ROE (\$880,154) times the ROE factor (0.023020) divided by annual available days (58400) divided by Occup. Adj. (0.90) = \$0.3855

(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 160	Effective PBS Limitation	4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.7578	39.7578	0.6917	39.0661
Direct Care	76.6410	76.6410	1.3334	75.3076
Indirect Care	48.9603	48.9603	0.8518	48.1085
Property	13.6500	11.8165	0.2056	11.6109
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.1610
Supplemental Rate Add-on				9.9025
Totals	179.0091	177.1756	3.0825	208.1566

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 212989-00 - 2015/01

208.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1972/07	1,021,072	0.00	4.9326	3.0000	1.9326	160	100.00	1,021,072	1,791,200	
1973/01	335,424	0.10	7.0835	3.0000	4.0835	160	100.00	1,359,559	1,883,520	
1973/07		0.10	9.7399	3.0000	6.7399	160	100.00	1,363,638	1,990,080	
1974/01		0.20	11.9670	3.0000	8.9670	160	100.00	1,371,820	2,094,080	
1974/07		0.20	12.0707	3.0000	9.0707	160	100.00	1,380,051	2,159,040	
1975/01		0.30	12.1612	3.0000	9.1612	160	100.00	1,392,471	2,225,760	
1975/07		0.30	13.2246	3.0000	10.2246	160	100.00	1,405,003	2,316,320	
1976/01		0.40	14.2691	3.0000	11.2691	160	100.00	1,421,863	2,409,920	
1976/07		0.40	14.7543	3.0000	11.7543	160	100.00	1,438,925	2,493,920	
1977/01		0.50	15.5049	3.0000	12.5049	160	100.00	1,460,509	2,587,520	
1977/07		0.50	17.5625	3.0000	14.5625	160	100.00	1,482,417	2,718,240	
1978/01		0.60	19.3022	3.0000	16.3022	160	100.00	1,509,101	2,847,200	
1978/07		0.60	21.8416	3.0000	18.8416	160	100.00	1,536,265	3,004,800	
1979/01		0.70	23.9689	3.0000	20.9689	160	100.00	1,568,527	3,158,880	
1979/07		0.70	25.1671	3.0000	22.1671	160	100.00	1,601,466	3,291,520	
1980/01		0.80	28.3328	3.0000	25.3328	160	93.08	1,639,901	3,494,560	
1980/07		0.80	29.1435	3.0000	26.1435	160	93.08	1,679,259	3,627,680	
1981/01		0.90	29.9675	3.0000	26.9675	160	94.11	1,724,599	3,766,400	
1981/07		0.90	29.5563	3.0000	26.5563	160	94.11	1,771,163	3,863,840	
1982/01		1.00	29.2323	3.0000	26.2323	160	88.02	1,824,298	3,967,360	
1982/07		1.00	28.5300	3.0000	25.5300	160	88.02	1,879,027	4,058,400	
1983/04		1.00	28.1588	3.0000	25.1588	160	92.91	1,935,398	4,165,120	
1983/07		1.00	29.1166	3.0000	26.1166	160	92.91	1,993,460	4,329,920	
1984/01		1.00	27.4118	3.0000	24.4118	160	93.26	2,053,264	4,386,080	
1984/07		1.00	26.3297	3.0000	23.3297	160	93.26	2,114,862	4,470,240	
1985/01		1.00	24.4768	3.0000	21.4768	160	93.25	2,178,308	4,521,440	
1985/10	44,265	1.00	22.3290	3.0000	19.3290	160	93.25	2,287,922	4,560,000	
1986/01		1.00	20.1589	3.0000	17.1589	160	95.91	2,356,560	4,597,920	
1986/07		1.00	17.4563	3.0000	14.4563	160	95.91	2,427,257	4,589,120	
1987/01		1.00	15.4654	3.0000	12.4654	160	94.06	2,500,075	4,671,200	



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: 8/31/2014

0 212989-00 - 2015/01

208.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1987/07		1.00	13.3661	3.0000	10.3661	160	94.06	2,575,077	4,707,680	
1988/01		1.00	11.2668	3.0000	8.2668	160	94.06	2,652,329	4,745,920	
1988/07		1.00	8.8567	3.0000	5.8567	160	91.88	2,731,899	4,743,360	
1989/01		1.00	6.4466	3.0000	3.4466	160	91.09	2,813,856	4,771,360	
1989/07		1.00	4.0365	3.0000	1.0365	160	91.09	2,898,272	4,803,680	
1990/01		1.00	1.6264	1.6264		160	81.82	2,945,409	4,827,840	
1990/07		1.00	0.5899	0.5899		160	81.82	2,962,784	4,856,320	
1991/01		1.00	0.5899	0.5899		160	81.82	2,980,261	4,884,800	
1991/07		1.00	1.4932	1.4932		160	83.88	3,024,762	4,957,760	
1992/01	46,904	1.00	2.0117	2.0117		160	87.82	3,132,515	5,057,440	
1992/07		1.00	1.8152	1.8152		160	87.82	3,189,376	5,149,280	
1993/01		0.95	1.7710	1.7710		160	87.82	3,243,037	5,240,480	
1993/07		0.95	1.5329	1.5329		160	79.45	3,290,265	5,320,800	
1994/01		0.90	1.6983	1.6983		160	79.45	3,340,557	5,411,200	
1994/07		0.90	1.5991	1.5991		160	79.45	3,388,634	5,497,760	
1995/01		0.85	1.5812	1.5812		160	79.45	3,434,177	5,584,640	
1995/07		0.85	1.5250	1.5250		160	79.45	3,478,694	5,669,760	
1996/01		0.80	1.7228	1.7228		160	79.45	3,478,694	5,767,520	5
1996/07		0.80	1.3294	1.3294		160	78.33	3,564,143	5,844,160	
1997/01		0.75	1.4109	1.4109		160	78.33	3,601,859	5,926,560	
1997/07		0.75	1.0917	1.0917		160	78.33	3,631,351	5,991,200	
1998/01		0.70	1.1663	1.1663		160	78.33	3,660,997	6,061,120	
1998/07		0.70	1.0794	1.0794		160	78.33	3,688,659	6,126,560	
1999/01		0.65	1.4499	1.4499		160	80.25	3,723,421	6,215,360	
1999/07		0.65	1.2299	1.2299		160	80.25	3,753,186	6,291,840	
2000/01		0.60	1.3356	1.3356		160	85.58	3,783,264	6,375,840	
2000/07		0.60	1.1129	1.1129		160	85.58	3,808,525	6,446,720	
2001/01	33,978	0.55	1.2976	1.2976		160	80.12	3,869,684	6,530,400	
2001/07		0.55	0.9615	0.9615		160	80.12	3,890,147	6,593,120	
2002/01		0.50	1.0301	1.0301		160	83.81	3,910,185	6,660,960	



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 212989-00 - 2015/01

208.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2002/07		0.50	0.8337	0.8337		160	83.81	3,926,487	6,716,480	
2003/01		0.45	1.3271	1.3271		160	82.31	3,949,936	6,805,600	
2003/07		0.45	1.1664	1.1664		160	82.31	3,970,669	6,884,960	
2004/01	23,530	0.40	1.1103	1.1103		160	78.15	4,011,833	6,961,440	
2004/07		0.40	0.8378	0.8378		160	78.15	4,025,277	7,019,840	
2005/01		0.35	0.8595	0.8595		160	74.33	4,037,385	7,080,160	
2005/07		0.35	0.7364	0.7364		160	74.33	4,047,789	7,132,320	
2006/01		0.30	0.9068	0.9068		160	78.56	4,047,789	7,196,960	5
2006/07		0.30	0.8133	0.8133		160	78.56	4,068,702	7,255,520	
2007/01		0.25	1.0133	1.0133		160	83.23	4,079,008	7,328,960	
2007/07		0.25	1.1050	1.1050		160	83.23	4,090,278	7,409,920	
2008/01		0.20	0.8556	0.8556		160	76.72	4,097,276	7,473,280	
2008/07		0.20	0.6104	0.6104		160	76.72	4,102,279	7,518,880	
2009/01		0.15	1.3268	1.3268		160	76.72	4,110,443	7,618,720	
2009/07		0.15	0.6841	0.6841		160	77.70	4,114,660	7,670,880	
2010/01	47,577	0.10	0.8643	0.8643		160	80.95	4,165,792	7,737,120	
2010/07		0.10	0.7107	0.7107		160	80.95	4,168,754	7,792,160	
2011/01		0.05	0.9198	0.9198		160	80.22	4,170,672	7,863,840	
2011/07		0.05	0.9028	0.9028		160	80.22	4,172,553	7,934,880	
2012/01		0.00	0.3865	0.3865		160	80.22	4,172,553	7,965,600	
2012/07	42,262	0.00	0.9417	0.9417		160	77.27	4,214,815	8,040,640	
2013/01		0.00	0.4901	0.4901		160	77.27	4,214,815	8,080,000	
2013/07	132,158	0.00	0.6196	0.6196		160	75.61	4,346,973	8,130,080	
2014/01		0.00	0.8564	0.8564		160	77.53	4,346,973	8,199,680	
2014/07		0.00	1.2383	1.2383		160	77.53	4,346,973	8,301,280	
2015/01	53,798	0.00	0.7571	0.7571		160	82.03	4,400,771	8,364,160	

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 212997-00 - 2015/01
201.29

Bartow 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
2055 E GEORGIA ST	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
BARTOW, FL 33830	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 38,662	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,612	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 29,721	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	76.87393%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.26941%	Cost: 1.05040266
Open Date: 11/01/1972	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/01/1972	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 11/01/1972	Low Occupancy Adjustment Factor:	112.71606%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 210846			PS Target: 1.03662091

Rate Calculations							
-------------------	--	--	--	--	--	--	--

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,056,123	2,136,955	1,324,932	546,866		5,064,876	
1a	Audit Adjustments							
2	Cost Per Diem	35.5346	71.9005	44.5790	18.4000		170.4141	
3	Cost Per Diem Inflated	37.3256	74.5137	46.8259				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.3256	74.5137	46.8259	18.4000		177.0652	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.3934		54.4474				
7	Provider Target Rate	48.0924		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	37.3256	74.5137	46.8259	13.6500		172.3152	
12/13	Medical Adjustment Rate		2.2528	1.4157				
14	Prospective Per Diem 11	37.3256	76.7665	48.2416	13.6500		175.9837	
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 212997-00 - 2015/01

201.29

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

Bartow Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,833,333.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	2,053,149 6.6653
RS to Start Calcs:	1972/07	<60% of Base:	False	20% ROE(2):	513,287 0.2048
Indexed Asset Value	2,566,436	Interest Rate:	11.5000%	Insurance Cost(3):	80,611 2.0850
FRVS Base Asset:	1,301,763	Chase Rate:	9.5000%	Taxes Cost(3):	20,671 0.5347
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0 0.0000
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	152,028 0.0000
		Yearly Payment:	262,745	Total FRVS PD:	9.4898

(1) 80% Capital (\$2,053,149) amortized at 11.5000 % for 20 years Principal & Interest of \$262,745 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.6653

(2) 20% ROE (\$513,287) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2048

(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	37.3256	37.3256	0.6494	36.6762
Direct Care	76.7665	76.7665	1.3356	75.4309
Indirect Care	48.2416	48.2416	0.8393	47.4023
Property	13.6500	9.4898	0.1651	9.3247
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5493
Supplemental Rate Add-on				9.9025
Totals	175.9837	171.8235	2.9894	201.2859

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: 8/31/2013

0 212997-00 - 2015/01

201.29

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	774,471	0.00	4.9326	3.0000	1.9326	120	100.00	774,471	1,343,400	
1973/01		0.10	7.0835	3.0000	4.0835	120	100.00	776,794	1,412,640	
1973/07		0.10	9.7399	3.0000	6.7399	120	100.00	779,124	1,492,560	
1974/01		0.20	11.9670	3.0000	8.9670	120	100.00	783,799	1,570,560	
1974/07		0.20	12.0707	3.0000	9.0707	120	100.00	788,502	1,619,280	
1975/01		0.30	12.1612	3.0000	9.1612	120	100.00	795,599	1,669,320	
1975/07		0.30	13.2246	3.0000	10.2246	120	100.00	802,759	1,737,240	
1976/01		0.40	14.2691	3.0000	11.2691	120	100.00	812,392	1,807,440	
1976/07		0.40	14.7543	3.0000	11.7543	120	100.00	822,141	1,870,440	
1977/01		0.50	15.5049	3.0000	12.5049	120	100.00	834,473	1,940,640	
1977/07		0.50	17.5625	3.0000	14.5625	120	100.00	846,990	2,038,680	
1978/01		0.60	19.3022	3.0000	16.3022	120	100.00	862,236	2,135,400	
1978/07		0.60	21.8416	3.0000	18.8416	120	100.00	877,756	2,253,600	
1979/01		0.70	23.9689	3.0000	20.9689	120	100.00	896,189	2,369,160	
1979/07		0.70	25.1671	3.0000	22.1671	120	100.00	915,009	2,468,640	
1980/01		0.80	28.3328	3.0000	25.3328	120	84.29	936,969	2,620,920	
1980/07		0.80	29.1435	3.0000	26.1435	120	84.29	959,456	2,720,760	
1981/01		0.90	29.9675	3.0000	26.9675	120	85.07	985,361	2,824,800	
1981/07		0.90	29.5563	3.0000	26.5563	120	85.07	1,011,966	2,897,880	
1982/01		1.00	29.2323	3.0000	26.2323	120	81.18	1,042,325	2,975,520	
1982/07		1.00	28.5300	3.0000	25.5300	120	81.18	1,073,595	3,043,800	
1983/04		1.00	28.1588	3.0000	25.1588	120	74.78	1,105,803	3,123,840	
1983/07		1.00	29.1166	3.0000	26.1166	120	74.78	1,138,977	3,247,440	
1984/01		1.00	27.4118	3.0000	24.4118	120	69.66	1,173,146	3,289,560	
1984/07		1.00	26.3297	3.0000	23.3297	120	69.66	1,208,340	3,352,680	
1985/01		1.00	24.4768	3.0000	21.4768	120	69.68	1,244,590	3,391,080	
1985/10	19,835	1.00	22.3290	3.0000	19.3290	120	69.68	1,301,763	3,420,000	
1986/01		1.00	20.1589	3.0000	17.1589	120	66.80	1,340,816	3,448,440	
1986/07		1.00	17.4563	3.0000	14.4563	120	66.80	1,381,040	3,441,840	
1987/01		1.00	15.4654	3.0000	12.4654	120	68.60	1,422,471	3,503,400	



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: 8/31/2013

0 212997-00 - 2015/01

201.29

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	68.60	1,465,145	3,530,760	
1988/01		1.00	11.2668	3.0000	8.2668	120	68.60	1,509,099	3,559,440	
1988/07		1.00	8.8567	3.0000	5.8567	120	77.84	1,554,372	3,557,520	
1989/01		1.00	6.4466	3.0000	3.4466	120	80.90	1,601,003	3,578,520	
1989/07		1.00	4.0365	3.0000	1.0365	120	80.90	1,649,033	3,602,760	
1990/01		1.00	1.6264	1.6264		120	80.75	1,649,033	3,620,880	5
1990/07		1.00	0.5899	0.5899		120	80.75	1,675,853	3,642,240	5
1991/01		1.00	0.5899	0.5899		120	80.75	1,695,683	3,663,600	
1991/07	19,155	1.00	1.4932	1.4932		120	84.55	1,740,158	3,718,320	
1992/01		1.00	2.0117	2.0117		120	87.81	1,775,165	3,793,080	
1992/07		1.00	1.8152	1.8152		120	87.81	1,807,388	3,861,960	
1993/01		0.95	1.7710	1.7710		120	87.81	1,837,797	3,930,360	
1993/07	17,735	0.95	1.5329	1.5329		120	84.21	1,882,296	3,990,600	
1994/01		0.90	1.6983	1.6983		120	84.21	1,911,067	4,058,400	
1994/07		0.90	1.5991	1.5991		120	84.21	1,938,571	4,123,320	
1995/01		0.85	1.5812	1.5812		120	84.21	1,964,625	4,188,480	
1995/07		0.85	1.5250	1.5250		120	84.21	1,990,092	4,252,320	
1996/01		0.80	1.7228	1.7228		120	84.21	2,017,519	4,325,640	
1996/07	22,618	0.80	1.3294	1.3294		120	76.60	2,061,593	4,383,120	
1997/01		0.75	1.4109	1.4109		120	76.60	2,083,409	4,444,920	
1997/07		0.75	1.0917	1.0917		120	76.60	2,100,468	4,493,400	
1998/01		0.70	1.1663	1.1663		120	76.60	2,117,616	4,545,840	
1998/07		0.70	1.0794	1.0794		120	76.60	2,133,617	4,594,920	
1999/01	21,105	0.65	1.4499	1.4499		120	79.03	2,174,829	4,661,520	
1999/07		0.65	1.2299	1.2299		120	79.03	2,192,215	4,718,880	
2000/01		0.60	1.3356	1.3356		120	80.83	2,209,783	4,781,880	
2000/07		0.60	1.1129	1.1129		120	80.83	2,224,538	4,835,040	
2001/01		0.55	1.2976	1.2976		120	80.79	2,240,415	4,897,800	
2001/07		0.55	0.9615	0.9615		120	80.79	2,252,262	4,944,840	
2002/01		0.50	1.0301	1.0301		120	78.29	2,263,863	4,995,720	



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: 8/31/2013

0 212997-00 - 2015/01

201.29

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	78.29	2,273,301	5,037,360	
2003/01		0.45	1.3271	1.3271		120	77.86	2,286,877	5,104,200	
2003/07		0.45	1.1664	1.1664		120	77.86	2,298,881	5,163,720	
2004/01	52,832	0.40	1.1103	1.1103		120	76.11	2,361,922	5,221,080	
2004/07		0.40	0.8378	0.8378		120	76.11	2,369,837	5,264,880	
2005/01		0.35	0.8595	0.8595		120	74.45	2,376,965	5,310,120	
2005/07		0.35	0.7364	0.7364		120	74.45	2,383,090	5,349,240	
2006/01		0.30	0.9068	0.9068		120	74.45	2,389,572	5,397,720	
2006/07		0.30	0.8133	0.8133		120	70.16	2,395,403	5,441,640	
2007/01		0.25	1.0133	1.0133		120	70.16	2,401,471	5,496,720	
2007/07		0.25	1.1050	1.1050		120	68.78	2,408,106	5,557,440	
2008/01		0.20	0.8556	0.8556		120	68.78	2,412,226	5,604,960	
2008/07		0.20	0.6104	0.6104		120	74.28	2,415,171	5,639,160	
2009/01		0.15	1.3268	1.3268		120	74.28	2,419,977	5,714,040	
2009/07		0.15	0.6841	0.6841		120	78.86	2,422,460	5,753,160	
2010/01		0.10	0.8643	0.8643		120	79.71	2,424,553	5,802,840	
2010/07		0.10	0.7107	0.7107		120	79.71	2,426,277	5,844,120	
2011/01		0.05	0.9198	0.9198		120	75.97	2,427,393	5,897,880	
2011/07		0.05	0.9028	0.9028		120	75.97	2,428,488	5,951,160	
2012/01	27,138	0.00	0.3865	0.3865		120	81.21	2,455,626	5,974,200	
2012/07		0.00	0.9417	0.9417		120	81.21	2,455,626	6,030,480	
2013/01		0.00	0.4901	0.4901		120	81.21	2,455,626	6,060,000	
2013/07	31,803	0.00	0.6196	0.6196		120	75.59	2,487,429	6,097,560	
2014/01		0.00	0.8564	0.8564		120	75.59	2,487,429	6,149,760	
2014/07	79,007	0.00	1.2383	1.2383		120	76.87	2,566,436	6,225,960	
2015/01		0.00	0.7571	0.7571		120	76.87	2,566,436	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 213004-00 - 2015/01

223.10

Boca Ciega 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
1414 59TH ST S	9/1/2013-8/31/2014	Number of Beds: 120	Superior: 0
GULFPORT, FL 33707	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: 35,156	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,588	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 28,803	FY Index: 1.32975299
Class at 1/94: North Large	Medical Utilization	81.92912%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.26484%	Cost: 1.03148401
Open Date: 02/01/1973	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1973	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 02/01/1973	Low Occupancy Adjustment Factor:	102.49458%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/1996	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 210862			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,307,835	2,406,389	1,303,513	555,322		5,573,059	
1a	Audit Adjustments							
2	Cost Per Diem	45.4062	83.5465	45.2562	19.2800		193.4889	
3	Cost Per Diem Inflated	46.8358	85.5814	46.6810				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.8358	85.5814	46.6810	19.2800		198.3782	
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	85.5814	46.6810	13.6500		192.6023	
12/13	Medical Adjustment Rate		3.0741	1.6768				
14	Prospective Per Diem 11	46.6899	88.6555	48.3578	13.6500		197.3532	
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 213004-00 - 2015/01

223.10

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

Boca Ciega 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:	2,583,333.00	Total Amount	Per Diem
RS to Start Calcs:	1973/01	Type:	Variable	80% Capital(1):	2,052,699 6.0301
Indexed Asset Value	2,565,874	<60% of Base:	False	20% ROE(2):	513,175 0.2997
FRVS Base Asset:	1,377,951	Interest Rate:	10.0000%	Insurance Cost(3):	77,474 2.2037
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	26,077 0.7418
ROE Factor	0.023020	Amortization Rate:	10.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	59,493 0.0000
		Yearly Payment:	237,708	Total FRVS PD:	9.2753

(1) 80% Capital (\$2,052,699) amortized at 10.0000 % for 20 years Principal & Interest of \$237,708 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$6.0301

(2) 20% ROE (\$513,175) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2997

(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	88.6555	88.6555	1.5424	87.1131
Indirect Care	48.3578	48.3578	0.8413	47.5165
Property	13.6500	9.2753	0.1614	9.1139
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.5781
Supplemental Rate Add-on				9.9025
Totals	197.3532	192.9785	3.3574	223.1017

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 213004-00 - 2015/01

223.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1973/01	889,930	0.00	5.1509	3.0000	2.1509	120	100.00	889,930	1,412,640	
1973/07		0.10	7.8073	3.0000	4.8073	120	100.00	892,600	1,492,560	
1974/01		0.10	10.0344	3.0000	7.0344	120	100.00	895,278	1,570,560	
1974/07		0.20	10.1381	3.0000	7.1381	120	100.00	900,650	1,619,280	
1975/01		0.20	10.2286	3.0000	7.2286	120	100.00	906,054	1,669,320	
1975/07		0.30	11.2920	3.0000	8.2920	120	100.00	914,208	1,737,240	
1976/01		0.30	12.3365	3.0000	9.3365	120	100.00	922,436	1,807,440	
1976/07		0.40	12.8217	3.0000	9.8217	120	100.00	933,505	1,870,440	
1977/01		0.40	13.5723	3.0000	10.5723	120	100.00	944,707	1,940,640	
1977/07		0.50	15.6299	3.0000	12.6299	120	100.00	958,878	2,038,680	
1978/01		0.50	17.3696	3.0000	14.3696	120	100.00	973,261	2,135,400	
1978/07		0.60	19.9090	3.0000	16.9090	120	100.00	990,780	2,253,600	
1979/01		0.60	22.0363	3.0000	19.0363	120	100.00	1,008,614	2,369,160	
1979/07		0.70	23.2345	3.0000	20.2345	120	100.00	1,029,795	2,468,640	
1980/01		0.70	26.4002	3.0000	23.4002	120	65.28	1,051,421	2,620,920	
1980/07		0.80	27.2109	3.0000	24.2109	120	65.28	1,076,655	2,720,760	
1981/01		0.80	28.0349	3.0000	25.0349	120	60.28	1,102,495	2,824,800	
1981/07		0.90	27.6237	3.0000	24.6237	120	60.28	1,132,262	2,897,880	
1982/01		0.90	27.2997	3.0000	24.2997	120	51.73	1,161,015	2,975,520	
1982/07		1.00	26.5974	3.0000	23.5974	120	51.73	1,193,775	3,043,800	
1983/04		1.00	26.2262	3.0000	23.2262	120	44.77	1,222,927	3,123,840	
1983/07		1.00	27.1840	3.0000	24.1840	120	44.77	1,252,791	3,247,440	
1984/01		1.00	25.4792	3.0000	22.4792	120	36.32	1,277,610	3,289,560	
1984/07		1.00	24.3971	3.0000	21.3971	120	36.32	1,302,921	3,352,680	
1985/01		1.00	22.5442	3.0000	19.5442	120	38.91	1,330,574	3,391,080	
1985/10	21,024	1.00	20.3964	3.0000	17.3964	120	36.31	1,377,951	3,420,000	
1986/01		1.00	18.2263	3.0000	15.2263	120	38.90	1,407,189	3,448,440	
1986/07		1.00	15.5237	3.0000	12.5237	120	38.90	1,437,047	3,441,840	
1987/01		1.00	13.5328	3.0000	10.5328	120	38.34	1,467,100	3,503,400	
1987/07		1.00	11.4335	3.0000	8.4335	120	38.34	1,497,781	3,530,760	



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 213004-00 - 2015/01

223.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01		1.00	9.3342	3.0000	6.3342	120	38.34	1,529,104	3,559,440	
1988/07		1.00	6.9241	3.0000	3.9241	120	44.56	1,566,270	3,557,520	
1989/01		1.00	4.5140	3.0000	1.5140	120	54.23	1,612,600	3,578,520	
1989/07		1.00	2.1039	2.1039		120	54.23	1,646,053	3,602,760	
1990/01		1.00	0.5899	0.5899		120	56.89	1,655,763	3,620,880	
1990/07		1.00	0.5899	0.5899		120	56.89	1,665,530	3,642,240	
1991/01		1.00	0.5899	0.5899		120	56.89	1,675,355	3,663,600	
1991/07		1.00	1.4932	1.4932		120	60.47	1,700,371	3,718,320	
1992/01	17,585	1.00	2.0117	2.0117		120	70.17	1,752,162	3,793,080	
1992/07		1.00	1.8152	1.8152		120	70.17	1,783,967	3,861,960	
1993/01		1.00	1.7710	1.7710		120	70.17	1,815,561	3,930,360	
1993/07	24,069	0.95	1.5329	1.5329		120	68.85	1,866,070	3,990,600	
1994/01		0.95	1.6983	1.6983		120	68.85	1,896,177	4,058,400	
1994/07		0.90	1.5991	1.5991		120	68.85	1,923,467	4,123,320	
1995/01		0.90	1.5812	1.5812		120	68.85	1,950,840	4,188,480	
1995/07		0.85	1.5250	1.5250		120	68.85	1,976,129	4,252,320	
1996/01		0.85	1.7228	1.7228		120	68.85	1,976,129	4,325,640	5
1996/07	12,956	0.80	1.3294	1.3294		120	75.76	2,039,347	4,383,120	
1997/01		0.80	1.4109	1.4109		120	75.76	2,062,365	4,444,920	
1997/07		0.75	1.0917	1.0917		120	75.76	2,079,252	4,493,400	
1998/01		0.75	1.1663	1.1663		120	75.76	2,097,439	4,545,840	
1998/07		0.70	1.0794	1.0794		120	75.76	2,113,287	4,594,920	
1999/01	24,001	0.70	1.4499	1.4499		120	75.85	2,137,288	4,661,520	5
1999/07		0.65	1.2299	1.2299		120	75.85	2,175,993	4,718,880	
2000/01	21,158	0.65	1.3356	1.3356		120	74.94	2,216,041	4,781,880	
2000/07		0.60	1.1129	1.1129		120	74.94	2,230,838	4,835,040	
2001/01		0.60	1.2976	1.2976		120	73.48	2,248,207	4,897,800	
2001/07		0.55	0.9615	0.9615		120	73.48	2,260,096	4,944,840	
2002/01	40,094	0.55	1.0301	1.0301		120	79.65	2,312,996	4,995,720	
2002/07		0.50	0.8337	0.8337		120	79.65	2,322,639	5,037,360	



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 213004-00 - 2015/01

223.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		0.50	1.3271	1.3271		120	81.56	2,338,052	5,104,200	
2003/07		0.45	1.1664	1.1664		120	81.56	2,350,324	5,163,720	
2004/01	19,744	0.45	1.1103	1.1103		120	84.12	2,381,810	5,221,080	
2004/07		0.40	0.8378	0.8378		120	84.12	2,389,791	5,264,880	
2005/01		0.40	0.8595	0.8595		120	84.12	2,398,007	5,310,120	
2005/07		0.35	0.7364	0.7364		120	81.61	2,404,187	5,349,240	
2006/01		0.35	0.9068	0.9068		120	81.61	2,411,818	5,397,720	
2006/07		0.30	0.8133	0.8133		120	76.55	2,417,703	5,441,640	
2007/01		0.30	1.0133	1.0133		120	76.55	2,425,053	5,496,720	
2007/07		0.25	1.1050	1.1050		120	75.37	2,431,753	5,557,440	
2008/01		0.25	0.8556	0.8556		120	72.33	2,436,955	5,604,960	
2008/07		0.20	0.6104	0.6104		120	72.33	2,439,931	5,639,160	
2009/01		0.20	1.3268	1.3268		120	75.15	2,446,407	5,714,040	
2009/07		0.15	0.6841	0.6841		120	75.15	2,448,917	5,753,160	
2010/01		0.15	0.8643	0.8643		120	86.71	2,452,091	5,802,840	
2010/07		0.10	0.7107	0.7107		120	86.71	2,453,834	5,844,120	
2011/01		0.10	0.9198	0.9198		120	86.71	2,456,092	5,897,880	
2011/07		0.05	0.9028	0.9028		120	86.96	2,457,200	5,951,160	
2012/01		0.05	0.3865	0.3865		120	86.96	2,457,674	5,974,200	
2012/07		0.00	0.9417	0.9417		120	88.57	2,457,674	6,030,480	
2013/01		0.00	0.4901	0.4901		120	88.57	2,457,674	6,060,000	
2013/07	63,845	0.00	0.6196	0.6196		120	78.23	2,521,519	6,097,560	
2014/01		0.00	0.8564	0.8564		120	78.23	2,521,519	6,149,760	
2014/07	44,355	0.00	1.2383	1.2383		120	74.90	2,565,874	6,225,960	
2015/01		0.00	0.7571	0.7571		120	81.93	2,565,874	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 213098-00 - 2015/01

248.05

Tamarac Rehabilitation 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
7901 NW 88TH AVENUE	2/1/2013-1/31/2014	Number of Beds: 120	Superior: 0
TAMARAC, FL 33321	Days in CR 365	Maximum: 43,800	Standard: 243
County: Broward [6]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 29,931	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,573	Inflation
Current Class South Large	Initial CR? False	Medicaid: 17,347	FY Index: 1.31458957
Class at 1/94: South Large	Medical Utilization	57.95663%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	68.33562%	Cost: 1.04338188
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: 1.21633187
Entered Medicaid 02/01/1983	Low Occupancy Adjustment Factor:	87.26151%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/1997	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med # 207187			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	967,624	1,406,533	1,149,870	266,103		3,790,130	
1a	Audit Adjustments							
2	Cost Per Diem	55.7805	81.0822	66.2864	15.3400		218.4891	
3	Cost Per Diem Inflated	58.2004	83.6262	69.1620				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.2004	83.6262	69.1620	15.3400		226.3286	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	68.6384		69.5815				
7	Provider Target Rate	71.1520		72.1296				
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	83.6262	65.5807	13.6500		219.5988	
12/13	Medical Adjustment Rate		0.7486	0.5870				
14	Prospective Per Diem 11	56.7419	84.3748	66.1677	13.6500		220.9344	
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 213098-00 - 2015/01

248.05

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

Tamarac Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,920,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed	80% Capital(1):	3,426,170	10.0649
Indexed Asset Value	4,282,712	<60% of Base:	False	20% ROE(2):	856,542	0.4254
FRVS Base Asset:	2,529,788	Interest Rate:	10.0000%	Insurance Cost(3):	52,734	1.7619
Occup Adj Factor	0.9000	Chase Rate:	9.2500%	Taxes Cost(3):	94,742	3.1653
ROE Factor	0.019580	Amortization Rate:	10.0000%	Home Office(3):	12,621	0.4217
		Interest Only:	False	Replacement(3&4):	76,598	0.0000
		Yearly Payment:	396,759	Total FRVS PD:		15.8392

(1) 80% Capital (\$3,426,170) amortized at 10.0000 % for 20 years Principal & Interest of \$396,759 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0649

(2) 20% ROE (\$856,542) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4254

(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	84.3748	84.3748	1.4679	82.9069
Indirect Care	66.1677	66.1677	1.1512	65.0165
Property	13.6500	15.8392	0.2756	15.5636
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.9090
Supplemental Rate Add-on				9.9025
Totals	220.9344	223.1236	3.8819	248.0532

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 213098-00 - 2015/01

248.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,492,837	0.00	2.6288	2.6288		120	72.51	2,492,837	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	72.51	2,500,316	3,247,440	
1984/01		0.10	2.2530	2.2530		120	72.51	2,505,949	3,289,560	
1984/07		0.20	1.9179	1.9179		120	72.51	2,515,562	3,352,680	
1985/01	2,003	0.20	1.1471	1.1471		120	72.51	2,523,336	3,391,080	
1985/10		0.30	0.8522	0.8522		120	71.10	2,529,788	3,420,000	
1986/01		0.30	0.8299	0.8299		120	71.10	2,536,087	3,448,440	
1986/07		0.40	0.2974	0.2974		120	75.57	2,539,105	3,441,840	
1987/01		0.40	1.0091	1.0091		120	75.57	2,549,353	3,503,400	
1987/07		0.50	0.9007	0.9007		120	75.57	2,560,835	3,530,760	
1988/01	18,884	0.50	0.9007	0.9007		120	77.95	2,591,253	3,559,440	
1988/07		0.60	0.5899	0.5899		120	77.95	2,600,423	3,557,520	
1989/01		0.60	0.5899	0.5899		120	79.51	2,609,626	3,578,520	
1989/07		0.70	0.5899	0.5899		120	79.51	2,620,401	3,602,760	
1990/01		0.70	0.5899	0.5899		120	90.69	2,631,221	3,620,880	
1990/07		0.80	0.5899	0.5899		120	85.90	2,643,638	3,642,240	
1991/01		0.80	0.5899	0.5899		120	85.90	2,656,113	3,663,600	
1991/07		0.90	1.4932	1.4932		120	85.90	2,691,809	3,718,320	
1992/01		0.90	2.0117	2.0117		120	85.62	2,740,544	3,793,080	
1992/07		1.00	1.8152	1.8152		120	79.56	2,790,290	3,861,960	
1993/01		1.00	1.7710	1.7710		120	79.56	2,839,706	3,930,360	
1993/07		1.00	1.5329	1.5329		120	79.56	2,883,236	3,990,600	
1994/01		1.00	1.6983	1.6983		120	76.03	2,932,202	4,058,400	
1994/07		1.00	1.5991	1.5991		120	76.01	2,979,091	4,123,320	
1995/01		1.00	1.5812	1.5812		120	76.01	3,026,196	4,188,480	
1995/07		1.00	1.5250	1.5250		120	76.01	3,072,345	4,252,320	
1996/01		1.00	1.7228	1.7228		120	67.29	3,125,275	4,325,640	
1996/07		1.00	1.3294	1.3294		120	68.61	3,166,822	4,383,120	
1997/01		1.00	1.4109	1.4109		120	68.61	3,211,503	4,444,920	
1997/07		1.00	1.0917	1.0917		120	68.61	3,246,563	4,493,400	



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 213098-00 - 2015/01

248.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01	19,023	1.00	1.1663	1.1663		120	73.79	3,303,451	4,545,840	
1998/07		1.00	1.0794	1.0794		120	73.79	3,339,108	4,594,920	
1999/01		1.00	1.4499	1.4499		120	69.32	3,387,522	4,661,520	
1999/07		1.00	1.2299	1.2299		120	69.90	3,429,185	4,718,880	
2000/01		1.00	1.3356	1.3356		120	69.90	3,474,985	4,781,880	
2000/07		1.00	1.1129	1.1129		120	69.56	3,513,658	4,835,040	
2001/01		1.00	1.2976	1.2976		120	69.56	3,559,251	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.30	3,593,473	4,944,840	
2002/01		1.00	1.0301	1.0301		120	70.30	3,630,489	4,995,720	
2002/07		1.00	0.8337	0.8337		120	70.30	3,660,756	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.25	3,709,338	5,104,200	
2003/07		0.95	1.1664	1.1664		120	59.11	3,750,441	5,163,720	
2004/01		0.95	1.1103	1.1103		120	59.11	3,790,001	5,221,080	
2004/07		0.90	0.8378	0.8378		120	57.61	3,818,578	5,264,880	
2005/01		0.90	0.8595	0.8595		120	57.61	3,848,119	5,310,120	
2005/07		0.85	0.7364	0.7364		120	57.61	3,872,204	5,349,240	
2006/01		0.85	0.9068	0.9068		120	60.30	3,902,051	5,397,720	
2006/07		0.80	0.8133	0.8133		120	54.08	3,927,013	5,441,640	
2007/01		0.80	1.0133	1.0133		120	54.08	3,958,313	5,496,720	
2007/07		0.75	1.1050	1.1050		120	54.08	3,990,571	5,557,440	
2008/01		0.75	0.8556	0.8556		120	51.30	4,014,456	5,604,960	
2008/07		0.70	0.6104	0.6104		120	51.30	4,030,456	5,639,160	
2009/01		0.70	1.3268	1.3268		120	52.93	4,066,482	5,714,040	
2009/07		0.65	0.6841	0.6841		120	52.93	4,083,885	5,753,160	
2010/01		0.65	0.8643	0.8643		120	55.55	4,106,828	5,802,840	
2010/07		0.60	0.7107	0.7107		120	55.58	4,124,340	5,844,120	
2011/01		0.60	0.9198	0.9198		120	55.58	4,147,102	5,897,880	
2011/07		0.55	0.9028	0.9028		120	49.34	4,165,573	5,951,160	
2012/01		0.55	0.3865	0.3865		120	49.34	4,173,518	5,974,200	
2012/07		0.50	0.9417	0.9417		120	49.34	4,191,149	6,030,480	



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 213098-00 - 2015/01

248.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01	20,506	0.50	0.4901	0.4901		120	50.96	4,221,173	6,060,000	
2013/07		0.45	0.6196	0.6196		120	53.99	4,232,726	6,097,560	
2014/01		0.45	0.8564	0.8564		120	53.99	4,248,739	6,149,760	
2014/07		0.40	1.2383	1.2383		120	57.96	4,269,783	6,225,960	
2015/01		0.40	0.7571	0.7571		120	57.96	4,282,712	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 213098013120140201201304172014082114



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 213152-00 - 2015/01

275.85

Water's Edge Extended 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
1500 SW CAPRI ST	1/1/2013-12/31/2013	Number of Beds: 36	Superior: 243
PALM CITY, FL 34990	Days in CR 365	Maximum: 13,140	Standard: 0
County: Martin [43]	First Used : 2014/07	Max Annualized: 13,140	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 11,536	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,012	Inflation
Current Class South Small	Initial CR? False	Medicaid: 2,387	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	20.69175%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.79300%	Cost: 1.04340134
Open Date: 08/30/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/21/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/21/1997	Low Occupancy Adjustment Factor:	112.10770%	DC Sem Index: 1.25449501
Med # Active Date: 04/23/1997	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	227,559	290,596	270,257	37,070		825,482	
1a	Audit Adjustments							
2	Cost Per Diem	95.3326	121.7411	113.2204	15.5300		345.8241	
3	Cost Per Diem Inflated	99.4702	125.6984	118.1343				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	99.4702	125.6984	118.1343	15.5300		358.8329	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	103.2631		131.7208				
7	Provider Target Rate	107.0447		136.5445				
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	107.6155	82.3953	13.6500		265.8324	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	107.6155	82.3953	13.6500		265.8324	
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 213152-00 - 2015/01

275.85

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

Water's Edge Extended Care

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/21/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	3,616,800.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable	80% Capital(1):	1,208,966	10.2610
Indexed Asset Value	1,511,208	<60% of Base:	False	20% ROE(2):	302,242	0.4792
FRVS Base Asset:	1,375,626	Interest Rate:	8.0000%	Insurance Cost(3):	50,584	4.3849
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	38,642	3.3497
ROE Factor	0.018750	Amortization Rate:	8.0000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	1,743,735	0.0000
		Yearly Payment:	121,347	Total FRVS PD:		18.4748

- (1) 80% Capital (\$1,208,966) amortized at 8.0000 % for 20 years Principal & Interest of \$121,347 divided by annual available days (13140) divided by Occup. Adj. (0.90) = \$10.2610
- (2) 20% ROE (\$302,242) times the ROE factor (0.018750) divided by annual available days (13140) divided by Occup. Adj. (0.90) = \$0.4792
- (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	42	Effective PBS Limitation	1,375,626

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	82.3953	82.3953	1.4335	80.9618
Property	13.6500	18.4748	0.3214	18.1534
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	265.8324	270.6572	4.7088	275.8509

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 213152-00 - 2015/01

275.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	2,042,449	0.00	1.4109	1.4109		42	8.41	1,375,626	1,375,626	1
1997/07		0.10	1.0917	1.0917		42	8.41	1,375,626	1,572,690	
1998/01		0.10	1.1663	1.1663		42	8.41	1,375,626	1,591,044	
1998/07		0.20	1.0794	1.0794		42	8.41	1,375,626	1,608,222	
1999/01		0.20	1.4499	1.4499		42	8.41	1,375,626	1,631,532	
1999/07		0.30	1.2299	1.2299		42	8.41	1,375,626	1,651,608	
2000/01		0.30	1.3356	1.3356		42	16.93	1,375,626	1,673,658	
2000/07		0.40	1.1129	1.1129		42	16.93	1,375,626	1,692,264	
2001/01	928,424	0.40	1.2976	1.2976		49	18.79	1,999,935	1,999,935	8
2001/07		0.50	0.9615	0.9615		49	18.79	1,999,935	2,019,143	
2002/01	25,290	0.50	1.0301	1.0301		49	16.99	2,025,225	2,039,919	
2002/07	354,634	0.60	0.8337	0.8337		56	13.12	2,350,768	2,350,768	8
2003/01		0.60	1.3271	1.3271		56	13.12	2,350,768	2,381,960	
2003/07		0.70	1.1664	1.1664		56	12.95	2,350,768	2,409,736	
2004/01		0.70	1.1103	1.1103		56	12.95	2,350,768	2,436,504	
2004/07		0.80	0.8378	0.8378		56	13.41	2,350,768	2,456,944	
2005/01		0.80	0.8595	0.8595		56	13.41	2,350,768	2,478,056	
2005/07		0.90	0.7364	0.7364		56	13.41	2,350,768	2,496,312	
2006/01		0.90	0.9068	0.9068		56	11.18	2,350,768	2,518,936	
2006/07		1.00	0.8133	0.8133		56	11.18	2,350,768	2,539,432	
2007/01		1.00	1.0133	1.0133		56	11.75	2,350,768	2,565,136	
2007/07		1.00	1.1050	1.1050		56	13.68	2,350,768	2,593,472	
2008/01		1.00	0.8556	0.8556		56	13.68	2,350,768	2,615,648	
2008/07	(839,560)	1.00	0.6104	0.6104		36	14.21	1,511,208	1,691,748	
2009/01		1.00	1.3268	1.3268		36	14.21	1,511,208	1,714,212	
2009/07		1.00	0.6841	0.6841		36	18.68	1,511,208	1,725,948	
2010/01		1.00	0.8643	0.8643		36	18.68	1,511,208	1,740,852	
2010/07		1.00	0.7107	0.7107		36	16.06	1,511,208	1,753,236	
2011/01		1.00	0.9198	0.9198		36	16.06	1,511,208	1,769,364	
2011/07		1.00	0.9028	0.9028		36	18.58	1,511,208	1,785,348	



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 213152-00 - 2015/01

275.85

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		36	18.58	1,511,208	1,792,260	
2012/07		1.00	0.9417	0.9417		36	15.90	1,511,208	1,809,144	
2013/01		1.00	0.4901	0.4901		36	15.90	1,511,208	1,818,000	
2013/07		1.00	0.6196	0.6196		36	17.36	1,511,208	1,829,268	
2014/01		1.00	0.8564	0.8564		36	17.36	1,511,208	1,844,928	
2014/07		1.00	1.2383	1.2383		36	20.69	1,511,208	1,867,788	
2015/01		1.00	0.7571	0.7571		36	20.69	1,511,208	1,881,936	

Message Code:

- | |
|---|
| 1 Per Bed Standard Limitation
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 213161-00 - 2015/01

214.23

Life Care Center at Wells Crossing

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
355 CROSSING BLVD	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 43,800	Standard: 243
County: Clay [10]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 37,479	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 16,347	Inflation
Current Class North Large	Initial CR? False	Medicaid: 16,286	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	43.45367%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.56849%	Cost: 1.05323681
Open Date: 06/16/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/16/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 07/23/1997	Low Occupancy Adjustment Factor:	109.26710%	DC Sem Index: 1.25449501
Med # Active Date: 07/23/1997	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	640,655	1,333,602	924,098	307,968		3,206,323	
1a	Audit Adjustments							
2	Cost Per Diem	39.3378	81.8864	56.7419	18.9100		196.8761	
3	Cost Per Diem Inflated	41.4320	84.9327	59.7627				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.4320	84.9327	59.7627	18.9100		205.0374	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.0628		52.2722				
7	Provider Target Rate	58.1159		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	41.4320	84.9327	54.1865	13.6500		194.2012	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.4320	84.9327	54.1865	13.6500		194.2012	
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 213161-00 - 2015/01

214.23

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

Life Care Center at Wells Crossing

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/23/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	7,543,145.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed	80% Capital(1):	4,445,843	9.3097
Indexed Asset Value	5,557,304	<60% of Base:	False	20% ROE(2):	1,111,461	0.4229
FRVS Base Asset:	0	Interest Rate:	5.5000%	Insurance Cost(3):	24,233	0.6466
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	70,287	1.8754
ROE Factor	0.015000	Amortization Rate:	5.5000%	Home Office(3):	34,447	0.9191
		Interest Only:	False	Replacement(3&4):	46,519	0.0000
		Yearly Payment:	366,989	Total FRVS PD:		13.1737

- (1) 80% Capital (\$4,445,843) amortized at 5.5000 % for 20 years Principal & Interest of \$366,989 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.3097
 (2) 20% ROE (\$1,111,461) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4229
 (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	111	Effective PBS Limitation	4,054,386

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.4320	41.4320	0.7208	40.7112
Direct Care	84.9327	84.9327	1.4776	83.4551
Indirect Care	54.1865	54.1865	0.9427	53.2438
Property	13.6500	13.1737	0.2292	12.9445
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.9759
Supplemental Rate Add-on				9.9025
Totals	194.2012	193.7249	3.3703	214.2330

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: 7/31/2013

0 213161-00 - 2015/01

214.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	7,667,853	0.00	1.0917	1.0917		111	56.49	4,054,386	4,054,386	1
1998/01		0.10	1.1663	1.1663		111	56.49	4,059,113	4,204,902	
1998/07		0.10	1.0794	1.0794		111	56.49	4,063,493	4,250,301	
1999/01		0.20	1.4499	1.4499		111	56.49	4,063,493	4,311,906	5
1999/07		0.20	1.2299	1.2299		111	56.49	4,085,302	4,364,964	
2000/01	24,379	0.30	1.3356	1.3356		111	62.33	4,126,051	4,423,239	
2000/07		0.30	1.1129	1.1129		111	62.33	4,139,828	4,472,412	
2001/01	81,660	0.40	1.2976	1.2976		120	67.11	4,242,974	4,897,800	
2001/07		0.40	0.9615	0.9615		120	67.11	4,259,292	4,944,840	
2002/01		0.50	1.0301	1.0301		120	68.45	4,281,232	4,995,720	
2002/07		0.50	0.8337	0.8337		120	68.45	4,299,080	5,037,360	
2003/01		0.60	1.3271	1.3271		120	64.54	4,333,314	5,104,200	
2003/07		0.60	1.1664	1.1664		120	64.54	4,363,639	5,163,720	
2004/01	29,414	0.70	1.1103	1.1103		120	58.21	4,426,967	5,221,080	
2004/07		0.70	0.8378	0.8378		120	58.21	4,452,931	5,264,880	
2005/01		0.80	0.8595	0.8595		120	58.21	4,483,549	5,310,120	
2005/07	34,837	0.80	0.7364	0.7364		120	50.80	4,542,782	5,349,240	
2006/01		0.90	0.9068	0.9068		120	50.80	4,577,025	5,397,720	
2006/07	60,738	0.90	0.8133	0.8133		120	50.89	4,668,763	5,441,640	
2007/01	53,770	1.00	1.0133	1.0133		120	48.39	4,764,156	5,496,720	
2007/07		1.00	1.1050	1.1050		120	48.39	4,810,473	5,557,440	
2008/01		1.00	0.8556	0.8556		120	48.39	4,810,473	5,604,960	5
2008/07	39,938	1.00	0.6104	0.6104		120	46.81	4,911,802	5,639,160	
2009/01		1.00	1.3268	1.3268		120	46.81	4,967,267	5,714,040	
2009/07	146,047	1.00	0.6841	0.6841		120	46.75	5,142,198	5,753,160	
2010/01	34,721	1.00	0.8643	0.8643		120	39.61	5,208,927	5,802,840	
2010/07		1.00	0.7107	0.7107		120	39.61	5,235,588	5,844,120	
2011/01		1.00	0.9198	0.9198		120	39.48	5,270,156	5,897,880	
2011/07		1.00	0.9028	0.9028		120	39.48	5,304,309	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.18	5,319,286	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: 7/31/2013

0 213161-00 - 2015/01

214.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	40.18	5,355,880	6,030,480	
2013/01		1.00	0.4901	0.4901		120	40.18	5,375,056	6,060,000	
2013/07	34,183	1.00	0.6196	0.6196		120	40.86	5,433,981	6,097,560	
2014/01		1.00	0.8564	0.8564		120	43.45	5,470,745	6,149,760	
2014/07		1.00	1.2383	1.2383		120	43.45	5,524,263	6,225,960	
2015/01		1.00	0.7571	0.7571		120	43.45	5,557,304	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: 213161073120130801201210102013102911



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 213322-00 - 2015/01

220.30

Harborchase of Venice

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
950 PINEBROOK ROAD	1/1/2013-12/31/2013	Number of Beds: 45	Superior: 0
VENICE, FL 34292	Days in CR 365	Maximum: 16,425	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 16,425	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 14,846	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,806	Inflation
Current Class South Small	Initial CR? False	Medicaid: 3,303	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	22.24842%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.38661%	Cost: 1.04340134
Open Date: 04/01/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 04/01/1997	Low Occupancy Adjustment Factor:	115.41963%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/1997	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	178,261	270,413	182,536	110,882		742,092	
1a	Audit Adjustments							
2	Cost Per Diem	53.9694	81.8689	55.2637	33.5701		224.6721	
3	Cost Per Diem Inflated	56.3117	84.5301	57.6622				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.3117	84.5301	57.6622	33.5701		232.0741	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	59.0623		69.1600				
7	Provider Target Rate	61.2252		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	56.3117	84.5301	57.6622	13.6500		212.1540	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.3117	84.5301	57.6622	13.6500		212.1540	
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 213322-00 - 2015/01

220.30

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

Harborchase of Venice

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,846,813.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,763,490	12.3600
RS to Start Calcs:	1997/01	<60% of Base:	False	20% ROE(2):	440,873	0.5592
Indexed Asset Value	2,204,363	Interest Rate:	8.4300%	Insurance Cost(3):	12,833	0.8644
FRVS Base Asset:	1,643,670	Chase Rate:	8.5000%	Taxes Cost(3):	27,224	1.8338
Occup Adj Factor	0.9000	Amortization Rate:	8.4300%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	22,658	0.0000
		Yearly Payment:	182,711	Total FRVS PD:		15.6174

- (1) 80% Capital (\$1,763,490) amortized at 8.4300 % for 20 years Principal & Interest of \$182,711 divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$12.3600
- (2) 20% ROE (\$440,873) times the ROE factor (0.018750) divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$0.5592
- (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	45	Effective PBS Limitation	1,643,670

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.3117	56.3117	0.9797	55.3320
Direct Care	84.5301	84.5301	1.4706	83.0595
Indirect Care	57.6622	57.6622	1.0032	56.6590
Property	13.6500	15.6174	0.2717	15.3457
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	212.1540	214.1214	3.7252	220.2987

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 213322-00 - 2015/01

220.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	3,043,779	0.00	1.4109	1.4109		45	15.88	1,643,670	1,643,670	1
1997/07		0.10	1.0917	1.0917		45	15.88	1,643,670	1,685,025	
1998/01		0.10	1.1663	1.1663		45	15.88	1,643,670	1,704,690	
1998/07		0.20	1.0794	1.0794		45	15.88	1,643,670	1,723,095	
1999/01		0.20	1.4499	1.4499		45	15.88	1,643,670	1,748,070	
1999/07		0.30	1.2299	1.2299		45	15.88	1,643,670	1,769,580	
2000/01		0.30	1.3356	1.3356		45	15.88	1,643,670	1,793,205	
2000/07	6,973	0.40	1.1129	1.1129		45	25.40	1,654,022	1,813,140	
2001/01		0.40	1.2976	1.2976		45	25.40	1,657,986	1,836,675	
2001/07		0.50	0.9615	0.9615		45	29.77	1,662,301	1,854,315	
2002/01		0.50	1.0301	1.0301		45	29.77	1,666,936	1,873,395	
2002/07		0.60	0.8337	0.8337		45	35.00	1,672,242	1,889,010	
2003/01		0.60	1.3271	1.3271		45	35.00	1,680,716	1,914,075	
2003/07		0.70	1.1664	1.1664		45	41.36	1,691,036	1,936,395	
2004/01		0.70	1.1103	1.1103		45	41.36	1,700,919	1,957,905	
2004/07	18,735	0.80	0.8378	0.8378		45	36.00	1,727,116	1,974,330	
2005/01		0.80	0.8595	0.8595		45	36.00	1,734,889	1,991,295	
2005/07	79,494	0.90	0.7364	0.7364		45	36.52	1,822,018	2,005,965	
2006/01		0.90	0.9068	0.9068		45	36.52	1,831,891	2,024,145	
2006/07		1.00	0.8133	0.8133		45	36.52	1,841,784	2,040,615	
2007/01		1.00	1.0133	1.0133		45	37.48	1,854,502	2,061,270	
2007/07		1.00	1.1050	1.1050		45	37.48	1,868,467	2,084,040	
2008/01		1.00	0.8556	0.8556		45	37.48	1,879,361	2,101,860	
2008/07	38,406	1.00	0.6104	0.6104		45	23.90	1,917,767	2,114,685	
2009/01		1.00	1.3268	1.3268		45	23.90	1,917,767	2,142,765	
2009/07		1.00	0.6841	0.6841		45	23.90	1,917,767	2,157,435	
2010/01		1.00	0.8643	0.8643		45	25.74	1,925,524	2,176,065	
2010/07		1.00	0.7107	0.7107		45	25.74	1,931,928	2,191,545	
2011/01	9,156	1.00	0.9198	0.9198		45	21.29	1,941,084	2,211,705	
2011/07	11,216	1.00	0.9028	0.9028		45	25.82	1,960,527	2,231,685	



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 213322-00 - 2015/01

220.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		45	25.82	1,964,084	2,240,325	
2012/07	42,963	1.00	0.9417	0.9417		45	28.05	2,016,480	2,261,430	
2013/01		1.00	0.4901	0.4901		45	28.05	2,021,520	2,272,500	
2013/07		1.00	0.6196	0.6196		45	28.05	2,027,908	2,286,585	
2014/01	56,906	1.00	0.8564	0.8564		45	35.21	2,095,932	2,306,160	
2014/07		1.00	1.2383	1.2383		45	35.21	2,112,547	2,334,735	
2015/01	91,816	1.00	0.7571	0.7571		45	22.25	2,204,363	2,352,420	

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 213403-00 - 2015/01

221.67

Life Care Center of Orlando

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
3211 ROUSE ROAD	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
ORLANDO , FL 32817	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: 37,230	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 21,777	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 7,757	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	20.83535%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.00000%	Cost: 1.05323681
Open Date: 10/02/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/02/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 10/02/1997	Low Occupancy Adjustment Factor:	108.54117%	DC Sem Index: 1.25449501
Med # Active Date: 10/02/1997	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	392,137	597,915	505,456	158,010		1,653,518	
1a	Audit Adjustments							
2	Cost Per Diem	50.5527	77.0807	65.1613	20.3700		213.1647	
3	Cost Per Diem Inflated	53.2440	79.9483	68.6303				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.2440	79.9483	68.6303	20.3700		222.1926	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.4565		55.0870				
7	Provider Target Rate	64.7437		57.1043				
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	53.2440	79.9483	57.1043	13.6500		203.9466	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	53.2440	79.9483	57.1043	13.6500		203.9466	
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 213403-00 - 2015/01

221.67

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

Life Care Center of Orlando

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/02/1997	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	6,962,559.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,514,743 8.4738
RS to Start Calcs:	1997/07	<60% of Base:	False	20% ROE(2):	1,128,686 0.4295
Indexed Asset Value	5,643,429	Interest Rate:	4.2000%	Insurance Cost(3):	34,322 0.9219
FRVS Base Asset:	2,222,460	Chase Rate:	3.2500%	Taxes Cost(3):	110,858 2.9777
Occup Adj Factor	0.9000	Amortization Rate:	4.2000%	Home Office(3):	40,244 1.0810
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	102,303 0.0000
		Yearly Payment:	334,039	Total FRVS PD:	13.8839

- (1) 80% Capital (\$4,514,743) amortized at 4.2000 % for 20 years Principal & Interest of \$334,039 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.4738
- (2) 20% ROE (\$1,128,686) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4295
- (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	60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.2440	53.2440	0.9263	52.3177
Direct Care	79.9483	79.9483	1.3909	78.5574
Indirect Care	57.1043	57.1043	0.9935	56.1108
Property	13.6500	13.8839	0.2415	13.6424
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.1356
Supplemental Rate Add-on				9.9025
Totals	203.9466	204.1805	3.5522	221.6664

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: 7/31/2013

0 213403-00 - 2015/01

221.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	5,512,337	0.00	1.0917	1.0917		60	45.53	2,222,460	2,222,460	1
1998/01	13,875	0.10	1.1663	1.1663		60	45.53	2,238,480	2,272,920	
1998/07	55,832	0.10	1.0794	1.0794		60	45.53	2,296,311	2,297,460	
1999/01	36,672	0.20	1.4499	1.4499		60	45.53	2,330,760	2,330,760	8
1999/07		0.20	1.2299	1.2299		60	45.53	2,335,506	2,359,440	
2000/01		0.30	1.3356	1.3356		60	45.53	2,343,253	2,390,940	
2000/07		0.30	1.1129	1.1129		60	45.53	2,349,730	2,417,520	
2001/01	42,278	0.40	1.2976	1.2976		60	60.05	2,404,203	2,448,900	
2001/07		0.40	0.9615	0.9615		60	60.05	2,413,450	2,472,420	
2002/01	11,821	0.50	1.0301	1.0301		60	55.52	2,437,703	2,497,860	
2002/07		0.50	0.8337	0.8337		60	55.52	2,447,866	2,518,680	
2003/01	19,516	0.60	1.3271	1.3271		60	54.05	2,486,538	2,552,100	
2003/07		0.60	1.1664	1.1664		60	54.05	2,503,638	2,581,860	
2004/01	2,582,062	0.70	1.1103	1.1103		120	37.24	5,098,875	5,221,080	
2004/07		0.70	0.8378	0.8378		120	37.24	5,119,123	5,264,880	
2005/01		0.80	0.8595	0.8595		120	37.24	5,142,956	5,310,120	
2005/07	30,404	0.80	0.7364	0.7364		120	34.29	5,192,249	5,349,240	
2006/01		0.90	0.9068	0.9068		120	34.29	5,218,667	5,397,720	
2006/07	40,848	0.90	0.8133	0.8133		120	28.29	5,279,164	5,441,640	
2007/01	37,950	1.00	1.0133	1.0133		120	21.54	5,317,114	5,496,720	
2007/07		1.00	1.1050	1.1050		120	21.54	5,317,114	5,557,440	
2008/01		1.00	0.8556	0.8556		120	21.54	5,317,114	5,604,960	
2008/07	20,507	1.00	0.6104	0.6104		120	15.46	5,337,621	5,639,160	
2009/01		1.00	1.3268	1.3268		120	15.46	5,337,621	5,714,040	
2009/07	43,384	1.00	0.6841	0.6841		120	14.57	5,381,005	5,753,160	
2010/01	217,875	1.00	0.8643	0.8643		120	18.31	5,598,880	5,802,840	
2010/07		1.00	0.7107	0.7107		120	18.31	5,598,880	5,844,120	
2011/01	25,748	1.00	0.9198	0.9198		120	21.18	5,624,628	5,897,880	
2011/07		1.00	0.9028	0.9028		120	21.18	5,624,628	5,951,160	
2012/01		1.00	0.3865	0.3865		120	21.04	5,624,628	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: 7/31/2013

0 213403-00 - 2015/01
221.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	21.04	5,624,628	6,030,480	
2013/01		1.00	0.4901	0.4901		120	21.04	5,624,628	6,060,000	
2013/07		1.00	0.6196	0.6196		120	18.39	5,624,628	6,097,560	
2014/01	18,801	1.00	0.8564	0.8564		120	20.84	5,643,429	6,149,760	
2014/07		1.00	1.2383	1.2383		120	20.84	5,643,429	6,225,960	
2015/01		1.00	0.7571	0.7571		120	20.84	5,643,429	6,273,120	

Message Code:

1 Per Bed Standard Limitation 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 213462-00 - 2015/01

248.10

Madison 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
2481 WEST US 90	8/1/2012-7/31/2013	Number of Beds: 60	Superior: 0
MADISON, FL 32340-9540	Days in CR 365	Maximum: 21,900	Standard: 243
County: Madison [40]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 19,453	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,233	Inflation
Current Class North Small	Initial CR? False	Medicaid: 14,948	FY Index: 1.30228922
Class at 1/94: North Small	Medical Utilization	76.84162%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.82648%	Cost: 1.05323681
Open Date: 03/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 03/01/1985	Low Occupancy Adjustment Factor:	113.42741%	DC Sem Index: 1.25449501
Med # Active Date: 03/01/1998	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 208311			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	649,093	1,230,580	902,773	281,172		3,063,618	
1a	Audit Adjustments							
2	Cost Per Diem	43.4234	82.3241	60.3942	18.8100		204.9517	
3	Cost Per Diem Inflated	45.7351	85.3867	63.6094				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.7351	85.3867	63.6094	18.8100		213.5412	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9991		58.4155				
7	Provider Target Rate	50.7935		60.5547				
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	45.7351	85.3867	60.5547	13.6500		205.3265	
12/13	Medical Adjustment Rate		2.5784	1.8286				
14	Prospective Per Diem 11	45.7351	87.9651	62.3833	13.6500		209.7335	
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 213462-00 - 2015/01

248.10

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

Madison Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,950,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed	80% Capital(1):	2,442,491	18.2096
Indexed Asset Value	3,053,114	<60% of Base:	False	20% ROE(2):	610,623	0.4647
FRVS Base Asset:	1,710,000	Interest Rate:	13.7380%	Insurance Cost(3):	25,092	1.2899
Occup Adj Factor	0.9000	Chase Rate:	13.0000%	Taxes Cost(3):	24,627	1.2660
ROE Factor	0.015000	Amortization Rate:	13.7380%	Home Office(3):	3,894	0.2002
		Interest Only:	False	Replacement(3&4):	12,815	0.0000
		Yearly Payment:	358,911	Total FRVS PD:		21.4304

(1) 80% Capital (\$2,442,491) amortized at 13.7380 % for 20 years Principal & Interest of \$358,911 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$18.2096

(2) 20% ROE (\$610,623) times the ROE factor (0.015000) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4647

(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	45.7351	45.7351	0.7957	44.9394
Direct Care	87.9651	87.9651	1.5304	86.4347
Indirect Care	62.3833	62.3833	1.0853	61.2980
Property	13.6500	21.4304	0.3728	21.0576
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.4659
Supplemental Rate Add-on				9.9025
Totals	209.7335	217.5139	3.7842	248.0981

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: 7/31/2013

0 213462-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	1,799,393	0.00	1.1471	1.1471		60	94.97	1,799,393	1,695,540	
1985/10		0.10	0.8522	0.8522		60	94.97	1,710,000	1,710,000	1
1986/01		0.10	0.8299	0.8299		60	94.97	1,711,419	1,724,220	
1986/07		0.20	0.2974	0.2974		60	94.97	1,712,437	1,720,920	
1987/01	29,984	0.20	1.0091	1.0091		60	94.97	1,745,877	1,751,700	
1987/07		0.30	0.9007	0.9007		60	97.12	1,750,594	1,765,380	
1988/01		0.30	0.9007	0.9007		60	97.12	1,755,324	1,779,720	
1988/07		0.40	0.5899	0.5899		60	98.63	1,759,467	1,778,760	
1989/01		0.40	0.5899	0.5899		60	98.63	1,763,619	1,789,260	
1989/07		0.50	0.5899	0.5899		60	98.63	1,768,822	1,801,380	
1990/01		0.50	0.5899	0.5899		60	98.74	1,774,040	1,810,440	
1990/07		0.60	0.5899	0.5899		60	97.67	1,780,318	1,821,120	
1991/01		0.60	0.5899	0.5899		60	97.67	1,786,619	1,831,800	
1991/07		0.70	1.4932	1.4932		60	97.85	1,805,293	1,859,160	
1992/01		0.70	2.0117	2.0117		60	97.85	1,830,715	1,896,540	
1992/07		0.80	1.8152	1.8152		60	95.73	1,857,301	1,930,980	
1993/01		0.80	1.7710	1.7710		60	95.73	1,883,615	1,965,180	
1993/07		0.90	1.5329	1.5329		60	95.77	1,909,601	1,995,300	
1994/01		0.90	1.6983	1.6983		60	95.77	1,938,789	2,029,200	
1994/07	29,066	1.00	1.5991	1.5991		60	97.54	1,998,858	2,061,660	
1995/01		1.00	1.5812	1.5812		60	97.54	2,030,464	2,094,240	
1995/07	9,390	1.00	1.5250	1.5250		60	99.10	2,070,819	2,126,160	
1996/01		1.00	1.7228	1.7228		60	99.10	2,106,495	2,162,820	
1996/07	44,300	1.00	1.3294	1.3294		60	95.28	2,178,799	2,191,560	
1997/01		1.00	1.4109	1.4109		60	95.28	2,209,540	2,222,460	
1997/07		1.00	1.0917	1.0917		60	86.78	2,233,662	2,246,700	
1998/01	8,186	1.00	1.1663	1.1663		60	94.64	2,267,899	2,272,920	
1998/07		1.00	1.0794	1.0794		60	94.64	2,292,379	2,297,460	
1999/01		1.00	1.4499	1.4499		60	94.64	2,325,616	2,330,760	
1999/07		1.00	1.2299	1.2299		60	94.64	2,354,219	2,359,440	



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: 7/31/2013

0 213462-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		60	94.64	2,385,662	2,390,940	
2000/07		1.00	1.1129	1.1129		60	88.04	2,412,212	2,417,520	
2001/01		1.00	1.2976	1.2976		60	88.04	2,443,513	2,448,900	
2001/07		1.00	0.9615	0.9615		60	89.39	2,467,007	2,472,420	
2002/01	9,805	1.00	1.0301	1.0301		60	81.57	2,497,860	2,497,860	8
2002/07		1.00	0.8337	0.8337		60	81.57	2,518,680	2,518,680	8
2003/01		1.00	1.3271	1.3271		60	81.37	2,552,100	2,552,100	8
2003/07		1.00	1.1664	1.1664		60	81.37	2,581,860	2,581,860	8
2004/01		1.00	1.1103	1.1103		60	86.89	2,610,526	2,610,540	
2004/07		1.00	0.8378	0.8378		60	86.89	2,632,397	2,632,440	
2005/01		1.00	0.8595	0.8595		60	84.19	2,655,022	2,655,060	
2005/07		0.95	0.7364	0.7364		60	84.19	2,673,597	2,674,620	
2006/01		0.95	0.9068	0.9068		60	84.19	2,696,630	2,698,860	
2006/07		0.90	0.8133	0.8133		60	82.58	2,716,369	2,720,820	
2007/01		0.90	1.0133	1.0133		60	73.86	2,741,142	2,748,360	
2007/07		0.85	1.1050	1.1050		60	73.86	2,766,890	2,778,720	
2008/01		0.85	0.8556	0.8556		60	73.86	2,787,014	2,802,480	
2008/07	43,038	0.80	0.6104	0.6104		60	77.95	2,819,580	2,819,580	8
2009/01		0.80	1.3268	1.3268		60	75.86	2,849,507	2,857,020	
2009/07		0.75	0.6841	0.6841		60	75.86	2,864,128	2,876,580	
2010/01		0.75	0.8643	0.8643		60	75.86	2,882,693	2,901,420	
2010/07		0.70	0.7107	0.7107		60	74.12	2,897,034	2,922,060	
2011/01	10,792	0.70	0.9198	0.9198		60	72.12	2,926,480	2,948,940	
2011/07		0.65	0.9028	0.9028		60	72.12	2,943,653	2,975,580	
2012/01	8,905	0.65	0.3865	0.3865		60	74.08	2,959,952	2,987,100	
2012/07		0.60	0.9417	0.9417		60	74.08	2,976,676	3,015,240	
2013/01		0.60	0.4901	0.4901		60	74.08	2,985,430	3,030,000	
2013/07		0.55	0.6196	0.6196		60	82.57	2,995,604	3,048,780	
2014/01		0.55	0.8564	0.8564		60	82.57	3,009,713	3,074,880	
2014/07	13,250	0.50	1.2383	1.2383		60	76.84	3,041,599	3,112,980	



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: 7/31/2013

0 213462-00 - 2015/01

248.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		60	76.84	3,053,114	3,136,560	

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: 213462073120130801201204212014165606



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 213837-00 - 2015/01

266.77

Vi at Lakeside Village

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
2792 DONNELLY DRIVE	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
LANTANA, FL 33462	Days in CR 365	Maximum: 21,900	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 17,306	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 7,694	Inflation
Current Class South Small	Initial CR? False	Medicaid: 523	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	3.02207%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.02283%	Cost: 1.04340134
Open Date: 08/22/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1998	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 08/01/1998	Low Occupancy Adjustment Factor:	100.90859%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/1998	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	58,366	53,984	43,555	4,890		160,795	
1a	Audit Adjustments							
2	Cost Per Diem	111.5985	103.2205	83.2792	9.3499		307.4481	
3	Cost Per Diem Inflated	116.4420	106.5758	86.8936				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	116.4420	106.5758	86.8936	9.3499		319.2613	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	159.9744		95.5208				
7	Provider Target Rate	165.8328		99.0189				
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	106.5758	82.3953	9.3499		260.4926	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	106.5758	82.3953	9.3499		260.4926	
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 213837-00 - 2015/01

266.77

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

Vi at Lakeside Village

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:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	None	80% Capital(1):	1,791,862	7.6580
Indexed Asset Value	2,239,827	<60% of Base:	True	20% ROE(2):	447,965	0.4261
FRVS Base Asset:	2,222,460	Interest Rate:	8.5000%	Insurance Cost(3):	11,411	0.6594
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	26,528	1.5329
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	11,335	0.0000
		Yearly Payment:	150,940	Total FRVS PD:		10.2764

(1) 80% Capital (\$1,791,862) amortized at 8.5000 % for 20 years Interest of \$150,940 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$7.6580

(2) 20% ROE (\$447,965) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4261

(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	60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	106.5758	106.5758	1.8542	104.7216
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	9.3499	10.2764	0.1788	10.0976
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	260.4926	261.4191	4.5481	266.7735

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 213837-00 - 2015/01

266.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	2,222,460	0.00	1.0794	1.0794		60	4.14	2,222,460	2,297,460	
1999/01		0.10	1.4499	1.4499		60	4.14	2,222,460	2,330,760	
1999/07	9,026	0.10	1.2299	1.2299		60	4.14	2,231,486	2,359,440	
2000/01	8,341	0.20	1.3356	1.3356		60	4.14	2,239,827	2,390,940	
2000/07		0.20	1.1129	1.1129		60	4.14	2,239,827	2,417,520	
2001/01		0.30	1.2976	1.2976		60	4.14	2,239,827	2,448,900	
2001/07		0.30	0.9615	0.9615		60	4.14	2,239,827	2,472,420	
2002/01		0.40	1.0301	1.0301		60	6.23	2,239,827	2,497,860	
2002/07		0.40	0.8337	0.8337		60	6.23	2,239,827	2,518,680	
2003/01		0.50	1.3271	1.3271		60	4.39	2,239,827	2,552,100	
2003/07		0.50	1.1664	1.1664		60	4.39	2,239,827	2,581,860	
2004/01		0.60	1.1103	1.1103		60	4.54	2,239,827	2,610,540	
2004/07		0.60	0.8378	0.8378		60	4.54	2,239,827	2,632,440	
2005/01		0.70	0.8595	0.8595		60	4.54	2,239,827	2,655,060	
2005/07		0.70	0.7364	0.7364		60	3.93	2,239,827	2,674,620	
2006/01		0.80	0.9068	0.9068		60	3.93	2,239,827	2,698,860	
2006/07		0.80	0.8133	0.8133		60	4.00	2,239,827	2,720,820	
2007/01		0.90	1.0133	1.0133		60	4.34	2,239,827	2,748,360	
2007/07		0.90	1.1050	1.1050		60	4.34	2,239,827	2,778,720	
2008/01		1.00	0.8556	0.8556		60	3.94	2,239,827	2,802,480	
2008/07		1.00	0.6104	0.6104		60	3.94	2,239,827	2,819,580	
2009/01		1.00	1.3268	1.3268		60	2.39	2,239,827	2,857,020	
2009/07		1.00	0.6841	0.6841		60	2.39	2,239,827	2,876,580	
2010/01		1.00	0.8643	0.8643		60	1.10	2,239,827	2,901,420	
2010/07		1.00	0.7107	0.7107		60	1.10	2,239,827	2,922,060	
2011/01		1.00	0.9198	0.9198		60	0.01	2,239,827	2,948,940	
2011/07		1.00	0.9028	0.9028		60	0.01	2,239,827	2,975,580	
2012/01		1.00	0.3865	0.3865		60	0.01	2,239,827	2,987,100	
2012/07		1.00	0.9417	0.9417		60	0.01	2,239,827	3,015,240	
2013/01		1.00	0.4901	0.4901		60	2.36	2,239,827	3,030,000	



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 213837-00 - 2015/01

266.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		1.00	0.6196	0.6196		60	2.36	2,239,827	3,048,780	
2014/01		1.00	0.8564	0.8564		60	2.05	2,239,827	3,074,880	
2014/07		1.00	1.2383	1.2383		60	2.05	2,239,827	3,112,980	
2015/01		1.00	0.7571	0.7571		60	3.02	2,239,827	3,136,560	

Message Code:

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

Report Printed: 12/23/2014 ID: 213837123120130101201307302014151152



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 213900-00 - 2015/01

253.40

Page Rehabilitation and Healthcare 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
2310 N AIRPORT ROAD	10/1/2012-9/30/2013	Number of Beds: 180	Superior: 0
FORT MYERS, FL 33907	Days in CR 365	Maximum: 65,700	Standard: 243
County: Lee [36]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 58,502	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,161	Inflation
Current Class South Large	Initial CR? False	Medicaid: 35,795	FY Index: 1.30932625
Class at 1/94: South Large	Medical Utilization	61.18594%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.04414%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	113.70535%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/1998	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 201391			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,638,330	3,440,723	2,235,950	315,354		7,630,357	
1a	Audit Adjustments							
2	Cost Per Diem	45.7698	96.1230	62.4654	8.8100		213.1682	
3	Cost Per Diem Inflated	47.9474	99.5343	65.4373				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.9474	99.5343	65.4373	8.8100		221.7290	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.9481		68.0106				
7	Provider Target Rate	51.7772		70.5012				
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	47.9474	99.5343	65.4373	8.8100		221.7290	
12/13	Medical Adjustment Rate		1.2526	0.8235				
14	Prospective Per Diem 11	47.9474	100.7869	66.2608	8.8100		223.8051	
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 213900-00 - 2015/01

253.40

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

Page Rehabilitation and Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,386,200.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	6,258,785 8.8562
Indexed Asset Value	7,823,481	<60% of Base:	False	20% ROE(2):	1,564,696 0.4411
FRVS Base Asset:	1,043,401	Interest Rate:	5.6650%	Insurance Cost(3):	75,575 1.2918
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	5.6650%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	283,843 0.0000
		Yearly Payment:	523,665	Total FRVS PD:	10.5891

- (1) 80% Capital (\$6,258,785) amortized at 5.6650 % for 20 years Principal & Interest of \$523,665 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.8562
- (2) 20% ROE (\$1,564,696) times the ROE factor (0.016670) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4411
- (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	105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.9474	47.9474	0.8342	47.1132
Direct Care	100.7869	100.7869	1.7535	99.0334
Indirect Care	66.2608	66.2608	1.1528	65.1080
Property	8.8100	10.5891	0.1842	10.4049
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8418
Supplemental Rate Add-on				9.9025
Totals	223.8051	225.5842	3.9247	253.4038

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: 9/30/2013

0 213900-00 - 2015/01

253.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	301,934	0.00				105	100.00	301,934	1,077,405	
1972/01		0.10	3.9787	3.0000	0.9787	105	100.00	302,840	1,120,245	
1972/07		0.10	5.9113	3.0000	2.9113	105	100.00	303,749	1,175,475	
1973/01	20,567	0.20	8.0622	3.0000	5.0622	105	100.00	326,138	1,236,060	
1973/07		0.20	10.7186	3.0000	7.7186	105	100.00	328,095	1,305,990	
1974/01	163,800	0.30	12.9457	3.0000	9.9457	105	100.00	494,848	1,374,240	
1974/07		0.30	13.0494	3.0000	10.0494	105	100.00	499,302	1,416,870	
1975/01		0.40	13.1399	3.0000	10.1399	105	100.00	505,294	1,460,655	
1975/07		0.40	14.2033	3.0000	11.2033	105	100.00	511,358	1,520,085	
1976/01		0.50	15.2478	3.0000	12.2478	105	100.00	519,028	1,581,510	
1976/07		0.50	15.7330	3.0000	12.7330	105	100.00	526,813	1,636,635	
1977/01		0.60	16.4836	3.0000	13.4836	105	100.00	536,296	1,698,060	
1977/07		0.60	18.5412	3.0000	15.5412	105	100.00	545,949	1,783,845	
1978/01		0.70	20.2809	3.0000	17.2809	105	100.00	557,414	1,868,475	
1978/07		0.70	22.8203	3.0000	19.8203	105	100.00	569,120	1,971,900	
1979/01		0.80	24.9476	3.0000	21.9476	105	100.00	582,779	2,073,015	
1979/07		0.80	26.1458	3.0000	23.1458	105	100.00	596,766	2,160,060	
1980/01	143,100	0.90	29.3115	3.0000	26.3115	105	55.00	755,979	2,293,305	
1980/07		0.90	30.1222	3.0000	27.1222	105	55.00	776,390	2,380,665	
1981/01		1.00	30.9462	3.0000	27.9462	105	55.00	799,682	2,471,700	
1981/07		1.00	30.5350	3.0000	27.5350	105	55.00	823,672	2,535,645	
1982/01		1.00	30.2110	3.0000	27.2110	105	88.24	848,382	2,603,580	
1982/07		1.00	29.5087	3.0000	26.5087	105	88.24	873,833	2,663,325	
1983/04		1.00	29.1375	3.0000	26.1375	105	87.99	900,048	2,733,360	
1983/07		1.00	30.0953	3.0000	27.0953	105	87.99	927,049	2,841,510	
1984/01		1.00	28.3905	3.0000	25.3905	105	87.70	954,860	2,878,365	
1984/07		1.00	27.3084	3.0000	24.3084	105	87.70	983,506	2,933,595	
1985/01		1.00	25.4555	3.0000	22.4555	105	87.39	1,013,011	2,967,195	
1985/10		1.00	23.3077	3.0000	20.3077	105	87.78	1,043,401	2,992,500	
1986/01		1.00	21.1376	3.0000	18.1376	105	87.78	1,074,703	3,017,385	



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: 9/30/2013

0 213900-00 - 2015/01

253.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	105	87.78	1,106,944	3,011,610	
1987/01		1.00	16.4441	3.0000	13.4441	105	87.78	1,140,152	3,065,475	
1987/07		1.00	14.3448	3.0000	11.3448	105	88.01	1,174,357	3,089,415	
1988/01		1.00	12.2455	3.0000	9.2455	105	88.01	1,209,588	3,114,510	
1988/07		1.00	9.8354	3.0000	6.8354	105	87.30	1,245,876	3,112,830	
1989/01		1.00	7.4253	3.0000	4.4253	105	87.30	1,283,252	3,131,205	
1989/07	11,331	1.00	5.0152	3.0000	2.0152	105	88.80	1,333,081	3,152,415	
1990/01		1.00	2.6051	2.6051		105	88.80	1,367,809	3,168,270	
1990/07		1.00	0.5899	0.5899		105	92.88	1,375,878	3,186,960	
1991/01		1.00	0.5899	0.5899		105	92.88	1,383,994	3,205,650	
1991/07		1.00	1.4932	1.4932		105	94.88	1,404,660	3,253,530	
1992/01		0.95	2.0117	2.0117		105	94.88	1,431,504	3,318,945	
1992/07		0.95	1.8152	1.8152		105	96.42	1,456,189	3,379,215	
1993/01		0.90	1.7710	1.7710		105	96.42	1,479,399	3,439,065	
1993/07	4,395,733	0.90	1.5329	1.5329		180	95.52	5,895,542	5,985,900	
1994/01		0.85	1.6983	1.6983		180	95.52	5,980,650	6,087,600	
1994/07	41,491	0.85	1.5991	1.5991		180	97.25	6,103,430	6,184,980	
1995/01		0.80	1.5812	1.5812		180	97.25	6,180,638	6,282,720	
1995/07		0.80	1.5250	1.5250		180	92.74	6,256,042	6,378,480	
1996/01		0.75	1.7228	1.7228		180	92.74	6,336,876	6,488,460	
1996/07		0.75	1.3294	1.3294		180	76.22	6,400,061	6,574,680	
1997/01		0.70	1.4109	1.4109		180	76.22	6,463,268	6,667,380	
1997/07		0.70	1.0917	1.0917		180	79.92	6,512,660	6,740,100	
1998/01		0.65	1.1663	1.1663		180	79.92	6,562,032	6,818,760	
1998/07	94,385	0.65	1.0794	1.0794		180	75.73	6,702,456	6,892,380	
1999/01		0.60	1.4499	1.4499		180	75.73	6,760,761	6,992,280	
1999/07		0.60	1.2299	1.2299		180	75.73	6,810,649	7,078,320	
2000/01		0.55	1.3356	1.3356		180	75.73	6,860,680	7,172,820	
2000/07		0.55	1.1129	1.1129		180	75.73	6,902,674	7,252,560	
2001/01		0.50	1.2976	1.2976		180	75.73	6,947,459	7,346,700	



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: 9/30/2013

0 213900-00 - 2015/01

253.40

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		0.50	0.9615	0.9615		180	78.47	6,980,862	7,417,260	
2002/01		0.45	1.0301	1.0301		180	79.39	7,013,218	7,493,580	
2002/07		0.45	0.8337	0.8337		180	79.39	7,039,532	7,556,040	
2003/01		0.40	1.3271	1.3271		180	78.17	7,039,532	7,656,300	5
2003/07		0.40	1.1664	1.1664		180	78.17	7,109,919	7,745,580	
2004/01		0.35	1.1103	1.1103		180	78.17	7,137,548	7,831,620	
2004/07		0.35	0.8378	0.8378		180	80.81	7,158,475	7,897,320	
2005/01		0.30	0.8595	0.8595		180	80.81	7,176,937	7,965,180	
2005/07		0.30	0.7364	0.7364		180	77.20	7,176,937	8,023,860	5
2006/01	102,949	0.25	0.9068	0.9068		180	73.05	7,312,046	8,096,580	
2006/07		0.25	0.8133	0.8133		180	73.05	7,326,911	8,162,460	
2007/01		0.20	1.0133	1.0133		180	73.05	7,341,763	8,245,080	
2007/07	44,928	0.20	1.1050	1.1050		180	73.68	7,402,916	8,336,160	
2008/01		0.15	0.8556	0.8556		180	73.68	7,412,414	8,407,440	
2008/07	126,852	0.15	0.6104	0.6104		180	67.94	7,546,056	8,458,740	
2009/01		0.10	1.3268	1.3268		180	67.94	7,556,070	8,571,060	
2009/07	40,179	0.10	0.6841	0.6841		180	64.00	7,601,417	8,629,740	
2010/01		0.05	0.8643	0.8643		180	64.69	7,604,701	8,704,260	
2010/07		0.05	0.7107	0.7107		180	64.69	7,607,401	8,766,180	
2011/01		0.00	0.9198	0.9198		180	64.69	7,607,401	8,846,820	
2011/07	77,504	0.00	0.9028	0.9028		180	63.87	7,684,905	8,926,740	
2012/01		0.00	0.3865	0.3865		180	63.87	7,684,905	8,961,300	
2012/07	38,321	0.00	0.9417	0.9417		180	62.12	7,723,226	9,045,720	
2013/01		0.00	0.4901	0.4901		180	62.12	7,723,226	9,090,000	
2013/07	38,410	0.00	0.6196	0.6196		180	60.41	7,761,636	9,146,340	
2014/01		0.00	0.8564	0.8564		180	60.41	7,761,636	9,224,640	
2014/07	61,845	0.00	1.2383	1.2383		180	61.19	7,823,481	9,338,940	
2015/01		0.00	0.7571	0.7571		180	61.19	7,823,481	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 213934-00 - 2015/01

227.52

TMH Skilled Nursing Facility

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
1609 MEDICAL DRIVE	10/1/2012-9/30/2013	Number of Beds: 113	Superior: 0
TALLAHASSEE , FL 32308	Days in CR 365	Maximum: 41,245	Standard: 243
County: Leon [37]	First Used : 2014/07	Max Annualized: 41,245	Conditional: 0
Region: North Area: 2	Last Used: 2015/01	Total Patient: 13,908	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,235	Inflation
Current Class North Large	Initial CR? False	Medicaid: 519	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	3.73167%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	33.72045%	Cost: 1.04757614
Open Date: 08/01/1973	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1973	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 11/01/1974	Low Occupancy Adjustment Factor:	43.05949%	DC Sem Index: 1.25449501
Med # Active Date: 11/16/1998	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 204447			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	58,653	129,651	126,399	11,319		326,022	
1a	Audit Adjustments							
2	Cost Per Diem	113.0116	249.8089	243.5434	21.8092		628.1731	
3	Cost Per Diem Inflated	118.3883	258.6744	255.1303				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	118.3883	258.6744	255.1303	21.8092		654.0022	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	125.1954		414.1075				
7	Provider Target Rate	129.7802		429.2725				
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	96.4319	61.6580	13.6500		223.3077	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.5678	96.4319	61.6580	13.6500		223.3077	
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 213934-00 - 2015/01

227.52

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

TMH Skilled Nursing Facility

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:	1973/07	Type:	None	80% Capital(1):	3,384,839 11.3368
Indexed Asset Value	4,231,049	<60% of Base:	True	20% ROE(2):	846,210 0.3800
FRVS Base Asset:	0	Interest Rate:	12.5000%	Insurance Cost(3):	1,395 0.1003
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.016670	Amortization Rate:	12.5000%	Home Office(3):	0 0.0000
		Interest Only:	True	Replacement(3&4):	5,240 0.0000
		Yearly Payment:	420,828	Total FRVS PD:	11.8171

(1) 80% Capital (\$3,384,839) amortized at 12.5000 % for 20 years Interest of \$420,828 divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$11.3368

(2) 20% ROE (\$846,210) times the ROE factor (0.016670) divided by annual available days (41245) divided by Occup. Adj. (0.90) = \$0.3800

(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	113	Effective PBS Limitation	4,326,883

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	96.4319	96.4319	1.6777	94.7542
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	11.8171	0.2056	11.6115
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	223.3077	221.4748	3.8532	227.5241

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: 9/30/2013

0 213934-00 - 2015/01

227.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07	3,630,183	0.80	1.0794	1.0794		113	48.58	3,630,183	4,326,883	
1999/01		0.80	1.4499	1.4499		113	48.58	3,667,375	4,389,598	
1999/07		0.75	1.2299	1.2299		113	47.90	3,696,836	4,443,612	
2000/01		0.75	1.3356	1.3356		113	47.90	3,729,087	4,502,937	
2000/07	23,135	0.70	1.1129	1.1129		113	51.23	3,779,280	4,552,996	
2001/01		0.70	1.2976	1.2976		113	51.23	3,811,254	4,612,095	
2001/07		0.65	0.9615	0.9615		113	51.23	3,833,442	4,656,391	
2002/01		0.65	1.0301	1.0301		113	52.88	3,858,121	4,704,303	
2002/07	106,312	0.60	0.8337	0.8337		113	57.09	3,983,731	4,743,514	
2003/01		0.60	1.3271	1.3271		113	57.09	4,015,453	4,806,455	
2003/07	34,754	0.55	1.1664	1.1664		113	50.20	4,073,718	4,862,503	
2004/01		0.55	1.1103	1.1103		113	50.20	4,096,425	4,916,517	
2004/07	89,495	0.50	0.8378	0.8378		113	36.53	4,197,317	4,957,762	
2005/01		0.50	0.8595	0.8595		113	36.53	4,209,299	5,000,363	
2005/07		0.45	0.7364	0.7364		113	1.00	4,209,299	5,037,201	
2006/01		0.45	0.9068	0.9068		113	1.00	4,209,299	5,082,853	
2006/07		0.40	0.8133	0.8133		113	6.42	4,209,299	5,124,211	
2007/01		0.40	1.0133	1.0133		113	6.42	4,209,299	5,176,078	
2007/07	21,750	0.35	1.1050	1.1050		113	1.91	4,231,049	5,233,256	
2008/01		0.35	0.8556	0.8556		113	1.91	4,231,049	5,278,004	
2008/07		0.30	0.6104	0.6104		113	4.90	4,231,049	5,310,209	
2009/01		0.30	1.3268	1.3268		113	4.90	4,231,049	5,380,721	
2009/07		0.25	0.6841	0.6841		113	6.17	4,231,049	5,417,559	
2010/01		0.25	0.8643	0.8643		113	6.17	4,231,049	5,464,341	
2010/07		0.20	0.7107	0.7107		113	4.73	4,231,049	5,503,213	
2011/01		0.20	0.9198	0.9198		113	4.73	4,231,049	5,553,837	
2011/07		0.15	0.9028	0.9028		113	6.19	4,231,049	5,604,009	
2012/01		0.15	0.3865	0.3865		113	6.19	4,231,049	5,625,705	
2012/07		0.10	0.9417	0.9417		113	6.46	4,231,049	5,678,702	
2013/01		0.10	0.4901	0.4901		113	6.46	4,231,049	5,706,500	



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: 9/30/2013

0 213934-00 - 2015/01

227.52

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.05	0.6196	0.6196		113	5.29	4,231,049	5,741,869	
2014/01		0.05	0.8564	0.8564		113	5.29	4,231,049	5,791,024	
2014/07		0.00	1.2383	1.2383		113	3.73	4,231,049	5,862,779	
2015/01		0.00	0.7571	0.7571		113	3.73	4,231,049	5,907,188	

Message Code:

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

Report Printed: 12/23/2014 ID: 213934093020131001201202272014153440



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 214035-00 - 2015/01

280.72

MIAMI SHORES NURSING 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
9380 NW 7TH AVENUE	8/1/2012-7/31/2013	Number of Beds: 99	Superior: 0
MIAMI, FL 33150	Days in CR 365	Maximum: 36,135	Standard: 243
County: Dade [13]	First Used : 2014/07	Max Annualized: 36,135	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 32,275	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,414	Inflation
Current Class South Small	Initial CR? False	Medicaid: 23,534	FY Index: 1.30228922
Class at 1/94: South Small	Medical Utilization	72.91712%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.31784%	Cost: 1.05323681
Open Date: 01/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 01/01/1979	Low Occupancy Adjustment Factor:	114.05486%	DC Sem Index: 1.25449501
Med # Active Date: 02/15/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 211982			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,559,367	2,462,389	1,511,796	348,068		5,881,620	
1a	Audit Adjustments							
2	Cost Per Diem	66.2602	104.6311	64.2388	14.7900		249.9201	
3	Cost Per Diem Inflated	69.7877	108.5236	67.6587				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	69.7877	108.5236	67.6587	14.7900		260.7600	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.3801		74.1348				
7	Provider Target Rate	64.6645		76.8497				
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	107.6155	67.6587	13.6500		251.0958	
12/13	Medical Adjustment Rate		2.7745	1.7444				
14	Prospective Per Diem 11	62.1716	110.3900	69.4031	13.6500		255.6147	
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 214035-00 - 2015/01

280.72

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

MIAMI SHORES NURSING AND REHAB 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:	2,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed	80% Capital(1):	2,076,817	8.3046
Indexed Asset Value	2,596,021	<60% of Base:	False	20% ROE(2):	519,204	0.2395
FRVS Base Asset:	1,432,785	Interest Rate:	11.7500%	Insurance Cost(3):	36,114	1.1189
Occup Adj Factor	0.9000	Chase Rate:	9.0000%	Taxes Cost(3):	34,167	1.0586
ROE Factor	0.015000	Amortization Rate:	11.7500%	Home Office(3):	15,294	0.4739
		Interest Only:	False	Replacement(3&4):	17,813	0.0000
		Yearly Payment:	270,079	Total FRVS PD:		11.1955

(1) 80% Capital (\$2,076,817) amortized at 11.7500 % for 20 years Principal & Interest of \$270,079 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$8.3046

(2) 20% ROE (\$519,204) times the ROE factor (0.015000) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.2395

(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	99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	110.3900	110.3900	1.9205	108.4695
Indirect Care	69.4031	69.4031	1.2074	68.1957
Property	13.6500	11.1955	0.1948	11.0007
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0644
Supplemental Rate Add-on				9.9025
Totals	255.6147	253.1602	4.4043	280.7228

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: 7/31/2013

0 214035-00 - 2015/01

280.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1979/01	1,227,900	0.00	5.1272	3.0000	2.1272	99	100.00	1,227,900	1,954,557	
1979/07		0.10	6.3255	3.0000	3.3255	99	100.00	1,231,584	2,036,628	
1980/01		0.10	9.4912	3.0000	6.4912	99	87.66	1,235,279	2,162,259	
1980/07		0.20	10.3018	3.0000	7.3018	99	87.60	1,242,691	2,244,627	
1981/01		0.20	11.1259	3.0000	8.1259	99	87.97	1,250,147	2,330,460	
1981/07		0.30	10.7147	3.0000	7.7147	99	87.97	1,261,398	2,390,751	
1982/01		0.30	10.3907	3.0000	7.3907	99	94.25	1,272,751	2,454,804	
1982/07		0.40	9.6883	3.0000	6.6883	99	94.25	1,288,024	2,511,135	
1983/04	10,920	0.40	9.3172	3.0000	6.3172	99	95.60	1,314,400	2,577,168	
1983/07		0.50	10.2750	3.0000	7.2750	99	95.60	1,334,116	2,679,138	
1984/01		0.50	8.5701	3.0000	5.5701	99	95.61	1,354,128	2,713,887	
1984/07		0.60	7.4880	3.0000	4.4880	99	95.61	1,378,502	2,765,961	
1985/01		0.60	5.6351	3.0000	2.6351	99	95.60	1,403,315	2,797,641	
1985/10		0.70	3.4873	3.0000	0.4873	99	95.50	1,432,785	2,821,500	
1986/01		0.70	1.3172	1.3172		99	92.58	1,445,995	2,844,963	
1986/07		0.80	0.2974	0.2974		99	92.58	1,449,435	2,839,518	
1987/01		0.80	1.0091	1.0091		99	90.63	1,461,136	2,890,305	
1987/07		0.90	0.9007	0.9007		99	90.63	1,472,980	2,912,877	
1988/01		0.90	0.9007	0.9007		99	89.14	1,484,920	2,936,538	
1988/07		1.00	0.5899	0.5899		99	89.14	1,493,680	2,934,954	
1989/01		1.00	0.5899	0.5899		99	89.14	1,502,491	2,952,279	
1989/07	60,205	1.00	0.5899	0.5899		99	89.94	1,571,559	2,972,277	
1990/01		1.00	0.5899	0.5899		99	89.94	1,580,830	2,987,226	
1990/07		1.00	0.5899	0.5899		99	91.30	1,580,830	3,004,848	5
1991/01		1.00	0.5899	0.5899		99	91.30	1,590,155	3,022,470	5
1991/07		1.00	1.4932	1.4932		99	91.30	1,623,419	3,067,614	
1992/01		1.00	2.0117	2.0117		99	94.74	1,656,077	3,129,291	
1992/07		1.00	1.8152	1.8152		99	93.75	1,686,138	3,186,117	
1993/01		1.00	1.7710	1.7710		99	93.75	1,716,000	3,242,547	
1993/07		1.00	1.5329	1.5329		99	95.02	1,742,305	3,292,245	



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: 7/31/2013

0 214035-00 - 2015/01

280.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/01		1.00	1.6983	1.6983		99	95.02	1,771,895	3,348,180	
1994/07		1.00	1.5991	1.5991		99	91.35	1,800,229	3,401,739	
1995/01		1.00	1.5812	1.5812		99	91.35	1,828,694	3,455,496	
1995/07		1.00	1.5250	1.5250		99	89.42	1,856,582	3,508,164	
1996/01		1.00	1.7228	1.7228		99	89.42	1,888,567	3,568,653	
1996/07		1.00	1.3294	1.3294		101	89.42	1,913,674	3,689,126	
1997/01		1.00	1.4109	1.4109		101	89.42	1,940,674	3,741,141	
1997/07		1.00	1.0917	1.0917		101	89.42	1,961,860	3,781,945	
1998/01		1.00	1.1663	1.1663		101	89.42	1,984,741	3,826,082	
1998/07		1.00	1.0794	1.0794		101	89.42	2,006,164	3,867,391	
1999/01	26,620	1.00	1.4499	1.4499		99	89.41	2,032,784	3,845,754	5
1999/07		0.95	1.2299	1.2299		99	89.41	2,061,871	3,893,076	5
2000/01		0.95	1.3356	1.3356		99	89.41	2,112,429	3,945,051	
2000/07		0.90	1.1129	1.1129		99	89.41	2,133,587	3,988,908	
2001/01		0.90	1.2976	1.2976		99	89.41	2,158,503	4,040,685	
2001/07		0.85	0.9615	0.9615		99	89.41	2,176,144	4,079,493	
2002/01		0.85	1.0301	1.0301		99	91.46	2,195,198	4,121,469	
2002/07		0.80	0.8337	0.8337		99	91.46	2,209,840	4,155,822	
2003/01		0.80	1.3271	1.3271		99	89.82	2,233,302	4,210,965	
2003/07		0.75	1.1664	1.1664		99	89.82	2,252,839	4,260,069	
2004/01	27,825	0.75	1.1103	1.1103		99	94.22	2,299,423	4,307,391	
2004/07		0.70	0.8378	0.8378		99	94.22	2,312,909	4,343,526	
2005/01		0.70	0.8595	0.8595		99	85.00	2,326,826	4,380,849	
2005/07		0.65	0.7364	0.7364		99	85.00	2,337,965	4,413,123	
2006/01		0.65	0.9068	0.9068		99	81.80	2,351,745	4,453,119	
2006/07		0.60	0.8133	0.8133		99	81.80	2,363,222	4,489,353	
2007/01		0.60	1.0133	1.0133		99	84.21	2,377,590	4,534,794	
2007/07		0.55	1.1050	1.1050		99	84.21	2,392,041	4,584,888	
2008/01		0.55	0.8556	0.8556		99	82.14	2,403,298	4,624,092	
2008/07		0.50	0.6104	0.6104		99	82.14	2,410,633	4,652,307	



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: 7/31/2013

0 214035-00 - 2015/01

280.72

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/01	44,027	0.50	1.3268	1.3268		99	74.24	2,470,652	4,714,083	
2009/07		0.45	0.6841	0.6841		99	74.24	2,478,257	4,746,357	
2010/01	16,253	0.45	0.8643	0.8643		99	76.57	2,504,148	4,787,343	
2010/07		0.40	0.7107	0.7107		99	76.57	2,511,267	4,821,399	
2011/01		0.40	0.9198	0.9198		99	71.67	2,520,506	4,865,751	
2011/07		0.35	0.9028	0.9028		99	71.67	2,528,471	4,909,707	
2012/01		0.35	0.3865	0.3865		99	72.68	2,531,892	4,928,715	
2012/07		0.30	0.9417	0.9417		99	72.68	2,539,045	4,975,146	
2013/01		0.30	0.4901	0.4901		99	72.68	2,542,777	4,999,500	
2013/07	33,452	0.25	0.6196	0.6196		99	70.13	2,580,168	5,030,487	
2014/01		0.25	0.8564	0.8564		99	70.13	2,585,692	5,073,552	
2014/07		0.20	1.2383	1.2383		99	72.92	2,592,097	5,136,417	
2015/01		0.20	0.7571	0.7571		99	72.92	2,596,021	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: 214035073120130801201201202014130446



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 214060-00 - 2015/01

205.40

Life Care Center of Hilliard

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
3756 W THIRD ST	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
HILLIARD, FL 32046	Days in CR 365	Maximum: 43,800	Standard: 243
County: Nassau [45]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 39,175	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,614	Inflation
Current Class North Large	Initial CR? False	Medicaid: 25,768	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	65.77664%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.44064%	Cost: 1.03444406
Open Date: 04/03/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/03/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 05/01/1990	Low Occupancy Adjustment Factor:	114.21167%	DC Sem Index: 1.25449501
Med # Active Date: 02/01/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 201928			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,100,946	1,921,186	1,091,903	428,006		4,542,041
1a	Audit Adjustments						
2	Cost Per Diem	42.7253	74.5570	42.3744	16.6100		176.2667
3	Cost Per Diem Inflated	44.1969	76.4250	43.8339			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1969	76.4250	43.8339	16.6100		181.0658
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7550		52.2722			
7	Provider Target Rate	60.9067		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	44.1969	76.4250	43.8339	13.6500		178.1058
12/13	Medical Adjustment Rate		1.3564	0.7780			
14	Prospective Per Diem 11	44.1969	77.7814	44.6119	13.6500		180.2402
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 214060-00 - 2015/01

205.40

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

Life Care Center of Hilliard

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/01/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,602,814 8.9601
RS to Start Calcs:	1990/01	<60% of Base:	True	20% ROE(2):	1,150,703 0.6658
Indexed Asset Value	5,753,517	Interest Rate:	7.7500%	Insurance Cost(3):	22,554 0.5757
FRVS Base Asset:	1,801,380	Chase Rate:	7.7500%	Taxes Cost(3):	36,087 0.9212
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	34,300 0.8756
ROE Factor	0.022810	Interest Only:	True	Replacement(3&4):	182,250 0.0000
		Yearly Payment:	353,207	Total FRVS PD:	11.9984

- (1) 80% Capital (\$4,602,814) amortized at 7.7500 % for 20 years Interest of \$353,207 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.9601
- (2) 20% ROE (\$1,150,703) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6658
- (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	60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.1969	44.1969	0.7689	43.4280
Direct Care	77.7814	77.7814	1.3532	76.4282
Indirect Care	44.6119	44.6119	0.7761	43.8358
Property	13.6500	11.9984	0.2087	11.7897
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.0169
Supplemental Rate Add-on				9.9025
Totals	180.2402	178.5886	3.1069	205.4011

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: 7/31/2014

0 214060-00 - 2015/01

205.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	1,926,445	0.00	0.5899	0.5899		60	88.27	1,801,380	1,801,380	1
1990/07		0.10	0.5899	0.5899		60	88.27	1,802,443	1,821,120	
1991/01		0.10	0.5899	0.5899		60	88.27	1,803,506	1,831,800	
1991/07		0.20	1.4932	1.4932		60	88.27	1,808,891	1,859,160	
1992/01		0.20	2.0117	2.0117		60	88.27	1,816,168	1,896,540	
1992/07		0.30	1.8152	1.8152		60	88.27	1,826,059	1,930,980	
1993/01		0.30	1.7710	1.7710		60	88.27	1,835,761	1,965,180	
1993/07	10,460	0.40	1.5329	1.5329		60	91.01	1,857,478	1,995,300	
1994/01		0.40	1.6983	1.6983		60	91.01	1,870,096	2,029,200	
1994/07		0.50	1.5991	1.5991		60	86.35	1,885,049	2,061,660	
1995/01		0.50	1.5812	1.5812		60	86.35	1,899,952	2,094,240	
1995/07	1,524,887	0.60	1.5250	1.5250		120	83.82	3,424,839	4,252,320	5
1996/01		0.60	1.7228	1.7228		120	83.82	3,477,806	4,325,640	
1996/07		0.70	1.3294	1.3294		120	82.57	3,510,170	4,383,120	
1997/01		0.70	1.4109	1.4109		120	82.57	3,510,170	4,444,920	5
1997/07		0.80	1.0917	1.0917		120	80.33	3,544,836	4,493,400	5
1998/01		0.80	1.1663	1.1663		120	80.33	3,609,159	4,545,840	
1998/07	32,714	0.90	1.0794	1.0794		120	82.18	3,676,936	4,594,920	
1999/01		0.90	1.4499	1.4499		120	84.35	3,724,916	4,661,520	
1999/07		1.00	1.2299	1.2299		120	84.35	3,770,729	4,718,880	
2000/01		1.00	1.3356	1.3356		120	84.35	3,821,091	4,781,880	
2000/07		1.00	1.1129	1.1129		120	84.35	3,863,616	4,835,040	
2001/01		1.00	1.2976	1.2976		120	84.35	3,913,750	4,897,800	
2001/07		1.00	0.9615	0.9615		120	84.35	3,951,381	4,944,840	
2002/01	109,885	1.00	1.0301	1.0301		120	80.06	4,101,969	4,995,720	
2002/07		1.00	0.8337	0.8337		120	80.06	4,136,167	5,037,360	
2003/01		1.00	1.3271	1.3271		120	79.91	4,191,058	5,104,200	
2003/07		1.00	1.1664	1.1664		120	79.91	4,239,943	5,163,720	
2004/01	18,146	1.00	1.1103	1.1103		120	75.55	4,305,165	5,221,080	
2004/07		1.00	0.8378	0.8378		120	75.55	4,341,234	5,264,880	



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: 7/31/2014

0 214060-00 - 2015/01

205.40

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	68.48	4,378,547	5,310,120	
2005/07		1.00	0.7364	0.7364		120	68.48	4,410,791	5,349,240	
2006/01		1.00	0.9068	0.9068		120	68.48	4,450,788	5,397,720	
2006/07	32,822	1.00	0.8133	0.8133		120	58.40	4,519,808	5,441,640	
2007/01		1.00	1.0133	1.0133		120	58.40	4,565,607	5,496,720	
2007/07		1.00	1.1050	1.1050		120	53.84	4,614,993	5,557,440	
2008/01		1.00	0.8556	0.8556		120	53.84	4,653,646	5,604,960	
2008/07		1.00	0.6104	0.6104		120	55.75	4,682,052	5,639,160	
2009/01	27,304	1.00	1.3268	1.3268		120	64.38	4,771,477	5,714,040	
2009/07		1.00	0.6841	0.6841		120	64.38	4,804,119	5,753,160	
2010/01	120,479	1.00	0.8643	0.8643		120	65.57	4,966,120	5,802,840	
2010/07		0.95	0.7107	0.7107		120	65.57	4,999,651	5,844,120	
2011/01	29,853	0.95	0.9198	0.9198		120	62.03	5,073,191	5,897,880	
2011/07		0.90	0.9028	0.9028		120	62.03	5,114,411	5,951,160	
2012/01		0.90	0.3865	0.3865		120	63.97	5,132,204	5,974,200	
2012/07		0.85	0.9417	0.9417		120	63.97	5,173,282	6,030,480	
2013/01		0.85	0.4901	0.4901		120	63.97	5,194,834	6,060,000	
2013/07	31,155	0.80	0.6196	0.6196		120	64.87	5,251,740	6,097,560	
2014/01		0.80	0.8564	0.8564		120	64.87	5,287,720	6,149,760	
2014/07	362,646	0.75	1.2383	1.2383		120	65.59	5,699,473	6,225,960	
2015/01	21,682	0.75	0.7571	0.7571		120	65.78	5,753,517	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 214914-00 - 2015/01
243.55

Baldomero Lopez 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
6919 PARKWAY BLVD	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
LAND O LAKES, FL 34639	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: 43,552	Total: 243
Control: Government	Unaudited	Medicare: 866	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 19,398	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	44.53986%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.43379%	Cost: 1.03741261
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: 1.22300000
Entered Medicaid 05/07/1999	Low Occupancy Adjustment Factor:	126.97247%	DC Sem Index: 1.25449501
Med # Active Date: 05/07/1999	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	912,626	2,414,656	985,768	181,759		4,494,809	
1a	Audit Adjustments							
2	Cost Per Diem	47.0474	124.4797	50.8180	9.3700		231.7151	
3	Cost Per Diem Inflated	48.8076	127.6853	52.7192				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	48.8076	127.6853	52.7192	9.3700		238.5821	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.1580		66.0495				
7	Provider Target Rate	69.6174		68.4683				
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	48.8076	98.1484	52.7192	9.3700		209.0452	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	48.8076	98.1484	52.7192	9.3700		209.0452	
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 214914-00 - 2015/01

243.55

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

Baldomero Lopez State Veterans' Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	05/07/1999	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	None	80% Capital(1):	4,587,133 8.9296
Indexed Asset Value	5,733,916	<60% of Base:	True	20% ROE(2):	1,146,783 0.6607
FRVS Base Asset:	886,642	Interest Rate:	7.7500%	Insurance Cost(3):	1,984 0.0456
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	0 0.0000
ROE Factor	0.022710	Amortization Rate:	7.7500%	Home Office(3):	45,088 1.0353
		Interest Only:	True	Replacement(3&4):	162,945 0.0000
		Yearly Payment:	352,004	Total FRVS PD:	10.6712

- (1) 80% Capital (\$4,587,133) amortized at 7.7500 % for 20 years Interest of \$352,004 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.9296
- (2) 20% ROE (\$1,146,783) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6607
- (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	48.8076	48.8076	0.8491	47.9585
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	52.7192	52.7192	0.9172	51.8020
Property	9.3700	10.6712	0.1857	10.4855
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.9635
Supplemental Rate Add-on				9.9025
Totals	209.0452	210.3464	3.6595	243.5529

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 214914-00 - 2015/01

243.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01	886,642	0.00	1.4499	1.4499		120	23.39	886,642	4,661,520	
1999/07	10,736,836	0.10	1.2299	1.2299		120	23.39	4,718,880	4,718,880	8
2000/01	16,901	0.10	1.3356	1.3356		120	23.39	4,735,781	4,781,880	
2000/07		0.20	1.1129	1.1129		120	23.39	4,735,781	4,835,040	
2001/01		0.20	1.2976	1.2976		120	23.39	4,735,781	4,897,800	
2001/07		0.30	0.9615	0.9615		120	23.39	4,735,781	4,944,840	
2002/01		0.30	1.0301	1.0301		120	42.98	4,747,216	4,995,720	
2002/07		0.40	0.8337	0.8337		120	42.98	4,759,588	5,037,360	
2003/01	39,599	0.40	1.3271	1.3271		120	51.16	4,822,687	5,104,200	
2003/07		0.50	1.1664	1.1664		120	51.16	4,848,849	5,163,720	
2004/01		0.50	1.1103	1.1103		120	51.16	4,873,890	5,221,080	
2004/07		0.60	0.8378	0.8378		120	51.16	4,896,680	5,264,880	
2005/01		0.60	0.8595	0.8595		120	58.62	4,921,932	5,310,120	
2005/07		0.70	0.7364	0.7364		120	58.62	4,947,305	5,349,240	
2006/01		0.70	0.9068	0.9068		120	58.62	4,978,710	5,397,720	
2006/07		0.80	0.8133	0.8133		120	61.44	5,011,101	5,441,640	
2007/01		0.80	1.0133	1.0133		120	61.44	5,051,721	5,496,720	
2007/07		0.90	1.1050	1.1050		120	65.89	5,101,960	5,557,440	
2008/01		0.90	0.8556	0.8556		120	65.89	5,141,245	5,604,960	
2008/07		1.00	0.6104	0.6104		120	65.89	5,172,627	5,639,160	
2009/01		1.00	1.3268	1.3268		120	65.89	5,241,257	5,714,040	
2009/07		1.00	0.6841	0.6841		120	67.67	5,277,112	5,753,160	
2010/01		1.00	0.8643	0.8643		120	67.67	5,322,722	5,802,840	
2010/07		1.00	0.7107	0.7107		120	67.03	5,360,551	5,844,120	
2011/01		1.00	0.9198	0.9198		120	67.03	5,409,857	5,897,880	
2011/07		1.00	0.9028	0.9028		120	55.53	5,458,697	5,951,160	
2012/01		1.00	0.3865	0.3865		120	53.17	5,479,093	5,974,200	
2012/07		1.00	0.9417	0.9417		120	53.17	5,528,973	6,030,480	
2013/01		1.00	0.4901	0.4901		120	53.17	5,555,169	6,060,000	
2013/07		1.00	0.6196	0.6196		120	52.95	5,588,306	6,097,560	



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 214914-00 - 2015/01

243.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01		1.00	0.8564	0.8564		120	52.95	5,634,380	6,149,760	
2014/07		1.00	1.2383	1.2383		120	50.92	5,698,975	6,225,960	
2015/01		1.00	0.7571	0.7571		120	44.54	5,733,916	6,273,120	

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: 214914063020140701201310272014101808



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 216399-00 - 2015/01

267.29

Harbour's Edge

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
401 E LINTON BLVD	1/1/2013-12/31/2013	Number of Beds: 54	Superior: 0
DELRAY BEACH, FL 33483	Days in CR 365	Maximum: 19,710	Standard: 243
County: Palm Beach [50]	First Used : 2015/01	Max Annualized: 19,710	Conditional: 0
Region: South Area: 9	Last Used: 2015/01	Total Patient: 12,791	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,839	Inflation
Current Class South Small	Initial CR? False	Medicaid: 361	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	2.82230%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	64.89599%	Cost: 1.04340134
Open Date: 08/03/1987	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/03/1987	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/01/1999	Low Occupancy Adjustment Factor:	82.86925%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/1999	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	21,064	57,683	60,815	8,848		148,410	
1a	Audit Adjustments							
2	Cost Per Diem	58.3490	159.7872	168.4626	24.5097		411.1085	
3	Cost Per Diem Inflated	60.8814	164.9813	175.7741				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.8814	164.9813	175.7741	24.5097		426.1465	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	121.9500		122.3422				
7	Provider Target Rate	126.4159		126.8225				
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	60.8814	107.6155	82.3953	13.6500		264.5422	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	60.8814	107.6155	82.3953	13.6500		264.5422	
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 216399-00 - 2015/01

267.29

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

Harbour's Edge

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00		Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	787,463	3.4065
RS to Start Calcs:	1987/07	<60% of Base:	True	20% ROE(2):	196,866	0.2081
Indexed Asset Value	984,329	Interest Rate:	0.0000%	Insurance Cost(3):	58,377	4.5639
FRVS Base Asset:	0	Chase Rate:	7.7500%	Taxes Cost(3):	34,184	2.6725
Occup Adj Factor	0.9000	Amortization Rate:	7.7500%	Home Office(3):	2,528	0.1976
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	7,538,148	0.0000
		Yearly Payment:	60,428	Total FRVS PD:		11.0486

(1) 80% Capital (\$787,463) amortized at 7.7500 % for 20 years Interest of \$60,428 divided by annual available days (19710) divided by Occup. Adj. (0.90) = \$3.4065

(2) 20% ROE (\$196,866) times the ROE factor (0.018750) divided by annual available days (19710) divided by Occup. Adj. (0.90) = \$0.2081

(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	54	Effective PBS Limitation	1,576,530

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	60.8814	60.8814	1.0592	59.8222
Direct Care	107.6155	107.6155	1.8723	105.7432
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	13.6500	11.0486	0.1922	10.8564
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	264.5422	261.9408	4.5572	267.2861

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 216399-00 - 2015/01

267.29

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	954,555	0.00	1.4499	1.4499		54	0.84	954,555	1,576,530	
1999/07		0.10	1.2299	1.2299		54	0.84	954,555	2,123,496	
2000/01		0.10	1.3356	1.3356		54	0.84	954,555	2,151,846	
2000/07		0.20	1.1129	1.1129		54	0.84	954,555	2,175,768	
2001/01		0.20	1.2976	1.2976		54	0.84	954,555	2,204,010	
2001/07		0.30	0.9615	0.9615		54	0.84	954,555	2,225,178	
2002/01		0.30	1.0301	1.0301		54	0.84	954,555	2,248,074	
2002/07		0.40	0.8337	0.8337		54	0.84	954,555	2,266,812	
2003/01	29,774	0.40	1.3271	1.3271		54	2.25	984,329	2,296,890	
2003/07		0.50	1.1664	1.1664		54	2.25	984,329	2,323,674	
2004/01		0.50	1.1103	1.1103		54	4.30	984,329	2,349,486	
2004/07		0.60	0.8378	0.8378		54	3.72	984,329	2,369,196	
2005/01		0.60	0.8595	0.8595		54	3.72	984,329	2,389,554	
2005/07		0.70	0.7364	0.7364		54	3.72	984,329	2,407,158	
2006/01		0.70	0.9068	0.9068		54	4.55	984,329	2,428,974	
2006/07		0.80	0.8133	0.8133		54	4.55	984,329	2,448,738	
2007/01		0.80	1.0133	1.0133		54	5.06	984,329	2,473,524	
2007/07		0.90	1.1050	1.1050		54	5.06	984,329	2,500,848	
2008/01		0.90	0.8556	0.8556		54	4.48	984,329	2,522,232	
2008/07		1.00	0.6104	0.6104		54	4.48	984,329	2,537,622	
2009/01		1.00	1.3268	1.3268		54	3.47	984,329	2,571,318	
2009/07		1.00	0.6841	0.6841		54	3.47	984,329	2,588,922	
2010/01		1.00	0.8643	0.8643		54	4.82	984,329	2,611,278	
2010/07		1.00	0.7107	0.7107		54	4.82	984,329	2,629,854	
2011/01		1.00	0.9198	0.9198		54	4.83	984,329	2,654,046	
2011/07		1.00	0.9028	0.9028		54	4.83	984,329	2,678,022	
2012/01		1.00	0.3865	0.3865		54	4.83	984,329	2,688,390	
2012/07		1.00	0.9417	0.9417		54	4.83	984,329	2,713,716	
2013/01		1.00	0.4901	0.4901		54	3.94	984,329	2,727,000	
2013/07		1.00	0.6196	0.6196		54	3.94	984,329	2,743,902	



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 216399-00 - 2015/01

267.29

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		54	2.41	984,329	2,767,392	
2014/07		1.00	1.2383	1.2383		54	2.41	984,329	2,801,682	
2015/01		1.00	0.7571	0.7571		54	2.82	984,329	2,822,904	

Message Code:

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

Report Printed: 12/23/2014 ID: 216399123120130101201309182014104955



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 217263-00 - 2015/01

215.88

Crystal River 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
136 NORTHEAST 12TH AVENUE	7/1/2013-6/30/2014	Number of Beds: 150	Superior: 0
CRYSTAL RIVER, FL 34429	Days in CR 365	Maximum: 54,750	Standard: 243
County: Citrus [9]	First Used : 2015/01	Max Annualized: 54,750	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 39,675	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,137	Inflation
Current Class North Large	Initial CR? False	Medicaid: 24,132	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	60.82420%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	72.46575%	Cost: 1.03741261
Open Date: 12/08/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/08/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 12/08/1976	Low Occupancy Adjustment Factor:	92.53550%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 206873			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,036,674	2,053,867	970,938	437,272		4,498,751	
1a	Audit Adjustments							
2	Cost Per Diem	42.9585	85.1097	40.2345	18.1200		186.4227	
3	Cost Per Diem Inflated	44.5657	87.3015	41.7398				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.5657	87.3015	41.7398	18.1200		191.7270	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.2451		52.2722				
7	Provider Target Rate	58.3048		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	44.5657	87.3015	41.7398	13.6500		187.2570	
12/13	Medical Adjustment Rate		1.0631	0.5083				
14	Prospective Per Diem 11	44.5657	88.3646	42.2481	13.6500		188.8284	
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 217263-00 - 2015/01

215.88

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

Crystal River Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	5,920,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,163,528 7.6255
RS to Start Calcs:	1976/07	<60% of Base:	False	20% ROE(2):	1,040,882 0.4797
Indexed Asset Value	5,204,410	Interest Rate:	6.6100%	Insurance Cost(3):	44,158 1.1130
FRVS Base Asset:	2,866,100	Chase Rate:	7.7500%	Taxes Cost(3):	63,935 1.6115
Occup Adj Factor	0.9000	Amortization Rate:	6.6100%	Home Office(3):	50,653 1.2767
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	104,048 0.0000
		Yearly Payment:	375,748	Total FRVS PD:	12.1064

- (1) 80% Capital (\$4,163,528) amortized at 6.6100 % for 20 years Principal & Interest of \$375,748 divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$7.6255
- (2) 20% ROE (\$1,040,882) times the ROE factor (0.022710) divided by annual available days (54750) divided by Occup. Adj. (0.90) = \$0.4797
- (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	44.5657	44.5657	0.7753	43.7904
Direct Care	88.3646	88.3646	1.5373	86.8273
Indirect Care	42.2481	42.2481	0.7350	41.5131
Property	13.6500	12.1064	0.2106	11.8958
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.9469
Supplemental Rate Add-on				9.9025
Totals	188.8284	187.2848	3.2582	215.8760

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 217263-00 - 2015/01

215.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	2,185,280	0.00	3.4853	3.0000	0.4853	150	100.00	2,185,280	2,338,050	
1977/01		0.10	4.2359	3.0000	1.2359	150	100.00	2,191,836	2,425,800	
1977/07		0.10	6.2934	3.0000	3.2934	150	100.00	2,198,412	2,548,350	
1978/01		0.20	8.0331	3.0000	5.0331	150	100.00	2,211,602	2,669,250	
1978/07		0.20	10.5726	3.0000	7.5726	150	100.00	2,224,872	2,817,000	
1979/01		0.30	12.6998	3.0000	9.6998	150	100.00	2,244,896	2,961,450	
1979/07		0.30	13.8980	3.0000	10.8980	150	100.00	2,265,100	3,085,800	
1980/01		0.40	17.0638	3.0000	14.0638	150	100.00	2,292,281	3,276,150	
1980/07		0.40	17.8744	3.0000	14.8744	150	100.00	2,319,788	3,400,950	
1981/01		0.50	18.6984	3.0000	15.6984	150	100.00	2,354,585	3,531,000	
1981/07		0.50	18.2872	3.0000	15.2872	150	100.00	2,389,904	3,622,350	
1982/01		0.60	17.9632	3.0000	14.9632	150	100.00	2,432,922	3,719,400	
1982/07		0.60	17.2609	3.0000	14.2609	150	69.12	2,476,715	3,804,750	
1983/04	2,949	0.70	16.8897	3.0000	13.8897	150	69.12	2,531,675	3,904,800	
1983/07		0.70	17.8475	3.0000	14.8475	150	69.12	2,584,840	4,059,300	
1984/01	6,325	0.80	16.1427	3.0000	13.1427	150	67.85	2,653,201	4,111,950	
1984/07		0.80	15.0606	3.0000	12.0606	150	67.85	2,716,878	4,190,850	
1985/01	516	0.90	13.2077	3.0000	10.2077	150	67.85	2,790,750	4,238,850	
1985/10		0.90	11.0599	3.0000	8.0599	150	72.94	2,866,100	4,275,000	
1986/01		1.00	8.8898	3.0000	5.8898	150	72.94	2,952,083	4,310,550	
1986/07		1.00	6.1872	3.0000	3.1872	150	70.36	3,040,645	4,302,300	
1987/01		1.00	4.1963	3.0000	1.1963	150	72.94	3,131,864	4,379,250	
1987/07		1.00	2.0970	2.0970		150	70.36	3,197,539	4,413,450	
1988/01		1.00	0.9007	0.9007		150	71.14	3,226,339	4,449,300	
1988/07		1.00	0.5899	0.5899		150	77.02	3,245,371	4,446,900	
1989/01		1.00	0.5899	0.5899		150	76.27	3,264,515	4,473,150	
1989/07		1.00	0.5899	0.5899		150	76.27	3,283,772	4,503,450	
1990/01		1.00	0.5899	0.5899		150	76.27	3,303,143	4,526,100	
1990/07		1.00	0.5899	0.5899		150	67.67	3,322,628	4,552,800	
1991/01		1.00	0.5899	0.5899		150	72.54	3,342,228	4,579,500	



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 217263-00 - 2015/01

215.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1991/07		1.00	1.4932	1.4932		150	72.54	3,392,134	4,647,900	
1992/01		1.00	2.0117	2.0117		150	72.54	3,460,374	4,741,350	
1992/07		1.00	1.8152	1.8152		150	74.95	3,523,187	4,827,450	
1993/01		1.00	1.7710	1.7710		150	74.09	3,585,583	4,912,950	
1993/07		1.00	1.5329	1.5329		150	74.09	3,640,546	4,988,250	
1994/01		1.00	1.6983	1.6983		150	77.15	3,702,373	5,073,000	
1994/07		1.00	1.5991	1.5991		150	77.15	3,761,578	5,154,150	
1995/01		1.00	1.5812	1.5812		150	79.17	3,821,056	5,235,600	
1995/07		1.00	1.5250	1.5250		150	79.17	3,879,327	5,315,400	
1996/01		1.00	1.7228	1.7228		150	77.89	3,946,160	5,407,050	
1996/07		1.00	1.3294	1.3294		150	77.89	3,998,620	5,478,900	
1997/01		0.95	1.4109	1.4109		150	75.63	4,052,218	5,556,150	
1997/07		0.95	1.0917	1.0917		150	75.63	4,094,244	5,616,750	
1998/01		0.90	1.1663	1.1663		150	74.87	4,137,221	5,682,300	
1998/07		0.90	1.0794	1.0794		150	74.87	4,177,414	5,743,650	
1999/01		0.85	1.4499	1.4499		150	78.35	4,228,896	5,826,900	
1999/07	30,941	0.85	1.2299	1.2299		150	66.91	4,304,046	5,898,600	
2000/01	36,484	0.80	1.3356	1.3356		150	66.91	4,386,519	5,977,350	
2000/07		0.80	1.1129	1.1129		150	66.91	4,425,572	6,043,800	
2001/01		0.75	1.2976	1.2976		150	66.91	4,468,642	6,122,250	
2001/07		0.75	0.9615	0.9615		150	66.91	4,500,865	6,181,050	
2002/01	29,629	0.70	1.0301	1.0301		150	65.55	4,562,950	6,244,650	
2002/07		0.70	0.8337	0.8337		150	65.55	4,589,579	6,296,700	
2003/01	28,349	0.65	1.3271	1.3271		150	72.09	4,657,518	6,380,250	
2003/07		0.65	1.1664	1.1664		150	72.09	4,692,831	6,454,650	
2004/01		0.60	1.1103	1.1103		150	67.74	4,724,095	6,526,350	
2004/07		0.60	0.8378	0.8378		150	67.74	4,747,843	6,581,100	
2005/01		0.55	0.8595	0.8595		150	67.74	4,770,286	6,637,650	
2005/07		0.55	0.7364	0.7364		150	63.97	4,789,606	6,686,550	
2006/01		0.50	0.9068	0.9068		150	71.95	4,811,322	6,747,150	



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 217263-00 - 2015/01

215.88

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2006/07		0.50	0.8133	0.8133		150	71.95	4,830,890	6,802,050	
2007/01		0.45	1.0133	1.0133		150	69.01	4,852,919	6,870,900	
2007/07		0.45	1.1050	1.1050		150	69.01	4,877,053	6,946,800	
2008/01		0.40	0.8556	0.8556		150	69.01	4,893,742	7,006,200	
2008/07	70,102	0.40	0.6104	0.6104		150	72.90	4,975,795	7,048,950	
2009/01		0.35	1.3268	1.3268		150	72.90	4,998,903	7,142,550	
2009/07		0.35	0.6841	0.6841		150	67.96	5,010,870	7,191,450	
2010/01	55,142	0.30	0.8643	0.8643		150	71.11	5,079,005	7,253,550	
2010/07		0.30	0.7107	0.7107		150	71.11	5,089,833	7,305,150	
2011/01		0.25	0.9198	0.9198		150	73.42	5,101,540	7,372,350	
2011/07		0.25	0.9028	0.9028		150	73.42	5,113,054	7,438,950	
2012/01		0.20	0.3865	0.3865		150	72.87	5,117,006	7,467,750	
2012/07		0.20	0.9417	0.9417		150	72.87	5,126,641	7,538,100	
2013/01		0.15	0.4901	0.4901		150	72.87	5,130,409	7,575,000	
2013/07	56,386	0.15	0.6196	0.6196		150	69.86	5,191,561	7,621,950	
2014/01		0.10	0.8564	0.8564		150	69.86	5,196,005	7,687,200	
2014/07		0.10	1.2383	1.2383		150	64.26	5,202,438	7,782,450	
2015/01		0.05	0.7571	0.7571		150	60.82	5,204,410	7,841,400	

Message Code:

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

Report Printed: 12/23/2014 ID: 217263063020140701201310262014145710



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 217395-00 - 2015/01

210.68

Ocala 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
1201 SE 24TH RD	7/1/2012-6/30/2013	Number of Beds: 180	Superior: 0
OCALA, FL 34471	Days in CR 365	Maximum: 65,700	Standard: 243
County: Marion [42]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 57,731	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,437	Inflation
Current Class North Large	Initial CR? False	Medicaid: 38,858	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	67.30872%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.87062%	Cost: 1.05607860
Open Date: 11/21/1977	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/21/1977	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 11/21/1977	Low Occupancy Adjustment Factor:	112.20682%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 206890			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,510,566	3,178,693	1,433,163	697,113		6,819,535	
1a	Audit Adjustments							
2	Cost Per Diem	38.8740	81.8028	36.8821	17.9400		175.4989	
3	Cost Per Diem Inflated	41.0540	84.9162	38.9504				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.0540	84.9162	38.9504	17.9400		182.8606	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.6428		52.2722				
7	Provider Target Rate	48.3509		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	41.0540	84.9162	38.9504	13.6500		178.5706	
12/13	Medical Adjustment Rate		1.6535	0.7585				
14	Prospective Per Diem 11	41.0540	86.5697	39.7089	13.6500		180.9826	
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 217395-00 - 2015/01

210.68

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

Ocala Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 07/01/1999		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,160,000.00	Total Amount	Per Diem	
RS to Start Calcs:	1977/07	Type:	Variable	80% Capital(1):	6,534,386	9.7548
Indexed Asset Value	8,167,982	<60% of Base:	False	20% ROE(2):	1,633,596	0.3973
FRVS Base Asset:	4,016,165	Interest Rate:	6.3300%	Insurance Cost(3):	55,223	0.9566
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	50,438	0.8737
ROE Factor	0.014380	Amortization Rate:	6.3300%	Home Office(3):	81,171	1.4060
		Interest Only:	False	Replacement(3&4):	15,291	0.0000
		Yearly Payment:	576,802	Total FRVS PD:	13.3884	

- (1) 80% Capital (\$6,534,386) amortized at 6.3300 % for 20 years Principal & Interest of \$576,802 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.7548
- (2) 20% ROE (\$1,633,596) times the ROE factor (0.014380) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3973
- (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	180	Effective PBS Limitation	52,276
			5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.0540	41.0540	0.7142	40.3398
Direct Care	86.5697	86.5697	1.5061	85.0636
Indirect Care	39.7089	39.7089	0.6908	39.0181
Property	13.6500	13.3884	0.2329	13.1555
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.2038
Supplemental Rate Add-on				9.9025
Totals	180.9826	180.7210	3.1440	210.6833

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 217395-00 - 2015/01

210.68

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	3,241,837	0.00	5.0576	3.0000	2.0576	180	100.00	3,241,837	3,058,020	
1978/01		0.10	6.7973	3.0000	3.7973	180	100.00	3,251,563	3,203,100	
1978/07		0.10	9.3367	3.0000	6.3367	180	100.00	3,261,318	3,380,400	
1979/01		0.20	11.4640	3.0000	8.4640	180	100.00	3,280,886	3,553,740	
1979/07		0.20	12.6622	3.0000	9.6622	180	100.00	3,300,571	3,702,960	
1980/01		0.30	15.8279	3.0000	12.8279	180	100.00	3,330,276	3,931,380	
1980/07		0.30	16.6385	3.0000	13.6385	180	100.00	3,360,248	4,081,140	
1981/01		0.40	17.4626	3.0000	14.4626	180	100.00	3,400,571	4,237,200	
1981/07		0.40	17.0514	3.0000	14.0514	180	100.00	3,441,378	4,346,820	
1982/01		0.50	16.7274	3.0000	13.7274	180	100.00	3,492,999	4,463,280	
1982/07		0.50	16.0251	3.0000	13.0251	180	100.00	3,545,394	4,565,700	
1983/04		0.60	15.6539	3.0000	12.6539	180	71.99	3,609,211	4,685,760	
1983/07		0.60	16.6117	3.0000	13.6117	180	71.99	3,674,177	4,871,160	
1984/01		0.70	14.9069	3.0000	11.9069	180	73.34	3,751,335	4,934,340	
1984/07		0.70	13.8248	3.0000	10.8248	180	73.34	3,830,113	5,029,020	
1985/01		0.80	11.9719	3.0000	8.9719	180	73.34	3,922,036	5,086,620	
1985/10		0.80	9.8241	3.0000	6.8241	180	71.73	4,016,165	5,130,000	
1986/01		0.90	7.6540	3.0000	4.6540	180	71.73	4,124,601	5,172,660	
1986/07		0.90	4.9514	3.0000	1.9514	180	71.73	4,235,965	5,162,760	
1987/01		1.00	2.9605	2.9605		180	71.73	4,361,371	5,255,100	
1987/07		1.00	0.9007	0.9007		180	64.23	4,400,654	5,296,140	
1988/01		1.00	0.9007	0.9007		180	69.43	4,440,291	5,339,160	
1988/07		1.00	0.5899	0.5899		180	76.22	4,466,484	5,336,280	
1989/01		1.00	0.5899	0.5899		180	77.13	4,492,832	5,367,780	
1989/07		1.00	0.5899	0.5899		180	77.13	4,519,335	5,404,140	
1990/01		1.00	0.5899	0.5899		180	77.13	4,545,995	5,431,320	
1990/07		1.00	0.5899	0.5899		180	76.70	4,572,812	5,463,360	
1991/01		1.00	0.5899	0.5899		180	76.70	4,599,787	5,495,400	
1991/07		1.00	1.4932	1.4932		180	82.06	4,668,471	5,577,480	
1992/01		1.00	2.0117	2.0117		180	84.85	4,762,387	5,689,620	



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 217395-00 - 2015/01

210.68

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	84.85	4,848,834	5,792,940	
1993/01		1.00	1.7710	1.7710		180	85.81	4,934,707	5,895,540	
1993/07		1.00	1.5329	1.5329		180	85.81	5,010,351	5,985,900	
1994/01		1.00	1.6983	1.6983		180	85.69	5,095,442	6,087,600	
1994/07		1.00	1.5991	1.5991		180	85.69	5,176,923	6,184,980	
1995/01		1.00	1.5812	1.5812		180	87.71	5,258,781	6,282,720	
1995/07		1.00	1.5250	1.5250		180	87.71	5,338,977	6,378,480	
1996/01		1.00	1.7228	1.7228		180	86.77	5,338,977	6,488,460	5
1996/07		1.00	1.3294	1.3294		180	86.77	5,430,957	6,574,680	5
1997/01		1.00	1.4109	1.4109		180	88.38	5,580,800	6,667,380	
1997/07		1.00	1.0917	1.0917		180	88.38	5,641,726	6,740,100	
1998/01		0.95	1.1663	1.1663		180	81.51	5,704,236	6,818,760	
1998/07		0.95	1.0794	1.0794		180	81.51	5,762,727	6,892,380	
1999/01		0.90	1.4499	1.4499		180	84.67	5,837,925	6,992,280	
1999/07	59,246	0.90	1.2299	1.2299		180	88.48	5,961,791	7,078,320	
2000/01	47,048	0.85	1.3356	1.3356		180	88.48	6,076,523	7,172,820	
2000/07		0.85	1.1129	1.1129		180	88.48	6,134,007	7,252,560	
2001/01		0.80	1.2976	1.2976		180	88.48	6,197,684	7,346,700	
2001/07		0.80	0.9615	0.9615		180	88.48	6,245,357	7,417,260	
2002/01	98,619	0.75	1.0301	1.0301		180	83.11	6,392,228	7,493,580	
2002/07		0.75	0.8337	0.8337		180	83.11	6,432,199	7,556,040	
2003/01	289,496	0.70	1.3271	1.3271		180	81.14	6,781,450	7,656,300	
2003/07		0.70	1.1664	1.1664		180	81.14	6,836,821	7,745,580	
2004/01	75,006	0.65	1.1103	1.1103		180	79.71	6,961,168	7,831,620	
2004/07		0.65	0.8378	0.8378		180	79.71	6,999,079	7,897,320	
2005/01		0.60	0.8595	0.8595		180	77.90	7,035,173	7,965,180	
2005/07		0.60	0.7364	0.7364		180	77.90	7,066,254	8,023,860	
2006/01		0.55	0.9068	0.9068		180	75.30	7,101,493	8,096,580	
2006/07		0.55	0.8133	0.8133		180	75.30	7,133,258	8,162,460	
2007/01		0.50	1.0133	1.0133		180	76.44	7,169,402	8,245,080	



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 217395-00 - 2015/01

210.68

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	76.44	7,209,013	8,336,160	
2008/01		0.45	0.8556	0.8556		180	76.44	7,236,768	8,407,440	
2008/07		0.45	0.6104	0.6104		180	70.12	7,256,647	8,458,740	
2009/01		0.40	1.3268	1.3268		180	70.12	7,295,158	8,571,060	
2009/07		0.40	0.6841	0.6841		180	64.23	7,315,118	8,629,740	
2010/01	166,926	0.35	0.8643	0.8643		180	70.80	7,504,172	8,704,260	
2010/07		0.35	0.7107	0.7107		180	70.80	7,522,835	8,766,180	
2011/01		0.30	0.9198	0.9198		180	72.11	7,543,591	8,846,820	
2011/07		0.30	0.9028	0.9028		180	72.11	7,564,019	8,926,740	
2012/01	355,644	0.25	0.3865	0.3865		180	70.15	7,926,970	8,961,300	
2012/07		0.25	0.9417	0.9417		180	70.15	7,945,630	9,045,720	
2013/01		0.20	0.4901	0.4901		180	70.15	7,953,417	9,090,000	
2013/07		0.20	0.6196	0.6196		180	70.07	7,963,271	9,146,340	
2014/01	173,172	0.15	0.8564	0.8564		180	67.31	8,146,676	9,224,640	
2014/07		0.15	1.2383	1.2383		180	67.31	8,161,804	9,338,940	
2015/01		0.10	0.7571	0.7571		180	67.31	8,167,982	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 217727-00 - 2015/01

221.36

West Melbourne 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
2125 WEST NEW HAVEN AVE	7/1/2013-6/30/2014	Number of Beds: 180	Superior: 0
WEST MELBOURNE, FL 32904	Days in CR 365	Maximum: 65,700	Standard: 218
County: Brevard [5]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 25
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 49,818	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,392	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 36,048	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	72.35939%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.82648%	Cost: 1.03741261
Open Date: 01/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/11/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 09/11/1980	Low Occupancy Adjustment Factor:	96.82700%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 206911			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,503,231	3,238,428	1,475,892	416,354		6,633,905	
1a	Audit Adjustments							
2	Cost Per Diem	41.7008	89.8365	40.9424	11.5500		184.0297	
3	Cost Per Diem Inflated	43.2609	92.1500	42.4742				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.2609	92.1500	42.4742	11.5500		189.4351	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0693		54.4474				
7	Provider Target Rate	56.0494		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	43.2609	92.1500	42.4742	11.5500		189.4351	
12/13	Medical Adjustment Rate		2.0795	0.9585				
14	Prospective Per Diem 11	43.2609	94.2295	43.4327	11.5500		192.4731	
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 217727-00 - 2015/01

221.36

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

West Melbourne Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2011	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	3,988,783.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	4,726,802 6.0688
Indexed Asset Value	5,908,502	<60% of Base:	False	20% ROE(2):	1,181,700 0.4539
FRVS Base Asset:	2,055,416	Interest Rate:	4.5000%	Insurance Cost(3):	20,215 0.4058
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	69,879 1.4027
ROE Factor	0.022710	Amortization Rate:	4.5000%	Home Office(3):	64,719 1.2991
		Interest Only:	False	Replacement(3&4):	80,855 0.0000
		Yearly Payment:	358,849	Total FRVS PD:	9.6303

- (1) 80% Capital (\$4,726,802) amortized at 4.5000 % for 20 years Principal & Interest of \$358,849 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$6.0688
- (2) 20% ROE (\$1,181,700) times the ROE factor (0.022710) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4539
- (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	43.2609	43.2609	0.7526	42.5083
Direct Care	94.2295	94.2295	1.6394	92.5901
Indirect Care	43.4327	43.4327	0.7556	42.6771
Property	11.5500	9.6303	0.1675	9.4628
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2177
Supplemental Rate Add-on				9.9025
Totals	192.4731	190.5534	3.3151	221.3585

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 217727-00 - 2015/01

221.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,929,213	0.00	3.8106	3.0000	0.8106	120	100.00	1,929,213	2,720,760	
1981/01		0.10	4.6347	3.0000	1.6347	120	100.00	1,935,001	2,824,800	
1981/07	12,247	0.10	4.2235	3.0000	1.2235	120	100.00	1,953,053	2,897,880	
1982/01		0.20	3.8995	3.0000	0.8995	120	100.00	1,964,771	2,975,520	
1982/07		0.20	3.1971	3.0000	0.1971	120	86.74	1,976,560	3,043,800	
1983/04		0.30	2.8260	2.8260		120	86.74	1,993,317	3,123,840	
1983/07		0.30	3.9578	3.0000	0.9578	120	86.74	2,011,257	3,247,440	
1984/01		0.40	2.2530	2.2530		120	46.41	2,026,552	3,289,560	
1984/07		0.40	1.9179	1.9179		120	46.41	2,039,671	3,352,680	
1985/01		0.50	1.1471	1.1471		120	42.39	2,048,688	3,391,080	
1985/10		0.50	0.8522	0.8522		120	42.39	2,055,416	3,420,000	
1986/01		0.60	0.8299	0.8299		120	42.39	2,063,304	3,448,440	
1986/07		0.60	0.2974	0.2974		120	38.43	2,065,876	3,441,840	
1987/01		0.70	1.0091	1.0091		120	38.43	2,076,073	3,503,400	
1987/07		0.70	0.9007	0.9007		120	32.17	2,083,729	3,530,760	
1988/01	1,693,672	0.80	0.9007	0.9007		180	32.17	3,786,184	5,339,160	
1988/07		0.80	0.5899	0.5899		180	29.29	3,795,699	5,336,280	
1989/01		0.90	0.5899	0.5899		180	24.06	3,795,699	5,367,780	
1989/07		0.90	0.5899	0.5899		180	24.06	3,795,699	5,404,140	
1990/01		1.00	0.5899	0.5899		180	24.06	3,795,699	5,431,320	
1990/07		1.00	0.5899	0.5899		180	27.97	3,807,086	5,463,360	
1991/01		1.00	0.5899	0.5899		180	33.29	3,820,679	5,495,400	
1991/07		1.00	1.4932	1.4932		180	33.29	3,855,210	5,577,480	
1992/01		1.00	2.0117	2.0117		180	33.29	3,902,152	5,689,620	
1992/07		1.00	1.8152	1.8152		180	31.83	3,943,144	5,792,940	
1993/01		1.00	1.7710	1.7710		180	31.71	3,983,406	5,895,540	
1993/07		1.00	1.5329	1.5329		180	31.71	4,018,611	5,985,900	
1994/01		1.00	1.6983	1.6983		180	37.08	4,064,623	6,087,600	
1994/07		1.00	1.5991	1.5991		180	37.08	4,108,443	6,184,980	
1995/01		1.00	1.5812	1.5812		180	37.08	4,152,240	6,282,720	



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 217727-00 - 2015/01

221.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		180	38.00	4,195,990	6,378,480	
1996/01		1.00	1.7228	1.7228		180	40.28	4,248,931	6,488,460	
1996/07		1.00	1.3294	1.3294		180	40.28	4,290,299	6,574,680	
1997/01		1.00	1.4109	1.4109		180	42.16	4,336,699	6,667,380	
1997/07		1.00	1.0917	1.0917		180	42.16	4,372,990	6,740,100	
1998/01		1.00	1.1663	1.1663		180	49.76	4,419,133	6,818,760	
1998/07		1.00	1.0794	1.0794		180	49.76	4,419,133	6,892,380	5
1999/01		1.00	1.4499	1.4499		180	53.70	4,525,458	6,992,280	
1999/07	9,835	1.00	1.2299	1.2299		180	59.68	4,590,952	7,078,320	
2000/01	19,477	1.00	1.3356	1.3356		180	59.68	4,671,746	7,172,820	
2000/07		1.00	1.1129	1.1129		180	59.68	4,723,738	7,252,560	
2001/01		0.95	1.2976	1.2976		180	59.68	4,781,968	7,346,700	
2001/07		0.95	0.9615	0.9615		180	59.68	4,825,646	7,417,260	
2002/01	43,861	0.90	1.0301	1.0301		180	63.56	4,914,246	7,493,580	
2002/07		0.90	0.8337	0.8337		180	63.56	4,951,118	7,556,040	
2003/01		0.85	1.3271	1.3271		180	62.73	5,006,967	7,656,300	
2003/07		0.85	1.1664	1.1664		180	62.73	5,056,606	7,745,580	
2004/01		0.80	1.1103	1.1103		180	62.08	5,101,519	7,831,620	
2004/07		0.80	0.8378	0.8378		180	62.08	5,135,709	7,897,320	
2005/01		0.75	0.8595	0.8595		180	62.08	5,168,814	7,965,180	
2005/07		0.75	0.7364	0.7364		180	65.20	5,197,361	8,023,860	
2006/01		0.70	0.9068	0.9068		180	65.63	5,230,354	8,096,580	
2006/07		0.70	0.8133	0.8133		180	65.63	5,260,130	8,162,460	
2007/01		0.65	1.0133	1.0133		180	63.41	5,294,773	8,245,080	
2007/07		0.65	1.1050	1.1050		180	63.41	5,332,805	8,336,160	
2008/01		0.60	0.8556	0.8556		180	63.41	5,360,184	8,407,440	
2008/07		0.60	0.6104	0.6104		180	54.75	5,379,724	8,458,740	
2009/01		0.55	1.3268	1.3268		180	55.11	5,418,980	8,571,060	
2009/07		0.55	0.6841	0.6841		180	55.11	5,439,372	8,629,740	
2010/01		0.50	0.8643	0.8643		180	55.11	5,462,881	8,704,260	



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 217727-00 - 2015/01

221.36

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07	150,049	0.50	0.7107	0.7107		180	57.66	5,632,345	8,766,180	
2011/01	26,894	0.45	0.9198	0.9198		180	61.15	5,682,551	8,846,820	
2011/07		0.45	0.9028	0.9028		180	61.15	5,705,639	8,926,740	
2012/01		0.40	0.3865	0.3865		180	61.15	5,714,460	8,961,300	
2012/07		0.40	0.9417	0.9417		180	60.44	5,735,986	9,045,720	
2013/01	51,092	0.35	0.4901	0.4901		180	65.11	5,796,915	9,090,000	
2013/07		0.35	0.6196	0.6196		180	65.11	5,809,489	9,146,340	
2014/01		0.30	0.8564	0.8564		180	65.11	5,824,414	9,224,640	
2014/07	51,286	0.30	1.2383	1.2383		180	69.62	5,875,700	9,338,940	5
2015/01		0.25	0.7571	0.7571		180	72.36	5,908,502	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: 217727063020140701201310232014082905



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 217735-00 - 2015/01

226.26

St. Augustine 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
51 SUNRISE BLVD	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
SAINT AUGUSTINE, FL 32084	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: 41,477	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,575	Inflation
Current Class North Large	Initial CR? False	Medicaid: 27,126	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	65.40010%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.69635%	Cost: 1.03741261
Open Date: 04/02/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/02/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 04/02/1976	Low Occupancy Adjustment Factor:	120.92297%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 206903			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,124,680	2,516,260	1,226,387	425,336		5,292,663	
1a	Audit Adjustments							
2	Cost Per Diem	41.4613	92.7619	45.2108	15.6800		195.1140	
3	Cost Per Diem Inflated	43.0125	95.1507	46.9023				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0125	95.1507	46.9023	15.6800		200.7455	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.3398		52.2722				
7	Provider Target Rate	64.6227		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	43.0125	95.1507	46.9023	13.6500		198.7155	
12/13	Medical Adjustment Rate		1.6485	0.8126				
14	Prospective Per Diem 11	43.0125	96.7992	47.7149	13.6500		201.1766	
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 217735-00 - 2015/01

226.26

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

St. Augustine Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,760,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Variable	80% Capital(1):	3,387,738	7.7193
Indexed Asset Value	4,234,673	<60% of Base:	False	20% ROE(2):	846,935	0.4879
FRVS Base Asset:	2,002,828	Interest Rate:	6.5500%	Insurance Cost(3):	38,746	0.9342
Occup Adj Factor	0.9000	Chase Rate:	5.7500%	Taxes Cost(3):	31,879	0.7686
ROE Factor	0.022710	Amortization Rate:	6.5500%	Home Office(3):	56,879	1.3713
		Interest Only:	False	Replacement(3&4):	161,981	0.0000
		Yearly Payment:	304,295	Total FRVS PD:		11.2813

- (1) 80% Capital (\$3,387,738) amortized at 6.5500 % for 20 years Principal & Interest of \$304,295 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.7193
- (2) 20% ROE (\$846,935) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4879
- (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	43.0125	43.0125	0.7483	42.2642
Direct Care	96.7992	96.7992	1.6841	95.1151
Indirect Care	47.7149	47.7149	0.8301	46.8848
Property	13.6500	11.2813	0.1963	11.0850
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.0125
Supplemental Rate Add-on				9.9025
Totals	201.1766	198.8079	3.4588	226.2641

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 217735-00 - 2015/01

226.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/01	1,476,056	0.00	4.0445	3.0000	1.0445	120	100.00	1,476,056	1,807,440	
1976/07		0.10	4.5297	3.0000	1.5297	120	100.00	1,480,484	1,870,440	
1977/01		0.10	5.2803	3.0000	2.2803	120	100.00	1,484,925	1,940,640	
1977/07		0.20	7.3379	3.0000	4.3379	120	100.00	1,493,835	2,038,680	
1978/01		0.20	9.0776	3.0000	6.0776	120	100.00	1,502,798	2,135,400	
1978/07		0.30	11.6170	3.0000	8.6170	120	100.00	1,516,323	2,253,600	
1979/01		0.30	13.7443	3.0000	10.7443	120	100.00	1,529,970	2,369,160	
1979/07		0.40	14.9425	3.0000	11.9425	120	100.00	1,548,330	2,468,640	
1980/01		0.40	18.1082	3.0000	15.1082	120	100.00	1,566,910	2,620,920	
1980/07		0.50	18.9189	3.0000	15.9189	120	100.00	1,590,414	2,720,760	
1981/01		0.50	19.7429	3.0000	16.7429	120	100.00	1,614,270	2,824,800	
1981/07		0.60	19.3317	3.0000	16.3317	120	100.00	1,643,327	2,897,880	
1982/01		0.60	19.0077	3.0000	16.0077	120	100.00	1,672,907	2,975,520	
1982/07		0.70	18.3054	3.0000	15.3054	120	71.39	1,708,038	3,043,800	
1983/04	5,367	0.70	17.9342	3.0000	14.9342	120	71.39	1,749,274	3,123,840	
1983/07		0.80	18.8920	3.0000	15.8920	120	71.39	1,791,257	3,247,440	
1984/01	9,348	0.80	17.1872	3.0000	14.1872	120	71.74	1,843,595	3,289,560	
1984/07		0.90	16.1051	3.0000	13.1051	120	71.74	1,893,372	3,352,680	
1985/01		0.90	14.2522	3.0000	11.2522	120	71.74	1,944,493	3,391,080	
1985/10		1.00	12.1044	3.0000	9.1044	120	74.00	2,002,828	3,420,000	
1986/01		1.00	9.9343	3.0000	6.9343	120	74.00	2,062,913	3,448,440	
1986/07		1.00	7.2317	3.0000	4.2317	120	73.47	2,124,800	3,441,840	
1987/01		1.00	5.2408	3.0000	2.2408	120	73.47	2,188,544	3,503,400	
1987/07		1.00	3.1415	3.0000	0.1415	120	75.29	2,254,200	3,530,760	
1988/01		1.00	1.0422	1.0422		120	75.29	2,277,693	3,559,440	
1988/07		1.00	0.5899	0.5899		120	77.13	2,291,129	3,557,520	
1989/01		1.00	0.5899	0.5899		120	76.29	2,304,644	3,578,520	
1989/07		1.00	0.5899	0.5899		120	76.29	2,318,239	3,602,760	
1990/01		1.00	0.5899	0.5899		120	76.29	2,331,914	3,620,880	
1990/07		1.00	0.5899	0.5899		120	72.58	2,345,670	3,642,240	



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 217735-00 - 2015/01

226.26

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		1.00	0.5899	0.5899		120	72.58	2,359,507	3,663,600	
1991/07		1.00	1.4932	1.4932		120	77.55	2,394,739	3,718,320	
1992/01		1.00	2.0117	2.0117		120	83.66	2,442,914	3,793,080	
1992/07		1.00	1.8152	1.8152		120	83.66	2,487,258	3,861,960	
1993/01		1.00	1.7710	1.7710		120	82.08	2,531,307	3,930,360	
1993/07		1.00	1.5329	1.5329		120	82.08	2,570,109	3,990,600	
1994/01		1.00	1.6983	1.6983		120	83.63	2,613,757	4,058,400	
1994/07		1.00	1.5991	1.5991		120	83.63	2,655,554	4,123,320	
1995/01		1.00	1.5812	1.5812		120	83.63	2,697,544	4,188,480	
1995/07		1.00	1.5250	1.5250		120	77.01	2,738,682	4,252,320	
1996/01		1.00	1.7228	1.7228		120	73.89	2,785,864	4,325,640	
1996/07		0.95	1.3294	1.3294		120	73.89	2,821,047	4,383,120	
1997/01		0.95	1.4109	1.4109		120	69.50	2,858,860	4,444,920	
1997/07		0.90	1.0917	1.0917		120	69.50	2,886,948	4,493,400	
1998/01		0.90	1.1663	1.1663		120	72.55	2,917,252	4,545,840	
1998/07		0.85	1.0794	1.0794		120	72.55	2,944,018	4,594,920	
1999/01		0.85	1.4499	1.4499		120	71.13	2,980,300	4,661,520	
1999/07	30,078	0.80	1.2299	1.2299		120	61.44	3,039,701	4,718,880	
2000/01	44,129	0.80	1.3356	1.3356		120	61.44	3,116,309	4,781,880	
2000/07		0.75	1.1129	1.1129		120	61.44	3,142,321	4,835,040	
2001/01		0.75	1.2976	1.2976		120	61.44	3,172,902	4,897,800	
2001/07		0.70	0.9615	0.9615		120	61.44	3,194,259	4,944,840	
2002/01	46,043	0.70	1.0301	1.0301		120	66.86	3,263,336	4,995,720	
2002/07		0.65	0.8337	0.8337		120	66.86	3,281,020	5,037,360	
2003/01	42,171	0.65	1.3271	1.3271		120	62.31	3,351,493	5,104,200	
2003/07		0.60	1.1664	1.1664		120	62.31	3,374,947	5,163,720	
2004/01	55,338	0.60	1.1103	1.1103		120	72.64	3,452,769	5,221,080	
2004/07		0.55	0.8378	0.8378		120	72.64	3,468,679	5,264,880	
2005/01		0.55	0.8595	0.8595		120	72.64	3,485,075	5,310,120	
2005/07		0.50	0.7364	0.7364		120	76.43	3,497,907	5,349,240	



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 217735-00 - 2015/01

226.26

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		0.50	0.9068	0.9068		120	70.87	3,513,767	5,397,720	
2006/07		0.45	0.8133	0.8133		120	70.87	3,526,627	5,441,640	
2007/01		0.45	1.0133	1.0133		120	67.32	3,542,708	5,496,720	
2007/07		0.40	1.1050	1.1050		120	67.32	3,558,367	5,557,440	
2008/01		0.40	0.8556	0.8556		120	67.32	3,558,367	5,604,960	5
2008/07		0.35	0.6104	0.6104		120	62.86	3,578,171	5,639,160	
2009/01		0.35	1.3268	1.3268		120	62.86	3,594,788	5,714,040	
2009/07		0.30	0.6841	0.6841		120	62.61	3,602,165	5,753,160	
2010/01		0.30	0.8643	0.8643		120	62.61	3,611,505	5,802,840	
2010/07	56,578	0.25	0.7107	0.7107		120	66.90	3,674,501	5,844,120	
2011/01		0.25	0.9198	0.9198		120	69.20	3,682,952	5,897,880	
2011/07		0.20	0.9028	0.9028		120	69.20	3,689,603	5,951,160	
2012/01	299,878	0.20	0.3865	0.3865		120	73.25	3,992,333	5,974,200	
2012/07		0.15	0.9417	0.9417		120	73.25	3,997,974	6,030,480	
2013/01	223,300	0.15	0.4901	0.4901		120	67.20	4,224,213	6,060,000	
2013/07		0.10	0.6196	0.6196		120	67.20	4,226,832	6,097,560	
2014/01		0.10	0.8564	0.8564		120	67.20	4,230,450	6,149,760	
2014/07		0.05	1.2383	1.2383		120	68.55	4,233,069	6,225,960	
2015/01		0.05	0.7571	0.7571		120	65.40	4,234,673	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 217743-00 - 2015/01

242.55

Daytona Beach 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
1055 3RD STREET	7/1/2013-6/30/2014	Number of Beds: 180	Superior: 0
DAYTONA BEACH, FL 32117-4196	Days in CR 365	Maximum: 65,700	Standard: 212
County: Volusia [64]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 31
Region: North Area: 4	Last Used: 2015/01	Total Patient: 48,160	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,138	Inflation
Current Class North Large	Initial CR? False	Medicaid: 38,183	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.28364%	Cost: 1.03741261
Open Date: 10/01/1977	Statewide Low Occupancy Threshold:	73.30289%	Target: 1.02563464
Acquired Date: 10/01/1977	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.22300000
Entered Medicaid 10/01/1977	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/1999	Weighted Low Occ Adjustment Factor:	93.60449%	DC Inflation: 1.02575226
Previous Med # 206881		100.00000%	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,810,231	3,779,729	1,812,633	449,032		7,851,625	
1a	Audit Adjustments							
2	Cost Per Diem	47.4093	98.9898	47.4723	11.7600		205.6314	
3	Cost Per Diem Inflated	49.1830	101.5390	49.2484				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.1830	101.5390	49.2484	11.7600		211.7304	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	66.7578		52.2722				
7	Provider Target Rate	69.2025		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	49.1830	96.4319	49.2484	11.7600		206.6233	
12/13	Medical Adjustment Rate		2.7716	1.4155				
14	Prospective Per Diem 11	49.1830	99.2035	50.6639	11.7600		210.8104	
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 217743-00 - 2015/01

242.55

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

Daytona Beach Health and Rehabilitation Center

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:	8,972,858.00	Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed	80% Capital(1):	4,732,814 8.2142
Indexed Asset Value	5,916,017	<60% of Base:	False	20% ROE(2):	1,183,203 0.4544
FRVS Base Asset:	3,068,148	Interest Rate:	8.3000%	Insurance Cost(3):	49,705 1.0321
Occup Adj Factor	0.9000	Chase Rate:	8.0000%	Taxes Cost(3):	77,936 1.6183
ROE Factor	0.022710	Amortization Rate:	8.3000%	Home Office(3):	66,883 1.3888
		Interest Only:	False	Replacement(3&4):	68,215 0.0000
		Yearly Payment:	485,704	Total FRVS PD:	12.7078

- (1) 80% Capital (\$4,732,814) amortized at 8.3000 % for 20 years Principal & Interest of \$485,704 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$8.2142
- (2) 20% ROE (\$1,183,203) times the ROE factor (0.022710) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4544
- (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	49.1830	49.1830	0.8557	48.3273
Direct Care	99.2035	99.2035	1.7259	97.4776
Indirect Care	50.6639	50.6639	0.8814	49.7825
Property	11.7600	12.7078	0.2211	12.4867
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5721
Supplemental Rate Add-on				9.9025
Totals	210.8104	211.7582	3.6841	242.5487

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 217743-00 - 2015/01

242.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1977/07	2,476,601	0.00	5.0576	3.0000	2.0576	180	100.00	2,476,601	3,058,020	
1978/01		0.10	6.7973	3.0000	3.7973	180	100.00	2,484,031	3,203,100	
1978/07		0.10	9.3367	3.0000	6.3367	180	100.00	2,491,483	3,380,400	
1979/01		0.20	11.4640	3.0000	8.4640	180	100.00	2,506,432	3,553,740	
1979/07		0.20	12.6622	3.0000	9.6622	180	100.00	2,521,471	3,702,960	
1980/01		0.30	15.8279	3.0000	12.8279	180	100.00	2,544,164	3,931,380	
1980/07		0.30	16.6385	3.0000	13.6385	180	100.00	2,567,061	4,081,140	
1981/01		0.40	17.4626	3.0000	14.4626	180	100.00	2,597,866	4,237,200	
1981/07		0.40	17.0514	3.0000	14.0514	180	100.00	2,629,040	4,346,820	
1982/01		0.50	16.7274	3.0000	13.7274	180	100.00	2,668,476	4,463,280	
1982/07		0.50	16.0251	3.0000	13.0251	180	71.00	2,708,503	4,565,700	
1983/04		0.60	15.6539	3.0000	12.6539	180	71.00	2,757,256	4,685,760	
1983/07		0.60	16.6117	3.0000	13.6117	180	71.00	2,806,887	4,871,160	
1984/01		0.70	14.9069	3.0000	11.9069	180	100.00	2,865,832	4,934,340	
1984/07		0.70	13.8248	3.0000	10.8248	180	100.00	2,926,014	5,029,020	
1985/01		0.80	11.9719	3.0000	8.9719	180	71.66	2,996,238	5,086,620	
1985/10		0.80	9.8241	3.0000	6.8241	180	72.09	3,068,148	5,130,000	
1986/01		0.90	7.6540	3.0000	4.6540	180	72.09	3,150,988	5,172,660	
1986/07		0.90	4.9514	3.0000	1.9514	180	100.00	3,236,065	5,162,760	
1987/01		1.00	2.9605	2.9605		180	100.00	3,331,869	5,255,100	
1987/07		1.00	0.9007	0.9007		180	66.84	3,361,879	5,296,140	
1988/01		1.00	0.9007	0.9007		180	66.84	3,392,159	5,339,160	
1988/07		1.00	0.5899	0.5899		180	70.41	3,412,169	5,336,280	
1989/01		1.00	0.5899	0.5899		180	78.94	3,432,297	5,367,780	
1989/07		1.00	0.5899	0.5899		180	78.94	3,452,544	5,404,140	
1990/01		1.00	0.5899	0.5899		180	78.94	3,472,911	5,431,320	
1990/07		1.00	0.5899	0.5899		180	79.30	3,493,398	5,463,360	
1991/01		1.00	0.5899	0.5899		180	79.30	3,514,006	5,495,400	
1991/07		1.00	1.4932	1.4932		180	80.87	3,566,477	5,577,480	
1992/01		1.00	2.0117	2.0117		180	83.20	3,638,224	5,689,620	



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 217743-00 - 2015/01

242.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07		1.00	1.8152	1.8152		180	83.20	3,704,265	5,792,940	
1993/01		1.00	1.7710	1.7710		180	86.05	3,769,868	5,895,540	
1993/07		1.00	1.5329	1.5329		180	86.05	3,827,656	5,985,900	
1994/01		1.00	1.6983	1.6983		180	86.05	3,892,661	6,087,600	
1994/07		1.00	1.5991	1.5991		180	86.83	3,954,909	6,184,980	
1995/01		1.00	1.5812	1.5812		180	87.59	4,017,444	6,282,720	
1995/07		1.00	1.5250	1.5250		180	87.59	4,078,710	6,378,480	
1996/01		1.00	1.7228	1.7228		180	87.59	4,148,978	6,488,460	
1996/07		1.00	1.3294	1.3294		180	85.23	4,204,135	6,574,680	
1997/01		1.00	1.4109	1.4109		180	84.28	4,263,451	6,667,380	
1997/07		1.00	1.0917	1.0917		180	84.28	4,309,995	6,740,100	
1998/01		0.95	1.1663	1.1663		180	81.24	4,357,750	6,818,760	
1998/07		0.95	1.0794	1.0794		180	81.24	4,402,434	6,892,380	
1999/01		0.90	1.4499	1.4499		180	82.81	4,459,881	6,992,280	
1999/07	15,311	0.90	1.2299	1.2299		180	82.50	4,524,558	7,078,320	
2000/01	49,439	0.85	1.3356	1.3356		180	82.50	4,625,364	7,172,820	
2000/07		0.85	1.1129	1.1129		180	82.50	4,669,120	7,252,560	
2001/01		0.80	1.2976	1.2976		180	82.50	4,717,590	7,346,700	
2001/07		0.80	0.9615	0.9615		180	82.50	4,753,878	7,417,260	
2002/01	84,271	0.75	1.0301	1.0301		180	83.47	4,838,149	7,493,580	5
2002/07		0.75	0.8337	0.8337		180	83.47	4,874,877	7,556,040	5
2003/01	74,814	0.70	1.3271	1.3271		180	80.76	5,025,745	7,656,300	
2003/07		0.70	1.1664	1.1664		180	80.76	5,066,780	7,745,580	
2004/01		0.65	1.1103	1.1103		180	74.14	5,103,347	7,831,620	
2004/07		0.65	0.8378	0.8378		180	74.14	5,131,140	7,897,320	
2005/01		0.60	0.8595	0.8595		180	74.14	5,157,601	7,965,180	
2005/07		0.60	0.7364	0.7364		180	74.33	5,180,387	8,023,860	
2006/01		0.55	0.9068	0.9068		180	70.63	5,206,222	8,096,580	
2006/07		0.55	0.8133	0.8133		180	70.63	5,229,509	8,162,460	
2007/01		0.50	1.0133	1.0133		180	80.50	5,256,007	8,245,080	



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 217743-00 - 2015/01

242.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		0.50	1.1050	1.1050		180	80.50	5,285,046	8,336,160	
2008/01		0.45	0.8556	0.8556		180	80.50	5,305,393	8,407,440	
2008/07		0.45	0.6104	0.6104		180	78.97	5,319,967	8,458,740	
2009/01		0.40	1.3268	1.3268		180	78.97	5,348,200	8,571,060	
2009/07		0.40	0.6841	0.6841		180	74.68	5,362,833	8,629,740	
2010/01		0.35	0.8643	0.8643		180	74.68	5,379,056	8,704,260	
2010/07	76,266	0.35	0.7107	0.7107		180	79.26	5,468,700	8,766,180	
2011/01		0.30	0.9198	0.9198		180	79.37	5,483,788	8,846,820	
2011/07		0.30	0.9028	0.9028		180	79.37	5,498,638	8,926,740	
2012/01		0.25	0.3865	0.3865		180	79.37	5,503,950	8,961,300	
2012/07		0.25	0.9417	0.9417		180	75.43	5,516,906	9,045,720	
2013/01	363,407	0.20	0.4901	0.4901		180	76.49	5,885,720	9,090,000	
2013/07		0.20	0.6196	0.6196		180	76.49	5,893,012	9,146,340	
2014/01		0.15	0.8564	0.8564		180	76.48	5,900,585	9,224,640	
2014/07		0.15	1.2383	1.2383		180	76.48	5,911,542	9,338,940	
2015/01		0.10	0.7571	0.7571		180	79.28	5,916,017	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 217824-00 - 2015/01

235.84

Life Care Center of Port St. Lucie

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
3720 SE JENNINGS ROAD	8/1/2012-7/31/2013	Number of Beds: 123	Superior: 0
PORT SAINT LUCIE , FL	Days in CR 365	Maximum: 44,895	Standard: 243
34952	First Used : 2014/07	Max Annualized: 44,895	Conditional: 0
County: St Lucie [56]	Last Used: 2015/01	Total Patient: 36,209	Total: 243
Region: South Area: 9	Unaudited	Medicare: 21,024	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 11,179	FY Index: 1.30228922
Current Class South Large	Medical Utilization	30.87354%	Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	80.65263%	Cost: 1.05323681
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Open Date: 09/09/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Acquired Date: 09/09/1999	Low Occupancy Adjustment Factor:	102.98977%	DC Sem Index: 1.25449501
Entered Medicaid 09/09/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Med # Active Date: 09/09/1999			PS Target: 1.03662091
Previous Med #			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	534,240	1,007,622	718,383	318,713		2,578,958	
1a	Audit Adjustments							
2	Cost Per Diem	47.7896	90.1352	64.2618	28.5100		230.6966	
3	Cost Per Diem Inflated	50.3338	93.4884	67.6829				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.3338	93.4884	67.6829	28.5100		240.0151	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.0254		58.0678				
7	Provider Target Rate	63.2602		60.1943				
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	50.3338	93.4884	60.1943	13.6500		217.6665	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.3338	93.4884	60.1943	13.6500		217.6665	
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 217824-00 - 2015/01

235.84

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

Life Care Center of Port St. Lucie

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:	8,495,769.00	Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable	80% Capital(1):	4,744,700 9.4953
Indexed Asset Value	5,930,875	<60% of Base:	False	20% ROE(2):	1,186,175 0.4404
FRVS Base Asset:	4,778,058	Interest Rate:	7.2400%	Insurance Cost(3):	24,659 0.6810
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	90,406 2.4968
ROE Factor	0.015000	Amortization Rate:	5.2500%	Home Office(3):	41,084 1.1346
		Interest Only:	False	Replacement(3&4):	334,810 0.0000
		Yearly Payment:	383,663	Total FRVS PD:	14.2481

- (1) 80% Capital (\$4,744,700) amortized at 5.2500 % for 20 years Principal & Interest of \$383,663 divided by annual available days (44895) divided by Occup. Adj. (0.90) = \$9.4953
- (2) 20% ROE (\$1,186,175) times the ROE factor (0.015000) divided by annual available days (44895) divided by Occup. Adj. (0.90) = \$0.4404
- (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	123	Effective PBS Limitation	4,778,058

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.3338	50.3338	0.8757	49.4581
Direct Care	93.4884	93.4884	1.6265	91.8619
Indirect Care	60.1943	60.1943	1.0472	59.1471
Property	13.6500	14.2481	0.2479	14.0002
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				11.4704
Supplemental Rate Add-on				9.9025
Totals	217.6665	218.2646	3.7973	235.8402

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: 7/31/2013

0 217824-00 - 2015/01

235.84

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	9,299,102	0.00	1.2299	1.2299		123	53.19	4,778,058	4,778,058	1
2000/01	20,655	0.10	1.3356	1.3356		123	53.19	4,804,886	4,901,427	
2000/07		0.10	1.1129	1.1129		123	53.19	4,810,058	4,955,916	
2001/01		0.20	1.2976	1.2976		123	53.19	4,822,129	5,020,245	
2001/07		0.20	0.9615	0.9615		123	53.19	4,831,097	5,068,461	
2002/01		0.30	1.0301	1.0301		123	53.19	4,831,097	5,120,613	5
2002/07	22,395	0.30	0.8337	0.8337		123	56.22	4,867,929	5,163,294	5
2003/01		0.40	1.3271	1.3271		123	53.44	4,905,217	5,231,805	
2003/07		0.40	1.1664	1.1664		123	53.44	4,927,456	5,292,813	
2004/01	24,897	0.50	1.1103	1.1103		123	54.65	4,979,536	5,351,607	
2004/07		0.50	0.8378	0.8378		123	54.65	5,000,263	5,396,502	
2005/01		0.60	0.8595	0.8595		123	54.65	5,025,885	5,442,873	
2005/07	38,492	0.60	0.7364	0.7364		123	52.25	5,085,471	5,482,971	
2006/01	39,969	0.70	0.9068	0.9068		123	45.03	5,151,871	5,532,663	
2006/07		0.70	0.8133	0.8133		123	45.03	5,175,884	5,577,681	
2007/01		0.80	1.0133	1.0133		123	45.03	5,210,234	5,634,138	
2007/07	30,680	0.80	1.1050	1.1050		123	37.02	5,271,916	5,696,376	
2008/01		0.90	0.8556	0.8556		123	37.02	5,299,239	5,745,084	
2008/07	47,002	0.90	0.6104	0.6104		123	31.91	5,363,132	5,780,139	
2009/01	56,999	1.00	1.3268	1.3268		123	32.16	5,461,739	5,856,891	
2009/07		1.00	0.6841	0.6841		123	32.16	5,483,587	5,896,989	
2010/01	119,975	1.00	0.8643	0.8643		123	35.82	5,634,429	5,947,911	
2010/07		1.00	0.7107	0.7107		123	35.82	5,660,508	5,990,223	
2011/01		1.00	0.9198	0.9198		123	39.02	5,697,446	6,045,327	
2011/07		1.00	0.9028	0.9028		123	39.02	5,733,938	6,099,939	
2012/01		1.00	0.3865	0.3865		123	37.96	5,749,234	6,123,555	
2012/07		1.00	0.9417	0.9417		123	37.96	5,786,601	6,181,242	
2013/01		1.00	0.4901	0.4901		123	37.96	5,806,175	6,211,500	
2013/07		1.00	0.6196	0.6196		123	37.67	5,830,815	6,249,999	
2014/01		1.00	0.8564	0.8564		123	37.67	5,865,016	6,303,504	



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: 7/31/2013

0 217824-00 - 2015/01

235.84

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		123	30.87	5,905,779	6,381,609	
2015/01		1.00	0.7571	0.7571		123	30.87	5,930,875	6,429,948	

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: 217824073120130801201212052013101426



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 218171-00 - 2015/01

213.47

West Jacksonville 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
1650 FOURAKER ROAD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE , FL 32221	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 37,119	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,614	Inflation
Current Class North Large	Initial CR? False	Medicaid: 23,679	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	63.79213%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.74658%	Cost: 1.05040266
Open Date: 07/20/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/20/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 08/10/1990	Low Occupancy Adjustment Factor:	108.21756%	DC Sem Index: 1.25449501
Med # Active Date: 03/25/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 202550			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,172,991	1,644,216	1,132,823	726,235		4,676,265	
1a	Audit Adjustments							
2	Cost Per Diem	49.5372	69.4377	47.8408	30.6700		197.4857	
3	Cost Per Diem Inflated	52.0340	71.9614	50.2521				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.0340	71.9614	50.2521	30.6700		204.9175	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.4811		53.6814				
7	Provider Target Rate	47.1467		55.6473				
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	47.1467	71.9614	50.2521	13.6500		183.0102	
12/13	Medical Adjustment Rate		1.1166	0.7797				
14	Prospective Per Diem 11	47.1467	73.0780	51.0318	13.6500		184.9065	
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 218171-00 - 2015/01

213.47

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

West Jacksonville Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/10/1990	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,843,654 9.9357
RS to Start Calcs:	1990/07	<60% of Base:	False	20% ROE(2):	1,210,913 0.4832
Indexed Asset Value	6,054,567	Interest Rate:	7.9900%	Insurance Cost(3):	49,754 1.3404
FRVS Base Asset:	3,620,880	Chase Rate:	3.2500%	Taxes Cost(3):	67,786 1.8262
Occup Adj Factor	0.9000	Amortization Rate:	5.2500%	Home Office(3):	23,131 0.6232
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	391,664	Total FRVS PD:	14.2087

- (1) 80% Capital (\$4,843,654) amortized at 5.2500 % for 20 years Principal & Interest of \$391,664 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9357
- (2) 20% ROE (\$1,210,913) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4832
- (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:	30,174
Comparison Date:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1467	47.1467	0.8202	46.3265
Direct Care	73.0780	73.0780	1.2714	71.8066
Indirect Care	51.0318	51.0318	0.8878	50.1440
Property	13.6500	14.2087	0.2472	13.9615
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.3278
Supplemental Rate Add-on				9.9025
Totals	184.9065	185.4652	3.2266	213.4689

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: 8/31/2013

0 218171-00 - 2015/01

213.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	5,846,972	0.00	0.5899	0.5899		120	51.63	3,620,880	3,620,880	1
1991/01		0.10	0.5899	0.5899		120	51.63	3,622,885	3,663,600	
1991/07		0.10	1.4932	1.4932		120	51.63	3,627,963	3,718,320	
1992/01		0.20	2.0117	2.0117		120	51.63	3,641,664	3,793,080	
1992/07		0.20	1.8152	1.8152		120	51.63	3,654,073	3,861,960	
1993/01		0.30	1.7710	1.7710		120	51.63	3,672,298	3,930,360	
1993/07		0.30	1.5329	1.5329		120	61.46	3,689,187	3,990,600	
1994/01		0.40	1.6983	1.6983		120	61.46	3,714,248	4,058,400	
1994/07	18,237	0.40	1.5991	1.5991		120	68.99	3,756,241	4,123,320	
1995/01		0.50	1.5812	1.5812		120	68.99	3,785,938	4,188,480	
1995/07	33,446	0.50	1.5250	1.5250		120	70.61	3,848,252	4,252,320	
1996/01		0.60	1.7228	1.7228		120	70.61	3,888,031	4,325,640	
1996/07		0.60	1.3294	1.3294		120	70.61	3,919,042	4,383,120	
1997/01	82,913	0.70	1.4109	1.4109		120	68.49	4,040,659	4,444,920	
1997/07		0.70	1.0917	1.0917		120	64.68	4,071,538	4,493,400	
1998/01		0.80	1.1663	1.1663		120	64.68	4,109,525	4,545,840	
1998/07		0.80	1.0794	1.0794		120	66.77	4,145,011	4,594,920	
1999/01		0.90	1.4499	1.4499		120	66.77	4,199,099	4,661,520	
1999/07		0.90	1.2299	1.2299		120	66.77	4,245,579	4,718,880	
2000/01		1.00	1.3356	1.3356		120	66.77	4,302,283	4,781,880	
2000/07		1.00	1.1129	1.1129		120	77.01	4,350,163	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.01	4,406,611	4,897,800	
2001/07		1.00	0.9615	0.9615		120	81.23	4,448,981	4,944,840	
2002/01		1.00	1.0301	1.0301		120	76.06	4,494,810	4,995,720	
2002/07		1.00	0.8337	0.8337		120	76.06	4,532,283	5,037,360	
2003/01		1.00	1.3271	1.3271		120	71.52	4,592,431	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.52	4,645,997	5,163,720	
2004/01		1.00	1.1103	1.1103		120	69.79	4,697,582	5,221,080	
2004/07		1.00	0.8378	0.8378		120	69.79	4,736,938	5,264,880	
2005/01		1.00	0.8595	0.8595		120	69.02	4,777,652	5,310,120	



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: 8/31/2013

0 218171-00 - 2015/01

213.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	69.02	4,812,835	5,349,240	
2006/01		1.00	0.9068	0.9068		120	69.02	4,856,478	5,397,720	
2006/07		1.00	0.8133	0.8133		120	64.34	4,895,976	5,441,640	
2007/01		1.00	1.0133	1.0133		120	64.34	4,945,587	5,496,720	
2007/07	18,376	1.00	1.1050	1.1050		120	58.66	5,018,612	5,557,440	
2008/01		1.00	0.8556	0.8556		120	58.66	5,061,551	5,604,960	
2008/07	81,799	1.00	0.6104	0.6104		120	53.86	5,173,605	5,639,160	
2009/01		1.00	1.3268	1.3268		120	53.86	5,240,826	5,714,040	
2009/07	24,617	1.00	0.6841	0.6841		120	56.40	5,301,295	5,753,160	
2010/01		1.00	0.8643	0.8643		120	56.40	5,347,114	5,802,840	
2010/07	19,034	1.00	0.7107	0.7107		120	58.40	5,404,150	5,844,120	
2011/01		0.95	0.9198	0.9198		120	58.40	5,451,371	5,897,880	
2011/07		0.95	0.9028	0.9028		120	61.31	5,498,127	5,951,160	
2012/01		0.90	0.3865	0.3865		120	61.31	5,517,255	5,974,200	
2012/07	162,180	0.90	0.9417	0.9417		120	62.47	5,726,194	6,030,480	
2013/01		0.85	0.4901	0.4901		120	62.47	5,726,194	6,060,000	5
2013/07	105,837	0.85	0.6196	0.6196		120	65.44	5,886,172	6,097,560	
2014/01		0.80	0.8564	0.8564		120	65.44	5,926,498	6,149,760	
2014/07	35,177	0.80	1.2383	1.2383		120	63.79	6,020,383	6,225,960	
2015/01		0.75	0.7571	0.7571		120	63.79	6,054,567	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 219380-00 - 2015/01

234.64

Life Care Center 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
1510 CYPRESS GARDENS BLVD	8/1/2013-7/31/2014	Number of Beds: 177	Superior: 0
WINTER HAVEN, FL 33884	Days in CR 365	Maximum: 64,605	Standard: 243
County: Polk [53]	First Used : 2015/01	Max Annualized: 64,605	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 58,078	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 21,888	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,336	FY Index: 1.32594791
Class at 1/94: South Large	Medical Utilization	47.06774%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.89707%	Cost: 1.03444406
Open Date: 11/03/1999	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 11/03/1999	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 11/03/1999	Low Occupancy Adjustment Factor:	114.79451%	DC Sem Index: 1.25449501
Med # Active Date: 11/03/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,237,324	2,533,957	1,828,885	636,929		6,237,095
1a	Audit Adjustments						
2	Cost Per Diem	45.2635	92.6967	66.9039	23.3000		228.1641
3	Cost Per Diem Inflated	46.8226	95.0191	69.2083			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8226	95.0191	69.2083	23.3000		234.3500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1907		54.4474			
7	Provider Target Rate	57.2118		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	46.8226	95.0191	56.4413	13.6500		211.9330
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	46.8226	95.0191	56.4413	13.6500		211.9330
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 219380-00 - 2015/01

234.64

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

Life Care Center of Winter Haven

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/03/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	13,959,827.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Fixed	80% Capital(1):	6,799,926	10.0948
Indexed Asset Value	8,499,907	<60% of Base:	False	20% ROE(2):	1,699,981	0.6669
FRVS Base Asset:	6,875,742	Interest Rate:	6.0500%	Insurance Cost(3):	39,284	0.6764
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	126,830	2.1838
ROE Factor	0.022810	Amortization Rate:	6.0500%	Home Office(3):	68,058	1.1718
		Interest Only:	False	Replacement(3&4):	136,610	0.0000
		Yearly Payment:	586,958	Total FRVS PD:		14.7937

- (1) 80% Capital (\$6,799,926) amortized at 6.0500 % for 20 years Principal & Interest of \$586,958 divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$10.0948
- (2) 20% ROE (\$1,699,981) times the ROE factor (0.022810) divided by annual available days (64605) divided by Occup. Adj. (0.90) = \$0.6669
- (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	177	Effective PBS Limitation	6,875,742

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.8226	46.8226	0.8146	46.0080
Direct Care	95.0191	95.0191	1.6531	93.3660
Indirect Care	56.4413	56.4413	0.9819	55.4594
Property	13.6500	14.7937	0.2574	14.5363
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.3720
Supplemental Rate Add-on				9.9025
Totals	211.9330	213.0767	3.7070	234.6442

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: 7/31/2014

0 219380-00 - 2015/01

234.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07	14,215,005	0.00	1.2299	1.2299		177	61.10	6,875,742	6,875,742	1
2000/01	8,543	0.10	1.3356	1.3356		177	61.10	6,893,471	7,053,273	
2000/07		0.10	1.1129	1.1129		177	61.10	6,901,143	7,131,684	
2001/01		0.20	1.2976	1.2976		177	61.10	6,919,051	7,224,255	
2001/07		0.20	0.9615	0.9615		177	61.10	6,932,356	7,293,639	
2002/01	28,744	0.30	1.0301	1.0301		177	58.82	6,982,521	7,368,687	
2002/07		0.30	0.8337	0.8337		177	58.82	6,999,984	7,430,106	
2003/01		0.40	1.3271	1.3271		177	55.57	6,999,984	7,528,695	5
2003/07		0.40	1.1664	1.1664		177	55.57	7,069,975	7,616,487	
2004/01		0.50	1.1103	1.1103		177	54.08	7,069,975	7,701,093	5
2004/07		0.50	0.8378	0.8378		177	54.08	7,137,851	7,765,698	
2005/01		0.60	0.8595	0.8595		177	54.08	7,174,045	7,832,427	
2005/07		0.60	0.7364	0.7364		177	49.50	7,202,570	7,890,129	
2006/01	32,849	0.70	0.9068	0.9068		177	48.98	7,276,136	7,961,637	
2006/07		0.70	0.8133	0.8133		177	48.98	7,313,025	8,026,419	
2007/01		0.80	1.0133	1.0133		177	48.98	7,365,816	8,107,662	
2007/07	96,109	0.80	1.1050	1.1050		177	46.27	7,516,703	8,197,224	
2008/01		0.90	0.8556	0.8556		177	46.27	7,565,395	8,267,316	
2008/07	35,189	0.90	0.6104	0.6104		177	44.82	7,634,455	8,317,761	
2009/01		1.00	1.3268	1.3268		177	44.82	7,717,000	8,428,209	
2009/07		1.00	0.6841	0.6841		177	47.38	7,762,478	8,485,911	
2010/01		1.00	0.8643	0.8643		177	47.38	7,820,274	8,559,189	
2010/07	97,358	1.00	0.7107	0.7107		177	47.75	7,965,884	8,620,077	
2011/01		1.00	0.9198	0.9198		177	44.39	8,025,020	8,699,373	
2011/07		1.00	0.9028	0.9028		177	44.39	8,083,494	8,777,961	
2012/01		1.00	0.3865	0.3865		177	45.38	8,109,272	8,811,945	
2012/07		1.00	0.9417	0.9417		177	45.38	8,172,280	8,894,958	
2013/01		1.00	0.4901	0.4901		177	45.38	8,205,327	8,938,500	
2013/07		1.00	0.6196	0.6196		177	41.36	8,243,559	8,993,901	
2014/01		1.00	0.8564	0.8564		177	41.36	8,296,649	9,070,896	



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: 7/31/2014

0 219380-00 - 2015/01

234.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		1.00	1.2383	1.2383		177	46.04	8,382,650	9,183,291	
2015/01	62,942	1.00	0.7571	0.7571		177	47.07	8,499,907	9,252,852	

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: 219380073120140801201310202014104735



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 220604-00 - 2015/01

232.04

Century 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
6020 INDUSTRIAL BLVD	8/1/2013-7/31/2014	Number of Beds: 88	Superior: 0
CENTURY , FL 32535	Days in CR 365	Maximum: 32,120	Standard: 243
County: Escambia [17]	First Used : 2015/01	Max Annualized: 32,120	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 30,796	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,469	Inflation
Current Class North Small	Initial CR? False	Medicaid: 24,413	FY Index: 1.32594791
Class at 1/94: North Small	Medical Utilization	79.27328%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.87796%	Cost: 1.03444406
Open Date: 08/12/1994	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/12/1994	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 08/12/1994	Low Occupancy Adjustment Factor:	122.43183%	DC Sem Index: 1.25449501
Med # Active Date: 02/29/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 211168			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,046,590	2,048,276	1,241,405	270,496		4,606,767	
1a	Audit Adjustments							
2	Cost Per Diem	42.8702	83.9010	50.8502	11.0800		188.7014	
3	Cost Per Diem Inflated	44.3468	86.0031	52.6017				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.3468	86.0031	52.6017	11.0800		194.0316	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.5231		57.5320				
7	Provider Target Rate	51.3367		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	44.3468	86.0031	52.6017	11.0800		194.0316	
12/13	Medical Adjustment Rate		2.8323	1.7323				
14	Prospective Per Diem 11	44.3468	88.8354	54.3340	11.0800		198.5962	
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 220604-00 - 2015/01

232.04

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

Century Care Center.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/12/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,207,800.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed	80% Capital(1):	2,810,515	10.4969
Indexed Asset Value	3,513,144	<60% of Base:	False	20% ROE(2):	702,629	0.5544
FRVS Base Asset:	2,367,400	Interest Rate:	10.0000%	Insurance Cost(3):	38,768	1.2589
Occup Adj Factor	0.9000	Chase Rate:	6.0000%	Taxes Cost(3):	28,354	0.9207
ROE Factor	0.022810	Amortization Rate:	9.0000%	Home Office(3):	5,786	0.1879
		Interest Only:	False	Replacement(3&4):	48,643	0.0000
		Yearly Payment:	303,443	Total FRVS PD:		13.4188

- (1) 80% Capital (\$2,810,515) amortized at 9.0000 % for 20 years Principal & Interest of \$303,443 divided by annual available days (32120) divided by Occup. Adj. (0.90) = \$10.4969
 (2) 20% ROE (\$702,629) times the ROE factor (0.022810) divided by annual available days (32120) divided by Occup. Adj. (0.90) = \$0.5544
 (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	70	Effective PBS Limitation	2,367,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	44.3468	44.3468	0.7715	43.5753
Direct Care	88.8354	88.8354	1.5455	87.2899
Indirect Care	54.3340	54.3340	0.9453	53.3887
Property	11.0800	13.4188	0.2335	13.1853
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.6933
Supplemental Rate Add-on				9.9025
Totals	198.5962	200.9350	3.4958	232.0350

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: 7/31/2014

0 220604-00 - 2015/01

232.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1994/07	2,634,013	0.00	1.5991	1.5991		70	67.26	2,367,400	2,367,400	1
1995/01		0.10	1.5812	1.5812		70	67.26	2,371,143	2,443,280	
1995/07		0.10	1.5250	1.5250		70	67.26	2,371,143	2,480,520	5
1996/01		0.20	1.7228	1.7228		70	67.26	2,374,759	2,523,290	5
1996/07		0.20	1.3294	1.3294		70	67.26	2,389,278	2,556,820	
1997/01		0.30	1.4109	1.4109		70	84.01	2,399,392	2,592,870	
1997/07		0.30	1.0917	1.0917		70	84.01	2,407,250	2,621,150	
1998/01		0.40	1.1663	1.1663		70	91.30	2,418,480	2,651,740	
1998/07		0.40	1.0794	1.0794		70	91.30	2,428,923	2,680,370	
1999/01	220,870	0.50	1.4499	1.4499		78	85.35	2,667,403	3,029,988	
1999/07		0.50	1.2299	1.2299		78	85.35	2,683,808	3,067,272	
2000/01	20,383	0.60	1.3356	1.3356		78	90.91	2,725,699	3,108,222	
2000/07		0.60	1.1129	1.1129		78	90.91	2,743,898	3,142,776	
2001/01		0.70	1.2976	1.2976		78	90.91	2,768,821	3,183,570	
2001/07		0.70	0.9615	0.9615		78	90.91	2,787,458	3,214,146	
2002/01		0.80	1.0301	1.0301		78	83.59	2,810,429	3,247,218	
2002/07		0.80	0.8337	0.8337		78	83.59	2,829,175	3,274,284	
2003/01		0.90	1.3271	1.3271		78	84.32	2,862,967	3,317,730	
2003/07		0.90	1.1664	1.1664		78	84.32	2,893,022	3,356,418	
2004/01		1.00	1.1103	1.1103		78	82.63	2,925,143	3,393,702	
2004/07		1.00	0.8378	0.8378		78	82.63	2,949,650	3,422,172	
2005/01		1.00	0.8595	0.8595		78	83.71	2,975,002	3,451,578	
2005/07		1.00	0.7364	0.7364		78	83.71	2,996,910	3,477,006	
2006/01		1.00	0.9068	0.9068		78	76.87	3,024,086	3,508,518	
2006/07		1.00	0.8133	0.8133		78	76.87	3,048,681	3,537,066	
2007/01		1.00	1.0133	1.0133		78	76.87	3,079,573	3,572,868	
2007/07		1.00	1.1050	1.1050		88	73.91	3,113,602	4,075,456	
2008/01		1.00	0.8556	0.8556		88	73.91	3,140,242	4,110,304	
2008/07		1.00	0.6104	0.6104		88	76.72	3,159,410	4,135,384	
2009/01		1.00	1.3268	1.3268		88	76.77	3,201,329	4,190,296	



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: 7/31/2014

0 220604-00 - 2015/01

232.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2009/07		1.00	0.6841	0.6841		88	76.77	3,223,229	4,218,984	
2010/01		1.00	0.8643	0.8643		88	73.53	3,251,087	4,255,416	
2010/07		1.00	0.7107	0.7107		88	73.53	3,274,192	4,285,688	
2011/01		1.00	0.9198	0.9198		88	78.86	3,304,308	4,325,112	
2011/07		1.00	0.9028	0.9028		88	78.86	3,334,139	4,364,184	
2012/01		1.00	0.3865	0.3865		88	78.86	3,347,025	4,381,080	
2012/07		1.00	0.9417	0.9417		88	73.32	3,378,544	4,422,352	
2013/01		1.00	0.4901	0.4901		88	73.32	3,395,102	4,444,000	
2013/07		1.00	0.6196	0.6196		88	74.57	3,416,138	4,471,544	
2014/01		1.00	0.8564	0.8564		88	74.57	3,445,394	4,509,824	
2014/07		1.00	1.2383	1.2383		88	75.69	3,488,058	4,565,704	
2015/01		0.95	0.7571	0.7571		88	79.27	3,513,144	4,600,288	

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 220612-00 - 2015/01

223.61

Santa Rosa 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
5386 BROAD STREET	8/1/2013-7/31/2014	Number of Beds: 110	Superior: 0
MILTON , FL 32570	Days in CR 365	Maximum: 40,150	Standard: 243
County: Santa Rosa [57]	First Used : 2015/01	Max Annualized: 40,150	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 35,097	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,943	Inflation
Current Class North Large	Initial CR? False	Medicaid: 27,867	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	79.39995%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.41469%	Cost: 1.03444406
Open Date: 03/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 01/01/1971	Low Occupancy Adjustment Factor:	111.62462%	DC Sem Index: 1.25449501
Med # Active Date: 02/29/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 203505			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,048,854	2,315,084	1,440,789	297,620		5,102,347	
1a	Audit Adjustments							
2	Cost Per Diem	37.6379	83.0762	51.7023	10.6800		183.0964	
3	Cost Per Diem Inflated	38.9343	85.1576	53.4831				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.9343	85.1576	53.4831	10.6800		188.2550	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	44.2609		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	38.9343	85.1576	53.4831	10.6800		188.2550	
12/13	Medical Adjustment Rate		2.8166	1.7690				
14	Prospective Per Diem 11	38.9343	87.9742	55.2521	10.6800		192.8406	
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 220612-00 - 2015/01

223.61

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

Santa Rosa Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	815,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,635,242	9.0669
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	658,810	0.4159
Indexed Asset Value	3,294,052	Interest Rate:	8.2700%	Insurance Cost(3):	52,636	1.4997
FRVS Base Asset:	1,673,412	Chase Rate:	12.5000%	Taxes Cost(3):	20,241	0.5767
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	6,561	0.1869
ROE Factor	0.022810	Interest Only:	True	Replacement(3&4):	25,867	0.0000
		Yearly Payment:	327,633	Total FRVS PD:		11.7461

(1) 80% Capital (\$2,635,242) amortized at 12.5000 % for 20 years Interest of \$327,633 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$9.0669

(2) 20% ROE (\$658,810) times the ROE factor (0.022810) divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$0.4159

(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	38.9343	38.9343	0.6774	38.2569
Direct Care	87.9742	87.9742	1.5305	86.4437
Indirect Care	55.2521	55.2521	0.9613	54.2908
Property	10.6800	11.7461	0.2044	11.5417
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.1744
Supplemental Rate Add-on				9.9025
Totals	192.8406	193.9067	3.3736	223.6100

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: 7/31/2014

0 220612-00 - 2015/01

223.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	370,516	0.00				120	100.00	370,516	1,231,320	
1972/01	90	0.10	3.9787	3.0000	0.9787	120	100.00	371,718	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	372,833	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	375,070	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	377,320	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	380,716	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	384,142	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	388,752	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	393,417	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	399,318	1,807,440	
1976/07		0.50	15.7330	3.0000	12.7330	120	100.00	405,308	1,870,440	
1977/01	948	0.60	16.4836	3.0000	13.4836	120	100.00	413,552	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	420,996	2,038,680	
1978/01	718	0.70	20.2809	3.0000	17.2809	120	100.00	430,555	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	439,597	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	450,147	2,369,160	
1979/07	682,402	0.80	26.1458	3.0000	23.1458	120	100.00	1,143,353	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120	85.61	1,174,224	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	85.61	1,205,928	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	55.00	1,242,106	2,824,800	
1981/07	11,858	1.00	30.5350	3.0000	27.5350	120	55.00	1,291,227	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	90.61	1,329,964	2,975,520	
1982/07	11,549	1.00	29.5087	3.0000	26.5087	120	100.00	1,381,412	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	100.00	1,422,854	3,123,840	
1983/07	6,863	1.00	30.0953	3.0000	27.0953	120	92.73	1,472,403	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	100.00	1,516,575	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	100.00	1,562,072	3,352,680	
1985/01	15,738	1.00	25.4555	3.0000	22.4555	120	100.00	1,624,672	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	100.00	1,673,412	3,420,000	
1986/01		1.00	21.1376	3.0000	18.1376	120	100.00	1,723,614	3,448,440	



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: 7/31/2014

0 220612-00 - 2015/01

223.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	120	100.00	1,775,322	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	100.00	1,828,582	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	91.51	1,883,439	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	89.57	1,939,942	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	89.57	1,998,140	3,557,520	
1989/01	20,102	1.00	7.4253	3.0000	4.4253	120	87.17	2,078,186	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	87.17	2,140,532	3,602,760	
1990/01		1.00	2.6051	2.6051		120	83.99	2,196,295	3,620,880	
1990/07		1.00	0.5899	0.5899		120	83.99	2,209,251	3,642,240	
1991/01		1.00	0.5899	0.5899		120	81.93	2,222,283	3,663,600	
1991/07		1.00	1.4932	1.4932		120	81.93	2,255,466	3,718,320	
1992/01		0.95	2.0117	2.0117		120	81.93	2,255,466	3,793,080	5
1992/07	17,666	0.95	1.8152	1.8152		120	82.56	2,316,236	3,861,960	5
1993/01		0.90	1.7710	1.7710		120	82.13	2,393,423	3,930,360	
1993/07		0.90	1.5329	1.5329		120	82.13	2,426,443	3,990,600	
1994/01		0.85	1.6983	1.6983		120	85.18	2,461,471	4,058,400	
1994/07		0.85	1.5991	1.5991		120	85.18	2,494,927	4,123,320	
1995/01		0.80	1.5812	1.5812		120	86.98	2,526,488	4,188,480	
1995/07		0.80	1.5250	1.5250		120	86.98	2,557,311	4,252,320	
1996/01	25,893	0.75	1.7228	1.7228		120	87.45	2,616,247	4,325,640	
1996/07		0.75	1.3294	1.3294		120	87.45	2,642,334	4,383,120	
1997/01		0.70	1.4109	1.4109		120	87.24	2,668,430	4,444,920	
1997/07		0.70	1.0917	1.0917		120	87.24	2,688,822	4,493,400	
1998/01		0.65	1.1663	1.1663		120	87.39	2,709,206	4,545,840	
1998/07		0.65	1.0794	1.0794		120	87.39	2,728,214	4,594,920	
1999/01		0.60	1.4499	1.4499		120	86.75	2,751,947	4,661,520	
1999/07		0.60	1.2299	1.2299		120	86.75	2,772,254	4,718,880	
2000/01		0.55	1.3356	1.3356		120	88.26	2,792,619	4,781,880	
2000/07		0.55	1.1129	1.1129		120	88.26	2,809,713	4,835,040	
2001/01		0.50	1.2976	1.2976		120	88.26	2,827,942	4,897,800	



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: 7/31/2014

0 220612-00 - 2015/01

223.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	88.26	2,841,539	4,944,840	
2002/01	261,625	0.45	1.0301	1.0301		120	86.97	3,116,335	4,995,720	
2002/07		0.45	0.8337	0.8337		120	86.97	3,116,335	5,037,360	5
2003/01		0.40	1.3271	1.3271		120	83.81	3,144,631	5,104,200	
2003/07		0.40	1.1664	1.1664		120	83.81	3,159,304	5,163,720	
2004/01		0.35	1.1103	1.1103		120	82.09	3,171,581	5,221,080	
2004/07		0.35	0.8378	0.8378		120	82.09	3,180,880	5,264,880	
2005/01		0.30	0.8595	0.8595		120	82.73	3,189,083	5,310,120	
2005/07		0.30	0.7364	0.7364		120	82.73	3,196,128	5,349,240	
2006/01		0.25	0.9068	0.9068		120	82.97	3,203,374	5,397,720	
2006/07		0.25	0.8133	0.8133		120	82.97	3,209,886	5,441,640	
2007/01		0.20	1.0133	1.0133		120	82.97	3,216,392	5,496,720	
2007/07		0.20	1.1050	1.1050		110	80.04	3,223,500	5,094,320	
2008/01	33,491	0.15	0.8556	0.8556		110	74.60	3,261,127	5,137,880	
2008/07		0.15	0.6104	0.6104		110	74.60	3,264,114	5,169,230	
2009/01	20,766	0.10	1.3268	1.3268		110	78.93	3,289,211	5,237,870	
2009/07		0.10	0.6841	0.6841		110	78.93	3,291,461	5,273,730	
2010/01		0.05	0.8643	0.8643		110	78.93	3,292,883	5,319,270	
2010/07		0.05	0.7107	0.7107		110	81.62	3,294,052	5,357,110	
2011/01		0.00	0.9198	0.9198		110	80.00	3,294,052	5,406,390	
2011/07		0.00	0.9028	0.9028		110	80.00	3,294,052	5,455,230	
2012/01		0.00	0.3865	0.3865		110	80.00	3,294,052	5,476,350	
2012/07		0.00	0.9417	0.9417		110	80.52	3,294,052	5,527,940	
2013/01		0.00	0.4901	0.4901		110	80.52	3,294,052	5,555,000	
2013/07		0.00	0.6196	0.6196		110	77.54	3,294,052	5,589,430	
2014/01		0.00	0.8564	0.8564		110	77.54	3,294,052	5,637,280	
2014/07		0.00	1.2383	1.2383		110	78.78	3,294,052	5,707,130	
2015/01		0.00	0.7571	0.7571		110	79.40	3,294,052	5,750,360	

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 220621-00 - 2015/01

235.54

Sandy Ridge 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
5360 GLOVER LANE	8/1/2013-7/31/2014	Number of Beds: 60	Superior: 0
MILTON, FL 32570	Days in CR 365	Maximum: 21,900	Standard: 243
County: Santa Rosa [57]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 20,122	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,346	Inflation
Current Class North Small	Initial CR? False	Medicaid: 14,797	FY Index: 1.32594791
Class at 1/94: North Small	Medical Utilization	73.53643%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.88128%	Cost: 1.03444406
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: 1.22383277
Entered Medicaid 04/24/1987	Low Occupancy Adjustment Factor:	117.32825%	DC Sem Index: 1.25449501
Med # Active Date: 02/29/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 209465			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	620,414	1,204,785	844,321	182,447		2,851,967	
1a	Audit Adjustments							
2	Cost Per Diem	41.9284	81.4209	57.0603	12.3300		192.7396	
3	Cost Per Diem Inflated	43.3726	83.4608	59.0257				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.3726	83.4608	59.0257	12.3300		198.1891	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.4272		58.0699				
7	Provider Target Rate	50.2006		60.1965				
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	43.3726	83.4608	59.0257	12.3300		198.1891	
12/13	Medical Adjustment Rate		2.2099	1.5629				
14	Prospective Per Diem 11	43.3726	85.6707	60.5886	12.3300		201.9619	
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 220621-00 - 2015/01

235.54

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

Sandy Ridge Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/29/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	1,650,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,321,500	14.0456
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	580,375	0.6717
Indexed Asset Value	2,901,875	Interest Rate:	10.4310%	Insurance Cost(3):	25,474	1.2660
FRVS Base Asset:	1,695,540	Chase Rate:	9.0000%	Taxes Cost(3):	17,948	0.8920
Occup Adj Factor	0.9000	Amortization Rate:	10.4310%	Home Office(3):	3,765	0.1871
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	17,728	0.0000
		Yearly Payment:	276,839	Total FRVS PD:		17.0624

(1) 80% Capital (\$2,321,500) amortized at 10.4310 % for 20 years Principal & Interest of \$276,839 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$14.0456

(2) 20% ROE (\$580,375) times the ROE factor (0.022810) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.6717

(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	60	Effective PBS Limitation	1,695,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.3726	43.3726	0.7546	42.6180
Direct Care	85.6707	85.6707	1.4905	84.1802
Indirect Care	60.5886	60.5886	1.0541	59.5345
Property	12.3300	17.0624	0.2968	16.7656
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5392
Supplemental Rate Add-on				9.9025
Totals	201.9619	206.6943	3.5960	235.5400

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: 7/31/2014

0 220621-00 - 2015/01

235.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	1,705,500	0.00	0.8522	0.8522		60		1,695,540	1,695,540	1
1986/01		0.10	0.8299	0.8299		60		1,695,540	1,724,220	
1986/07		0.10	0.2974	0.2974		60		1,695,540	1,720,920	
1987/01		0.20	1.0091	1.0091		60	93.61	1,698,962	1,751,700	
1987/07		0.20	0.9007	0.9007		60	93.61	1,702,022	1,765,380	
1988/01		0.30	0.9007	0.9007		60	93.61	1,706,621	1,779,720	
1988/07		0.30	0.5899	0.5899		60	93.61	1,709,642	1,778,760	
1989/01		0.40	0.5899	0.5899		60	93.61	1,713,677	1,789,260	
1989/07	35,036	0.40	0.5899	0.5899		60	96.64	1,752,757	1,801,380	
1990/01		0.50	0.5899	0.5899		60	96.64	1,757,928	1,810,440	
1990/07		0.50	0.5899	0.5899		60	94.08	1,763,114	1,821,120	
1991/01		0.60	0.5899	0.5899		60	94.08	1,769,354	1,831,800	
1991/07		0.60	1.4932	1.4932		60	93.01	1,785,206	1,859,160	
1992/01		0.70	2.0117	2.0117		60	92.90	1,810,345	1,896,540	
1992/07		0.70	1.8152	1.8152		60	92.90	1,833,347	1,930,980	
1993/01		0.80	1.7710	1.7710		60	96.43	1,859,322	1,965,180	
1993/07		0.80	1.5329	1.5329		60	96.43	1,882,123	1,995,300	
1994/01		0.90	1.6983	1.6983		60	93.76	1,910,891	2,029,200	
1994/07		0.90	1.5991	1.5991		60	93.76	1,938,393	2,061,660	
1995/01		1.00	1.5812	1.5812		60	85.65	1,969,043	2,094,240	
1995/07		1.00	1.5250	1.5250		60	85.65	1,999,071	2,126,160	
1996/01	9,126	1.00	1.7228	1.7228		60	85.28	2,042,637	2,162,820	
1996/07		1.00	1.3294	1.3294		60	85.28	2,069,792	2,191,560	
1997/01		1.00	1.4109	1.4109		60	89.27	2,098,995	2,222,460	
1997/07		1.00	1.0917	1.0917		60	89.27	2,121,910	2,246,700	
1998/01		1.00	1.1663	1.1663		60	91.73	2,146,658	2,272,920	
1998/07		1.00	1.0794	1.0794		60	91.73	2,169,829	2,297,460	
1999/01		1.00	1.4499	1.4499		60	88.17	2,201,289	2,330,760	
1999/07		1.00	1.2299	1.2299		60	88.17	2,228,363	2,359,440	
2000/01		1.00	1.3356	1.3356		60	85.04	2,258,125	2,390,940	



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: 7/31/2014

0 220621-00 - 2015/01

235.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		60	85.04	2,283,256	2,417,520	
2001/01		1.00	1.2976	1.2976		60	85.04	2,312,884	2,448,900	
2001/07		1.00	0.9615	0.9615		60	85.04	2,335,122	2,472,420	
2002/01	10,529	1.00	1.0301	1.0301		60	82.25	2,369,705	2,497,860	
2002/07		1.00	0.8337	0.8337		60	82.25	2,389,461	2,518,680	
2003/01		1.00	1.3271	1.3271		60	80.41	2,421,172	2,552,100	
2003/07		1.00	1.1664	1.1664		60	80.41	2,449,413	2,581,860	
2004/01		1.00	1.1103	1.1103		60	84.01	2,476,609	2,610,540	
2004/07		1.00	0.8378	0.8378		60	84.01	2,497,358	2,632,440	
2005/01		1.00	0.8595	0.8595		60	79.74	2,518,823	2,655,060	
2005/07		1.00	0.7364	0.7364		60	79.74	2,537,372	2,674,620	
2006/01		0.95	0.9068	0.9068		60	79.74	2,559,231	2,698,860	
2006/07		0.95	0.8133	0.8133		60	74.47	2,579,004	2,720,820	
2007/01		0.90	1.0133	1.0133		60	71.01	2,602,525	2,748,360	
2007/07		0.90	1.1050	1.1050		60	71.01	2,628,407	2,778,720	
2008/01		0.85	0.8556	0.8556		60	79.61	2,647,523	2,802,480	
2008/07		0.85	0.6104	0.6104		60	79.61	2,661,258	2,819,580	
2009/01		0.80	1.3268	1.3268		60	72.85	2,689,505	2,857,020	
2009/07		0.80	0.6841	0.6841		60	72.85	2,704,225	2,876,580	
2010/01		0.75	0.8643	0.8643		60	72.85	2,721,754	2,901,420	
2010/07	20,611	0.75	0.7107	0.7107		60	71.32	2,756,872	2,922,060	
2011/01		0.70	0.9198	0.9198		60	75.50	2,774,623	2,948,940	
2011/07		0.70	0.9028	0.9028		60	75.50	2,792,159	2,975,580	
2012/01		0.65	0.3865	0.3865		60	75.50	2,799,173	2,987,100	
2012/07	10,079	0.65	0.9417	0.9417		60	77.10	2,826,386	3,015,240	
2013/01		0.60	0.4901	0.4901		60	77.10	2,834,698	3,030,000	
2013/07		0.60	0.6196	0.6196		60	78.20	2,834,698	3,048,780	5
2014/01		0.55	0.8564	0.8564		60	78.20	2,858,638	3,074,880	
2014/07		0.55	1.2383	1.2383		60	77.14	2,878,108	3,112,980	
2015/01	12,870	0.50	0.7571	0.7571		60	73.54	2,901,875	3,136,560	

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: 220621073120140801201310292014172249



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 221465-00 - 2015/01

205.86

Clermont Health and Rehabilitation 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
151 E MINNEHAHA AVE	1/1/2013-12/31/2013	Number of Beds: 182	Superior: 0
CLERMONT, FL 34711	Days in CR 365	Maximum: 66,430	Standard: 243
County: Lake [35]	First Used : 2015/01	Max Annualized: 66,430	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 63,506	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 11,040	Inflation
Current Class North Large	Initial CR? False	Medicaid: 47,874	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	75.38500%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.59837%	Cost: 1.04340134
Open Date: 01/01/1968	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 07/01/1981	Low Occupancy Adjustment Factor:	122.07481%	DC Sem Index: 1.25449501
Med # Active Date: 09/29/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 212539			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,798,937	3,651,986	2,027,516	708,535		8,186,974	
1a	Audit Adjustments							
2	Cost Per Diem	37.5765	76.2833	42.3511	14.8000		171.0109	
3	Cost Per Diem Inflated	39.2074	78.7630	44.1892				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.2074	78.7630	44.1892	14.8000		176.9596	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	42.6973		52.2722				
7	Provider Target Rate	44.2609		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	39.2074	78.7630	44.1892	13.6500		175.8096	
12/13	Medical Adjustment Rate		2.2493	1.2620				
14	Prospective Per Diem 11	39.2074	81.0123	45.4512	13.6500		179.3209	
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 221465-00 - 2015/01

205.86

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

Clermont Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 03/01/1987		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,153,991.00	Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Variable	80% Capital(1):	5,774,797 8.4787
Indexed Asset Value	7,218,496	<60% of Base:	False	20% ROE(2):	1,443,699 0.4528
FRVS Base Asset:	2,631,593	Interest Rate:	6.2600%	Insurance Cost(3):	120,728 1.9010
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.018750	Amortization Rate:	6.2600%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	81,270 0.0000
		Yearly Payment:	506,919	Total FRVS PD:	10.8325

- (1) 80% Capital (\$5,774,797) amortized at 6.2600 % for 20 years Principal & Interest of \$506,919 divided by annual available days (66430) divided by Occup. Adj. (0.90) = \$8.4787
- (2) 20% ROE (\$1,443,699) times the ROE factor (0.018750) divided by annual available days (66430) divided by Occup. Adj. (0.90) = \$0.4528
- (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	142	Effective PBS Limitation	52,276
			4,047,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	39.2074	39.2074	0.6821	38.5253
Direct Care	81.0123	81.0123	1.4094	79.6029
Indirect Care	45.4512	45.4512	0.7907	44.6605
Property	13.6500	10.8325	0.1885	10.6440
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5292
Supplemental Rate Add-on				9.9025
Totals	179.3209	176.5034	3.0707	205.8644

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 221465-00 - 2015/01

205.86

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	384,445	0.00	2.5888	2.5888		142	70.40	384,445	3,429,158	
1982/01		0.10	2.6760	2.6760		142	68.14	385,474	3,521,032	
1982/07		0.10	2.2977	2.2977		142	68.14	386,360	3,601,830	
1983/04	13,499	0.20	2.6288	2.6288		142	64.21	401,890	3,696,544	
1983/07		0.20	3.9578	3.0000	0.9578	142	64.21	404,301	3,842,804	
1984/01	3,000	0.30	2.2530	2.2530		142	57.93	410,034	3,892,646	
1984/07		0.30	1.9179	1.9179		142	57.93	412,393	3,967,338	
1985/01	2,207,488	0.40	1.1471	1.1471		142	55.13	2,621,773	4,012,778	
1985/10	882	0.40	0.8522	0.8522		142	55.13	2,631,593	4,047,000	
1986/01		0.50	0.8299	0.8299		142	55.13	2,642,514	4,080,654	
1986/07		0.50	0.2974	0.2974		142	55.13	2,646,443	4,072,844	
1987/01		0.60	1.0091	1.0091		142	66.74	2,662,467	4,145,690	
1987/07		0.60	0.9007	0.9007		142	66.74	2,676,855	4,178,066	
1988/01		0.70	0.9007	0.9007		142	66.74	2,693,733	4,212,004	
1988/07		0.70	0.5899	0.5899		142	66.74	2,704,855	4,209,732	
1989/01		0.80	0.5899	0.5899		142	66.74	2,717,619	4,234,582	
1989/07		0.80	0.5899	0.5899		142	66.74	2,730,443	4,263,266	
1990/01		0.90	0.5899	0.5899		142	66.74	2,744,939	4,284,708	
1990/07		0.90	0.5899	0.5899		142	65.64	2,759,512	4,309,984	
1991/01		1.00	0.5899	0.5899		142	65.64	2,775,790	4,335,260	
1991/07		1.00	1.4932	1.4932		142	70.10	2,817,238	4,400,012	
1992/01		1.00	2.0117	2.0117		142	68.22	2,873,912	4,488,478	
1992/07		1.00	1.8152	1.8152		142	68.22	2,926,079	4,569,986	
1993/01		1.00	1.7710	1.7710		142	68.22	2,977,900	4,650,926	
1993/07	29,134	1.00	1.5329	1.5329		142	68.22	3,052,682	4,722,210	
1994/01		1.00	1.6983	1.6983		142	68.22	3,104,526	4,802,440	
1994/07		1.00	1.5991	1.5991		142	68.22	3,154,170	4,879,262	
1995/01		1.00	1.5812	1.5812		142	71.65	3,204,044	4,956,368	
1995/07		1.00	1.5250	1.5250		142	71.65	3,252,906	5,031,912	
1996/01		1.00	1.7228	1.7228		142	71.65	3,308,947	5,118,674	



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 221465-00 - 2015/01

205.86

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	62,994	1.00	1.3294	1.3294		142	71.10	3,415,930	5,186,692	
1997/01		1.00	1.4109	1.4109		142	71.10	3,464,125	5,259,822	
1997/07		1.00	1.0917	1.0917		142	71.10	3,501,943	5,317,190	
1998/01		1.00	1.1663	1.1663		142	71.10	3,542,786	5,379,244	
1998/07	1,590,980	1.00	1.0794	1.0794		182	74.60	5,172,007	6,968,962	
1999/01		1.00	1.4499	1.4499		182	74.60	5,246,996	7,069,972	
1999/07		1.00	1.2299	1.2299		182	74.60	5,311,529	7,156,968	
2000/01	32,876	1.00	1.3356	1.3356		182	71.65	5,415,346	7,252,518	
2000/07		1.00	1.1129	1.1129		182	71.65	5,475,613	7,333,144	
2001/01	47,651	1.00	1.2976	1.2976		182	68.15	5,594,316	7,428,330	
2001/07		1.00	0.9615	0.9615		182	68.15	5,648,105	7,499,674	
2002/01		0.95	1.0301	1.0301		182	66.78	5,703,377	7,576,842	
2002/07	96,943	0.95	0.8337	0.8337		182	59.30	5,845,491	7,639,996	
2003/01		0.90	1.3271	1.3271		182	59.30	5,915,310	7,741,370	
2003/07		0.90	1.1664	1.1664		182	55.68	5,977,409	7,831,642	
2004/01		0.85	1.1103	1.1103		182	55.68	6,033,824	7,918,638	
2004/07		0.85	0.8378	0.8378		182	66.41	6,076,791	7,985,068	
2005/01		0.80	0.8595	0.8595		182	66.41	6,118,575	8,053,682	
2005/07		0.80	0.7364	0.7364		182	66.41	6,154,620	8,113,014	
2006/01		0.75	0.9068	0.9068		182	68.58	6,196,478	8,186,542	
2006/07		0.75	0.8133	0.8133		182	65.92	6,234,277	8,253,154	
2007/01		0.70	1.0133	1.0133		182	65.92	6,278,497	8,336,692	
2007/07		0.70	1.1050	1.1050		182	68.11	6,327,061	8,428,784	
2008/01		0.65	0.8556	0.8556		182	68.11	6,362,246	8,500,856	
2008/07	46,891	0.65	0.6104	0.6104		182	65.81	6,434,382	8,552,726	
2009/01		0.60	1.3268	1.3268		182	65.81	6,485,606	8,666,294	
2009/07		0.60	0.6841	0.6841		182	65.81	6,512,229	8,725,626	
2010/01		0.55	0.8643	0.8643		182	65.56	6,543,188	8,800,974	
2010/07		0.55	0.7107	0.7107		182	71.90	6,568,765	8,863,582	
2011/01		0.50	0.9198	0.9198		182	71.90	6,598,975	8,945,118	



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 221465-00 - 2015/01

205.86

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		182	71.90	6,628,763	9,025,926	
2012/01	73,977	0.45	0.3865	0.3865		182	72.47	6,714,267	9,060,870	
2012/07		0.45	0.9417	0.9417		182	72.47	6,742,722	9,146,228	
2013/01	190,651	0.40	0.4901	0.4901		182	71.65	6,946,589	9,191,000	
2013/07	85,558	0.40	0.6196	0.6196		182	74.10	7,049,361	9,247,966	
2014/01		0.35	0.8564	0.8564		182	74.10	7,070,488	9,327,136	
2014/07		0.35	1.2383	1.2383		182	74.10	7,101,131	9,442,706	
2015/01	101,238	0.30	0.7571	0.7571		182	75.39	7,218,496	9,514,232	

Message Code:

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

Report Printed: 12/23/2014 ID: 221465123120130101201308232014145300



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 221589-00 - 2015/01

217.69

Delaney Park Health and Rehabilitation 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
215 ANNIE STREET	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
ORLANDO, FL 32806	Days in CR 365	Maximum: 21,900	Standard: 243
County: Orange [48]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 20,271	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 5,006	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 12,866	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	63.46998%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.56164%	Cost: 1.04340134
Open Date: 07/01/1992	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/01/1992	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 03/30/1993	Low Occupancy Adjustment Factor:	118.19704%	DC Sem Index: 1.25449501
Med # Active Date: 09/29/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 213268			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	581,669	917,522	666,642	217,049		2,382,882
1a	Audit Adjustments						
2	Cost Per Diem	45.2098	71.3137	51.8142	16.8700		185.2077
3	Cost Per Diem Inflated	47.1720	73.6318	54.0630			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1720	73.6318	54.0630	16.8700		191.7368
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7451		63.3459			
7	Provider Target Rate	55.7133		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						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.1720	73.6318	54.0630	13.6500		188.5168
12/13	Medical Adjustment Rate		1.1158	0.8193			
14	Prospective Per Diem 11	47.1720	74.7476	54.8823	13.6500		190.4519
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 221589-00 - 2015/01

217.69

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

Delaney Park Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/30/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1992/07	Type:	None	80% Capital(1):	2,506,410	10.7119
Indexed Asset Value	3,133,012	<60% of Base:	True	20% ROE(2):	626,602	0.5961
FRVS Base Asset:	1,896,540	Interest Rate:	8.5000%	Insurance Cost(3):	40,866	2.0160
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	12,797	0.6313
ROE Factor	0.018750	Amortization Rate:	8.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	28,707	0.0000
		Yearly Payment:	211,131	Total FRVS PD:		13.9553

(1) 80% Capital (\$2,506,410) amortized at 8.5000 % for 20 years Interest of \$211,131 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.7119

(2) 20% ROE (\$626,602) times the ROE factor (0.018750) divided by annual available days (21900) 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:	31,609
Comparison Date:	01/01/1992	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	47.1720	47.1720	0.8207	46.3513
Direct Care	74.7476	74.7476	1.3004	73.4472
Indirect Care	54.8823	54.8823	0.9548	53.9275
Property	13.6500	13.9553	0.2428	13.7125
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.3489
Supplemental Rate Add-on				9.9025
Totals	190.4519	190.7572	3.3187	217.6899

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 221589-00 - 2015/01

217.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1992/07	2,127,479	0.00	1.8152	1.8152		60		1,896,540	1,896,540	1
1993/01		0.10	1.7710	1.7710		60	36.56	1,898,773	1,965,180	
1993/07		0.10	1.5329	1.5329		60	36.56	1,900,708	1,995,300	
1994/01		0.20	1.6983	1.6983		60	36.56	1,905,000	2,029,200	
1994/07		0.20	1.5991	1.5991		60	36.56	1,909,050	2,061,660	
1995/01		0.30	1.5812	1.5812		60	36.56	1,915,070	2,094,240	
1995/07		0.30	1.5250	1.5250		60	36.56	1,920,894	2,126,160	
1996/01		0.40	1.7228	1.7228		60	36.56	1,929,693	2,162,820	
1996/07		0.40	1.3294	1.3294		60	50.30	1,939,078	2,191,560	
1997/01		0.50	1.4109	1.4109		60	50.30	1,951,589	2,222,460	
1997/07	20,390	0.50	1.0917	1.0917		60	65.18	1,982,633	2,246,700	
1998/01		0.60	1.1663	1.1663		60	65.18	1,996,507	2,272,920	
1998/07		0.60	1.0794	1.0794		60	65.18	2,009,436	2,297,460	
1999/01		0.70	1.4499	1.4499		60	65.18	2,029,830	2,330,760	
1999/07		0.70	1.2299	1.2299		60	65.18	2,047,305	2,359,440	
2000/01	33,755	0.80	1.3356	1.3356		60	63.93	2,102,935	2,390,940	
2000/07		0.80	1.1129	1.1129		60	63.93	2,121,657	2,417,520	
2001/01		0.90	1.2976	1.2976		60	61.57	2,146,434	2,448,900	
2001/07		0.90	0.9615	0.9615		60	61.57	2,165,009	2,472,420	
2002/01	63,392	1.00	1.0301	1.0301		60	62.77	2,250,703	2,497,860	
2002/07	14,158	1.00	0.8337	0.8337		60	71.20	2,283,625	2,518,680	
2003/01		1.00	1.3271	1.3271		60	71.20	2,313,931	2,552,100	
2003/07		1.00	1.1664	1.1664		60	65.93	2,340,921	2,581,860	
2004/01		1.00	1.1103	1.1103		60	65.93	2,366,912	2,610,540	
2004/07		1.00	0.8378	0.8378		60	54.87	2,386,695	2,632,440	
2005/01		1.00	0.8595	0.8595		60	54.87	2,407,160	2,655,060	
2005/07		1.00	0.7364	0.7364		60	54.87	2,424,844	2,674,620	
2006/01		1.00	0.9068	0.9068		60	58.74	2,446,832	2,698,860	
2006/07		1.00	0.8133	0.8133		60	58.74	2,466,732	2,720,820	
2007/01		1.00	1.0133	1.0133		60	56.08	2,491,727	2,748,360	



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 221589-00 - 2015/01

217.69

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2007/07		1.00	1.1050	1.1050		60	54.72	2,519,120	2,778,720	
2008/01		1.00	0.8556	0.8556		60	54.72	2,540,564	2,802,480	
2008/07		1.00	0.6104	0.6104		60	54.72	2,555,993	2,819,580	
2009/01	64,103	1.00	1.3268	1.3268		60	46.01	2,648,466	2,857,020	
2009/07	18,213	1.00	0.6841	0.6841		60	45.49	2,681,664	2,876,580	
2010/01		1.00	0.8643	0.8643		60	45.49	2,700,834	2,901,420	
2010/07		1.00	0.7107	0.7107		60	53.61	2,719,544	2,922,060	
2011/01		1.00	0.9198	0.9198		60	53.61	2,743,926	2,948,940	
2011/07	103,932	1.00	0.9028	0.9028		60	52.37	2,871,446	2,975,580	
2012/01		1.00	0.3865	0.3865		60	52.37	2,882,013	2,987,100	
2012/07		1.00	0.9417	0.9417		60	52.37	2,907,855	3,015,240	
2013/01		0.95	0.4901	0.4901		60	48.13	2,919,703	3,030,000	
2013/07	744,896	0.95	0.6196	0.6196		60	57.71	3,048,780	3,048,780	8
2014/01		0.90	0.8564	0.8564		60	57.71	3,072,280	3,074,880	
2014/07	32,477	0.90	1.2383	1.2383		60	63.47	3,112,980	3,112,980	8
2015/01		0.85	0.7571	0.7571		60	63.47	3,133,012	3,136,560	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 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 223239-00 - 2015/01

240.12

Regents Park at Aventura

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
18905 NE 25TH AVE	9/1/2012-8/31/2013	Number of Beds: 180	Superior: 0
AVENTURA, FL 33180	Days in CR 365	Maximum: 65,700	Standard: 243
County: Dade [13]	First Used : 2014/01	Max Annualized: 65,700	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 57,733	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,960	Inflation
Current Class South Large	Initial CR? False	Medicaid: 34,948	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	60.53384%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.87367%	Cost: 1.05040266
Open Date: 01/11/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/11/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 11/21/1988	Low Occupancy Adjustment Factor:	112.21072%	DC Sem Index: 1.25449501
Med # Active Date: 05/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 200450			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,638,816	2,734,287	2,320,317	665,060		7,358,480	
1a	Audit Adjustments							
2	Cost Per Diem	46.8930	78.2387	66.3934	19.0300		210.5551	
3	Cost Per Diem Inflated	49.2565	81.0823	69.7398				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.2565	81.0823	69.7398	19.0300		219.1086	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.4679		65.2229				
7	Provider Target Rate	52.3161		67.6114				
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	49.2565	81.0823	65.5807	13.6500		209.5695	
12/13	Medical Adjustment Rate		0.9609	0.7772				
14	Prospective Per Diem 11	49.2565	82.0432	66.3579	13.6500		211.3076	
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 223239-00 - 2015/01

240.12

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

Regents Park at Aventura

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/21/1988	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:	1988/01	Type:	Variable	80% Capital(1):	7,456,700	10.3244
Indexed Asset Value	9,320,875	<60% of Base:	False	20% ROE(2):	1,864,175	0.4959
FRVS Base Asset:	5,296,140	Interest Rate:	5.4000%	Insurance Cost(3):	281,687	4.8791
Occup Adj Factor	0.9000	Chase Rate:	5.7500%	Taxes Cost(3):	101,710	1.7617
ROE Factor	0.015730	Amortization Rate:	5.4000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	40,213	0.0000
		Yearly Payment:	610,482	Total FRVS PD:		17.4611

- (1) 80% Capital (\$7,456,700) amortized at 5.4000 % for 20 years Principal & Interest of \$610,482 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$10.3244
- (2) 20% ROE (\$1,864,175) times the ROE factor (0.015730) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4959
- (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	180	Effective PBS Limitation	5,296,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	49.2565	49.2565	0.8569	48.3996
Direct Care	82.0432	82.0432	1.4274	80.6158
Indirect Care	66.3579	66.3579	1.1545	65.2034
Property	13.6500	17.4611	0.3038	17.1573
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				18.8394
Supplemental Rate Add-on				9.9025
Totals	211.3076	215.1187	3.7426	240.1180

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: 8/31/2013

0 223239-00 - 2015/01

240.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	9,983,020	0.00	0.9007	0.9007		180		5,296,140	5,296,140	1
1988/07		0.10	0.5899	0.5899		180	1.99	5,296,140	5,336,280	
1989/01		0.10	0.5899	0.5899		180	1.99	5,296,140	5,367,780	
1989/07		0.20	0.5899	0.5899		180	1.99	5,296,140	5,404,140	
1990/01		0.20	0.5899	0.5899		180	1.99	5,296,140	5,431,320	
1990/07		0.30	0.5899	0.5899		180	1.99	5,296,140	5,463,360	
1991/01		0.30	0.5899	0.5899		180	1.99	5,296,140	5,495,400	
1991/07		0.40	1.4932	1.4932		180	18.44	5,296,140	5,577,480	
1992/01		0.40	2.0117	2.0117		180	18.44	5,296,140	5,689,620	
1992/07		0.50	1.8152	1.8152		180	31.61	5,323,766	5,792,940	
1993/01		0.50	1.7710	1.7710		180	31.61	5,350,860	5,895,540	
1993/07		0.60	1.5329	1.5329		180	43.55	5,389,827	5,985,900	
1994/01		0.60	1.6983	1.6983		180	43.55	5,433,316	6,087,600	
1994/07		0.70	1.5991	1.5991		180	55.08	5,494,137	6,184,980	
1995/01		0.70	1.5812	1.5812		180	55.08	5,554,946	6,282,720	
1995/07		0.80	1.5250	1.5250		180	56.01	5,622,716	6,378,480	
1996/01		0.80	1.7228	1.7228		180	56.01	5,700,208	6,488,460	
1996/07		0.90	1.3294	1.3294		180	62.78	5,768,411	6,574,680	
1997/01		0.90	1.4109	1.4109		180	62.78	5,841,658	6,667,380	
1997/07		1.00	1.0917	1.0917		180	66.97	5,905,431	6,740,100	
1998/01		1.00	1.1663	1.1663		180	66.97	5,974,306	6,818,760	
1998/07		1.00	1.0794	1.0794		180	60.98	6,038,793	6,892,380	
1999/01		1.00	1.4499	1.4499		180	60.98	6,126,349	6,992,280	
1999/07		1.00	1.2299	1.2299		180	57.55	6,201,697	7,078,320	
2000/01	593,370	1.00	1.3356	1.3356		180	57.15	6,877,897	7,172,820	
2000/07	216,042	1.00	1.1129	1.1129		180	57.15	7,170,483	7,252,560	
2001/01	76,704	1.00	1.2976	1.2976		180	57.15	7,340,231	7,346,700	
2001/07	366,156	1.00	0.9615	0.9615		180	57.15	7,417,260	7,417,260	8
2002/01		1.00	1.0301	1.0301		180	57.15	7,493,580	7,493,580	8
2002/07		1.00	0.8337	0.8337		180	57.15	7,556,040	7,556,040	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: 8/31/2013

0 223239-00 - 2015/01

240.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		180	57.15	7,656,300	7,656,300	8
2003/07	62,935	1.00	1.1664	1.1664		180	55.06	7,745,580	7,745,580	8
2004/01	49,429	1.00	1.1103	1.1103		180	59.90	7,831,620	7,831,620	8
2004/07		1.00	0.8378	0.8378		180	59.90	7,897,233	7,897,320	
2005/01		1.00	0.8595	0.8595		180	62.56	7,965,110	7,965,180	
2005/07		1.00	0.7364	0.7364		180	62.56	8,023,765	8,023,860	
2006/01		1.00	0.9068	0.9068		180	56.12	8,096,525	8,096,580	
2006/07		1.00	0.8133	0.8133		180	56.12	8,162,374	8,162,460	
2007/01		1.00	1.0133	1.0133		180	56.12	8,245,080	8,245,080	8
2007/07		1.00	1.1050	1.1050		180	56.16	8,336,160	8,336,160	8
2008/01		1.00	0.8556	0.8556		180	54.57	8,406,927	8,407,440	
2008/07		0.95	0.6104	0.6104		180	54.57	8,455,298	8,458,740	
2009/01		0.95	1.3268	1.3268		180	54.57	8,561,044	8,571,060	
2009/07	117,384	0.90	0.6841	0.6841		180	52.71	8,629,740	8,629,740	8
2010/01		0.90	0.8643	0.8643		180	52.71	8,694,076	8,704,260	
2010/07		0.85	0.7107	0.7107		180	53.62	8,745,279	8,766,180	
2011/01		0.85	0.9198	0.9198		180	53.62	8,811,934	8,846,820	
2011/07		0.80	0.9028	0.9028		180	54.26	8,874,718	8,926,740	
2012/01		0.80	0.3865	0.3865		180	54.26	8,901,789	8,961,300	
2012/07	124,682	0.75	0.9417	0.9417		180	52.65	9,045,720	9,045,720	8
2013/01		0.75	0.4901	0.4901		180	52.65	9,077,551	9,090,000	
2013/07	174,090	0.70	0.6196	0.6196		180	57.83	9,146,340	9,146,340	8
2014/01		0.70	0.8564	0.8564		180	60.53	9,201,172	9,224,640	
2014/07		0.65	1.2383	1.2383		180	60.53	9,275,232	9,338,940	
2015/01		0.65	0.7571	0.7571		180	60.53	9,320,875	9,409,680	

Message Code:

- | |
|--|
| 1 Per Bed Standard Limitation |
| 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 223654-00 - 2015/01

195.48

Orlando Health and Rehabilitation 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
830 WEST 29TH STREET	7/1/2013-6/30/2014	Number of Beds: 420	Superior: 0
ORLANDO, FL 32805	Days in CR 365	Maximum: 153,300	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 153,300	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 120,816	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 13,428	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 100,734	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	83.37803%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	78.81018%	Cost: 1.03741261
Open Date: 05/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 05/01/1971	Low Occupancy Adjustment Factor:	100.63705%	DC Sem Index: 1.25449501
Med # Active Date: 09/29/1999	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 218367			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	4,024,283	7,715,112	4,552,280	1,511,010		17,802,685	
1a	Audit Adjustments							
2	Cost Per Diem	39.9496	76.5890	45.1911	15.0000		176.7297	
3	Cost Per Diem Inflated	41.4442	78.5613	46.8818				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.4442	78.5613	46.8818	15.0000		181.8873	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.3658		54.5316				
7	Provider Target Rate	47.0271		56.5286				
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	41.4442	78.5613	46.8818	13.6500		180.5373	
12/13	Medical Adjustment Rate		2.9500	1.7604				
14	Prospective Per Diem 11	41.4442	81.5113	48.6422	13.6500		185.2477	
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 223654-00 - 2015/01

195.48

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

Orlando 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:	16,200,000.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	14,361,330 11.8478
Indexed Asset Value	17,951,662	<60% of Base:	False	20% ROE(2):	3,590,332 0.5910
FRVS Base Asset:	8,041,774	Interest Rate:	9.7500%	Insurance Cost(3):	242,917 2.0106
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	3,929 0.0325
ROE Factor	0.022710	Amortization Rate:	9.7500%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	124,419 0.0000
		Yearly Payment:	1,634,636	Total FRVS PD:	14.4819

- (1) 80% Capital (\$14,361,330) amortized at 9.7500 % for 20 years Principal & Interest of \$1,634,636 divided by annual available days (153300) divided by Occup. Adj. (0.90) = \$11.8478
- (2) 20% ROE (\$3,590,332) times the ROE factor (0.022710) divided by annual available days (153300) divided by Occup. Adj. (0.90) = \$0.5910
- (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	420	Effective PBS Limitation	11,970,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.4442	41.4442	0.7210	40.7232
Direct Care	81.5113	81.5113	1.4181	80.0932
Indirect Care	48.6422	48.6422	0.8463	47.7959
Property	13.6500	14.4819	0.2520	14.2299
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.7381
Supplemental Rate Add-on				9.9025
Totals	185.2477	186.0796	3.2374	195.4828

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 223654-00 - 2015/01

195.48

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	3,293,126	0.00				420	100.00	3,293,126	4,309,620	
1972/01		0.10	3.9787	3.0000	0.9787	420	100.00	3,303,005	4,480,980	
1972/07	318	0.10	5.9113	3.0000	2.9113	420	100.00	3,313,232	4,701,900	
1973/01	2,440	0.20	8.0622	3.0000	5.0622	420	100.00	3,335,551	4,944,240	
1973/07		0.20	10.7186	3.0000	7.7186	420	100.00	3,355,564	5,223,960	
1974/01		0.30	12.9457	3.0000	9.9457	420	100.00	3,385,764	5,496,960	
1974/07	95,015	0.30	13.0494	3.0000	10.0494	420	100.00	3,511,251	5,667,480	
1975/01	1,762	0.40	13.1399	3.0000	10.1399	420	100.00	3,555,148	5,842,620	
1975/07		0.40	14.2033	3.0000	11.2033	420	100.00	3,597,810	6,080,340	
1976/01	1,104,329	0.50	15.2478	3.0000	12.2478	420	100.00	4,756,106	6,326,040	
1976/07		0.50	15.7330	3.0000	12.7330	420	100.00	4,827,448	6,546,540	
1977/01		0.60	16.4836	3.0000	13.4836	420	100.00	4,914,342	6,792,240	
1977/07	50,465	0.60	18.5412	3.0000	15.5412	420	100.00	5,053,265	7,135,380	
1978/01		0.70	20.2809	3.0000	17.2809	420	100.00	5,159,384	7,473,900	
1978/07	14,894	0.70	22.8203	3.0000	19.8203	420	100.00	5,282,625	7,887,600	
1979/01		0.80	24.9476	3.0000	21.9476	420	100.00	5,409,408	8,292,060	
1979/07	41,507	0.80	26.1458	3.0000	23.1458	420	100.00	5,580,741	8,640,240	
1980/01		0.90	29.3115	3.0000	26.3115	420	60.76	5,731,421	9,173,220	
1980/07	22,839	0.90	30.1222	3.0000	27.1222	420	60.76	5,909,008	9,522,660	
1981/01		1.00	30.9462	3.0000	27.9462	420	62.30	6,086,278	9,886,800	
1981/07	18,382	1.00	30.5350	3.0000	27.5350	420	62.30	6,287,248	10,142,580	
1982/01	31,789	1.00	30.2110	3.0000	27.2110	420	64.43	6,507,654	10,414,320	
1982/07		1.00	29.5087	3.0000	26.5087	420	100.00	6,702,884	10,653,300	
1983/04	17,714	1.00	29.1375	3.0000	26.1375	420	100.00	6,921,685	10,933,440	
1983/07		1.00	30.0953	3.0000	27.0953	420	64.46	7,129,336	11,366,040	
1984/01		1.00	28.3905	3.0000	25.3905	420	100.00	7,343,216	11,513,460	
1984/07	16,632	1.00	27.3084	3.0000	24.3084	420	100.00	7,580,144	11,734,380	
1985/01		1.00	25.4555	3.0000	22.4555	420	62.06	7,807,548	11,868,780	
1985/10		1.00	23.3077	3.0000	20.3077	420	62.06	8,041,774	11,970,000	
1986/01		1.00	21.1376	3.0000	18.1376	420	60.82	8,283,027	12,069,540	



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 223654-00 - 2015/01

195.48

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	420	60.82	8,531,518	12,046,440	
1987/01		1.00	16.4441	3.0000	13.4441	420	61.30	8,787,464	12,261,900	
1987/07		1.00	14.3448	3.0000	11.3448	420	61.30	9,051,088	12,357,660	
1988/01		1.00	12.2455	3.0000	9.2455	420	61.21	9,322,621	12,458,040	
1988/07		1.00	9.8354	3.0000	6.8354	420	61.21	9,602,300	12,451,320	
1989/01		1.00	7.4253	3.0000	4.4253	420	64.09	9,890,369	12,524,820	
1989/07		1.00	5.0152	3.0000	2.0152	420	64.09	10,187,080	12,609,660	
1990/01		1.00	2.6051	2.6051		420	68.88	10,452,464	12,673,080	
1990/07		1.00	0.5899	0.5899		420	68.88	10,514,123	12,747,840	
1991/01		1.00	0.5899	0.5899		420	75.48	10,576,146	12,822,600	
1991/07		1.00	1.4932	1.4932		420	75.48	10,734,069	13,014,120	
1992/01		0.95	2.0117	2.0117		420	79.04	10,939,208	13,275,780	
1992/07		0.95	1.8152	1.8152		420	79.04	11,127,844	13,516,860	
1993/01		0.90	1.7710	1.7710		420	76.80	11,305,211	13,756,260	
1993/07		0.90	1.5329	1.5329		420	76.80	11,461,178	13,967,100	
1994/01	405,912	0.85	1.6983	1.6983		420	77.21	12,032,544	14,204,400	
1994/07		0.85	1.5991	1.5991		420	77.21	12,196,090	14,431,620	
1995/01		0.80	1.5812	1.5812		420	77.21	12,350,371	14,659,680	
1995/07	91,481	0.80	1.5250	1.5250		420	75.97	12,592,527	14,883,120	
1996/01	13,504	0.75	1.7228	1.7228		420	79.83	12,768,739	15,139,740	
1996/07	59,756	0.75	1.3294	1.3294		420	79.83	12,955,812	15,340,920	
1997/01	131,606	0.70	1.4109	1.4109		420	79.83	13,215,370	15,557,220	
1997/07		0.70	1.0917	1.0917		420	79.83	13,215,370	15,726,900	5
1998/01		0.65	1.1663	1.1663		420	79.83	13,417,313	15,910,440	
1998/07		0.65	1.0794	1.0794		420	79.83	13,417,313	16,082,220	5
1999/01	192,974	0.60	1.4499	1.4499		420	86.50	13,821,959	16,315,320	
1999/07		0.60	1.2299	1.2299		420	86.50	13,923,951	16,516,080	
2000/01		0.55	1.3356	1.3356		420	86.50	14,026,236	16,736,580	
2000/07		0.55	1.1129	1.1129		420	86.50	14,112,091	16,922,640	
2001/01	105,782	0.50	1.2976	1.2976		420	84.53	14,309,432	17,142,300	



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 223654-00 - 2015/01

195.48

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		420	84.53	14,378,232	17,306,940	
2002/01	489,335	0.45	1.0301	1.0301		420	81.71	14,934,210	17,485,020	
2002/07		0.45	0.8337	0.8337		420	81.71	14,990,243	17,630,760	
2003/01	80,425	0.40	1.3271	1.3271		420	80.55	15,150,236	17,864,700	
2003/07		0.40	1.1664	1.1664		420	80.55	15,220,927	18,073,020	
2004/01		0.35	1.1103	1.1103		420	79.45	15,280,076	18,273,780	
2004/07		0.35	0.8378	0.8378		420	79.45	15,280,076	18,427,080	5
2005/01		0.30	0.8595	0.8595		420	79.45	15,364,400	18,585,420	
2005/07		0.30	0.7364	0.7364		420	79.03	15,398,340	18,722,340	
2006/01		0.25	0.9068	0.9068		420	79.03	15,433,248	18,892,020	
2006/07		0.25	0.8133	0.8133		420	82.54	15,464,624	19,045,740	
2007/01		0.20	1.0133	1.0133		420	82.54	15,495,971	19,238,520	
2007/07		0.20	1.1050	1.1050		420	82.89	15,530,217	19,451,040	
2008/01		0.15	0.8556	0.8556		420	82.89	15,550,142	19,617,360	
2008/07		0.15	0.6104	0.6104		420	80.97	15,564,386	19,737,060	
2009/01	440,321	0.10	1.3268	1.3268		420	83.27	16,025,361	19,999,140	
2009/07		0.10	0.6841	0.6841		420	83.27	16,036,322	20,136,060	
2010/01		0.05	0.8643	0.8643		420	83.27	16,043,250	20,309,940	
2010/07	196,887	0.05	0.7107	0.7107		420	83.83	16,245,832	20,454,420	
2011/01	90,264	0.00	0.9198	0.9198		420	82.71	16,336,096	20,642,580	
2011/07		0.00	0.9028	0.9028		420	82.71	16,336,096	20,829,060	
2012/01		0.00	0.3865	0.3865		420	82.71	16,336,096	20,909,700	
2012/07	67,429	0.00	0.9417	0.9417		420	82.69	16,403,525	21,106,680	
2013/01		0.00	0.4901	0.4901		420	82.69	16,403,525	21,210,000	
2013/07	103,244	0.00	0.6196	0.6196		420	80.77	16,506,769	21,341,460	
2014/01	730,638	0.00	0.8564	0.8564		420	80.05	17,237,407	21,524,160	
2014/07		0.00	1.2383	1.2383		420	80.05	17,237,407	21,790,860	
2015/01	714,255	0.00	0.7571	0.7571		420	83.38	17,951,662	21,955,920	

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 223786-00 - 2015/01

243.16

Life Care Center of Sarasota

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
8104 N TUTTLE AVE	2/1/2013-1/31/2014	Number of Beds: 120	Superior: 0
SARASOTA, FL 34243	Days in CR 365	Maximum: 43,800	Standard: 243
County: Manatee [41]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 33,492	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 19,118	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 9,602	FY Index: 1.31458957
Class at 1/94: North Large	Medical Utilization	28.66953%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.46575%	Cost: 1.04338188
Open Date: 05/05/2000	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/05/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 06/26/2000	Low Occupancy Adjustment Factor:	97.64332%	DC Sem Index: 1.25449501
Med # Active Date: 06/29/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	471,665	944,200	655,821	332,997		2,404,683	
1a	Audit Adjustments							
2	Cost Per Diem	49.1215	98.3337	68.3005	34.6800		250.4357	
3	Cost Per Diem Inflated	51.2525	101.4190	71.2635				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.2525	101.4190	71.2635	34.6800		258.6150	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.1030		56.7584				
7	Provider Target Rate	65.4139		58.8369				
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	51.2525	98.1484	58.8369	13.6500		221.8878	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.2525	98.1484	58.8369	13.6500		221.8878	
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 223786-00 - 2015/01

243.16

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

Life Care Center of Sarasota

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/29/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	None	80% Capital(1):	5,000,425	11.9551
Indexed Asset Value	6,250,531	<60% of Base:	True	20% ROE(2):	1,250,106	0.6209
FRVS Base Asset:	4,718,880	Interest Rate:	9.5000%	Insurance Cost(3):	24,297	0.7255
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	129,830	3.8764
ROE Factor	0.019580	Amortization Rate:	9.5000%	Home Office(3):	46,731	1.3953
		Interest Only:	True	Replacement(3&4):	63,206	0.0000
		Yearly Payment:	471,272	Total FRVS PD:		18.5732

- (1) 80% Capital (\$5,000,425) amortized at 9.5000 % for 20 years Interest of \$471,272 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.9551
- (2) 20% ROE (\$1,250,106) times the ROE factor (0.019580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6209
- (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	51.2525	51.2525	0.8917	50.3608
Direct Care	98.1484	98.1484	1.7075	96.4409
Indirect Care	58.8369	58.8369	1.0236	57.8133
Property	13.6500	18.5732	0.3231	18.2501
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.3888
Supplemental Rate Add-on				9.9025
Totals	221.8878	226.8110	3.9459	243.1564

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 223786-00 - 2015/01

243.16

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	9,577,158	0.00	1.3356	1.3356		120	40.45	4,718,880	4,718,880	1
2000/07	65,951	0.10	1.1129	1.1129		120	40.45	4,788,694	4,835,040	
2001/01		0.10	1.2976	1.2976		120	40.45	4,793,265	4,897,800	
2001/07		0.20	0.9615	0.9615		120	40.45	4,800,044	4,944,840	
2002/01		0.20	1.0301	1.0301		120	40.45	4,800,044	4,995,720	5
2002/07	46,153	0.30	0.8337	0.8337		120	55.99	4,865,492	5,037,360	
2003/01		0.30	1.3271	1.3271		120	55.99	4,884,862	5,104,200	
2003/07		0.40	1.1664	1.1664		120	55.73	4,907,655	5,163,720	
2004/01		0.40	1.1103	1.1103		120	55.73	4,929,450	5,221,080	
2004/07	31,623	0.50	0.8378	0.8378		120	46.72	4,978,614	5,264,880	
2005/01		0.50	0.8595	0.8595		120	46.72	4,996,791	5,310,120	
2005/07	25,435	0.60	0.7364	0.7364		120	45.59	5,040,525	5,349,240	
2006/01		0.60	0.9068	0.9068		120	45.59	5,063,258	5,397,720	
2006/07		0.70	0.8133	0.8133		120	45.59	5,087,151	5,441,640	
2007/01	68,737	0.70	1.0133	1.0133		120	47.65	5,187,149	5,496,720	
2007/07		0.80	1.1050	1.1050		120	47.65	5,226,876	5,557,440	
2008/01	287,895	0.80	0.8556	0.8556		120	37.12	5,538,918	5,604,960	
2008/07	85,788	0.90	0.6104	0.6104		120	30.69	5,639,160	5,639,160	8
2009/01		0.90	1.3268	1.3268		120	30.69	5,676,734	5,714,040	
2009/07		1.00	0.6841	0.6841		120	30.69	5,698,404	5,753,160	
2010/01	125,013	1.00	0.8643	0.8643		120	27.64	5,802,840	5,802,840	8
2010/07	112,641	1.00	0.7107	0.7107		120	27.96	5,844,120	5,844,120	8
2011/01		1.00	0.9198	0.9198		120	27.96	5,871,447	5,897,880	
2011/07		1.00	0.9028	0.9028		120	27.96	5,898,394	5,951,160	
2012/01	87,832	1.00	0.3865	0.3865		120	31.66	5,974,200	5,974,200	8
2012/07	512,728	1.00	0.9417	0.9417		120	33.40	6,030,480	6,030,480	8
2013/01		1.00	0.4901	0.4901		120	33.40	6,048,428	6,060,000	
2013/07		1.00	0.6196	0.6196		120	33.40	6,071,186	6,097,560	
2014/01	43,679	1.00	0.8564	0.8564		120	27.84	6,141,183	6,149,760	
2014/07	234,413	1.00	1.2383	1.2383		120	28.67	6,225,960	6,225,960	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: 1/31/2014

0 223786-00 - 2015/01

243.16

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		1.00	0.7571	0.7571		120	28.67	6,250,531	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: 223786013120140201201304142014140724



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 223808-00 - 2015/01

250.21

Avante at Orlando

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
2000 NORTH SEMORAN BOULEVARD	6/1/2013-5/31/2014	Number of Beds: 118	Superior: 0
ORLANDO, FL 32807	Days in CR 365	Maximum: 43,070	Standard: 243
County: Orange [48]	First Used : 2015/01	Max Annualized: 43,070	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 32,373	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,804	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,558	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	85.12649%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.16369%	Cost: 1.03938564
Open Date: 09/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	95.98064%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 213063	Interim Component Effective Date:	10/01/2014	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,272,231	2,354,531	1,632,717	179,954		5,439,433	
1a	Audit Adjustments							
2	Cost Per Diem	46.1656	85.4391	59.2466	6.5300		197.3813	
3	Cost Per Diem Inflated	47.9839	87.7351	61.5801				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	47.9839	87.7351	61.5801	6.5300		203.8291	
5a	Interim Adjustment	0.5831	1.9461	10.4950				
5b	Interim Adjusted Per Diem	48.5670	89.6812	72.0751				
6	Prior Semester: Provider Target Base	50.0490		73.5255				
7	Provider Target Rate	51.8818		76.2181				
7a	Interim Adjustment	0.5831		10.4950				
7b	Interim Adjustment Provider Target Rate	52.4649		86.7131				
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	48.5670	89.6812	63.5578	6.5300		208.3360	
12/13	Medical Adjustment Rate		3.5440	2.5116				
14	Prospective Per Diem 11	48.5670	93.2252	66.0694	6.5300		214.3916	
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 223808-00 - 2015/01

250.21

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

Avante at Orlando

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed	80% Capital(1):	2,876,922	9.2274
Indexed Asset Value	3,596,153	<60% of Base:	True	20% ROE(2):	719,231	0.4136
FRVS Base Asset:	1,773,104	Interest Rate:	7.2000%	Insurance Cost(3):	47,918	1.4802
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	35,630	1.1006
ROE Factor	0.022290	Amortization Rate:	12.5000%	Home Office(3):	22,071	0.6818
		Interest Only:	True	Replacement(3&4):	373,187	0.0000
		Yearly Payment:	357,680	Total FRVS PD:		12.9036

(1) 80% Capital (\$2,876,922) amortized at 12.5000 % for 20 years Interest of \$357,680 divided by annual available days (43070) divided by Occup. Adj. (0.90) = \$9.2274

(2) 20% ROE (\$719,231) times the ROE factor (0.022290) divided by annual available days (43070) divided by Occup. Adj. (0.90) = \$0.4136

(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	48.5670	48.5670	0.8449	47.7221
Direct Care	93.2252	93.2252	1.6219	91.6033
Indirect Care	66.0694	66.0694	1.1494	64.9200
Property	6.5300	12.9036	0.2245	12.6791
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3803
Supplemental Rate Add-on				9.9025
Totals	214.3916	220.7652	3.8407	250.2073

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: 5/31/2014

0 223808-00 - 2015/01

250.21

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	902,121	0.00				118	100.00	902,121	1,210,798	
1972/01		0.10	3.9787	3.0000	0.9787	118	100.00	904,827	1,258,942	
1972/07		0.10	5.9113	3.0000	2.9113	118	100.00	907,541	1,321,010	
1973/01		0.20	8.0622	3.0000	5.0622	118	100.00	912,986	1,389,096	
1973/07		0.20	10.7186	3.0000	7.7186	118	100.00	918,464	1,467,684	
1974/01		0.30	12.9457	3.0000	9.9457	118	100.00	926,730	1,544,384	
1974/07		0.30	13.0494	3.0000	10.0494	118	100.00	935,071	1,592,292	
1975/01		0.40	13.1399	3.0000	10.1399	118	100.00	946,292	1,641,498	
1975/07		0.40	14.2033	3.0000	11.2033	118	100.00	957,648	1,708,286	
1976/01		0.50	15.2478	3.0000	12.2478	118	100.00	972,013	1,777,316	
1976/07		0.50	15.7330	3.0000	12.7330	118	100.00	986,593	1,839,266	
1977/01		0.60	16.4836	3.0000	13.4836	118	100.00	1,004,352	1,908,296	
1977/07		0.60	18.5412	3.0000	15.5412	118	100.00	1,022,430	2,004,702	
1978/01		0.70	20.2809	3.0000	17.2809	118	100.00	1,043,901	2,099,810	
1978/07		0.70	22.8203	3.0000	19.8203	118	100.00	1,065,823	2,216,040	
1979/01		0.80	24.9476	3.0000	21.9476	118	100.00	1,091,403	2,329,674	
1979/07		0.80	26.1458	3.0000	23.1458	118	100.00	1,117,597	2,427,496	
1980/01	23,868	0.90	29.3115	3.0000	26.3115	118	84.15	1,171,640	2,577,238	
1980/07	17,207	0.90	30.1222	3.0000	27.1222	118	84.15	1,220,481	2,675,414	
1981/01	22,341	1.00	30.9462	3.0000	27.9462	118	85.05	1,279,436	2,777,720	
1981/07	3,497	1.00	30.5350	3.0000	27.5350	118	85.05	1,321,316	2,849,582	
1982/01	659	1.00	30.2110	3.0000	27.2110	118	83.72	1,361,614	2,925,928	
1982/07	38,415	1.00	29.5087	3.0000	26.5087	118	83.72	1,440,877	2,993,070	
1983/04	1,950	1.00	29.1375	3.0000	26.1375	118	81.37	1,486,053	3,071,776	
1983/07	18,994	1.00	30.0953	3.0000	27.0953	118	81.37	1,549,629	3,193,316	
1984/01	3,803	1.00	28.3905	3.0000	25.3905	118	84.71	1,599,921	3,234,734	
1984/07		1.00	27.3084	3.0000	24.3084	118	84.71	1,647,919	3,296,802	
1985/01	24,103	1.00	25.4555	3.0000	22.4555	118	84.71	1,721,460	3,334,562	
1985/10		1.00	23.3077	3.0000	20.3077	118	84.71	1,773,104	3,363,000	
1986/01		1.00	21.1376	3.0000	18.1376	118	85.91	1,826,297	3,390,966	



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: 5/31/2014

0 223808-00 - 2015/01

250.21

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	118	85.91	1,881,086	3,384,476	
1987/01		1.00	16.4441	3.0000	13.4441	118	87.34	1,937,519	3,445,010	
1987/07		1.00	14.3448	3.0000	11.3448	118	87.34	1,995,645	3,471,914	
1988/01		1.00	12.2455	3.0000	9.2455	118	86.43	2,055,514	3,500,116	
1988/07		1.00	9.8354	3.0000	6.8354	118	86.43	2,117,179	3,498,228	
1989/01		1.00	7.4253	3.0000	4.4253	118	91.61	2,180,694	3,518,878	
1989/07		1.00	5.0152	3.0000	2.0152	118	91.61	2,246,115	3,542,714	
1990/01		1.00	2.6051	2.6051		118	82.76	2,304,629	3,560,532	
1990/07		1.00	0.5899	0.5899		118	97.97	2,318,224	3,581,536	
1991/01		1.00	0.5899	0.5899		118	97.97	2,331,899	3,602,540	
1991/07		1.00	1.4932	1.4932		118	97.97	2,366,719	3,656,348	
1992/01		0.95	2.0117	2.0117		118	97.97	2,411,949	3,729,862	
1992/07		0.95	1.8152	1.8152		118	97.97	2,453,541	3,797,594	
1993/01		0.90	1.7710	1.7710		118	97.97	2,453,541	3,864,854	5
1993/07		0.90	1.5329	1.5329		118	97.97	2,527,037	3,924,090	
1994/01		0.85	1.6983	1.6983		118	97.51	2,563,517	3,990,760	
1994/07		0.85	1.5991	1.5991		118	97.51	2,598,360	4,054,598	
1995/01		0.80	1.5812	1.5812		118	96.40	2,631,229	4,118,672	
1995/07		0.80	1.5250	1.5250		118	96.40	2,663,330	4,181,448	
1996/01		0.75	1.7228	1.7228		118	97.60	2,697,743	4,253,546	
1996/07		0.75	1.3294	1.3294		118	97.60	2,724,642	4,310,068	
1997/01		0.70	1.4109	1.4109		118	90.56	2,751,551	4,370,838	
1997/07		0.70	1.0917	1.0917		118	90.56	2,751,551	4,418,510	5
1998/01		0.65	1.1663	1.1663		118	90.56	2,793,597	4,470,076	
1998/07		0.65	1.0794	1.0794		118	90.56	2,813,197	4,518,338	
1999/01		0.60	1.4499	1.4499		118	90.56	2,837,669	4,583,828	
1999/07		0.60	1.2299	1.2299		118	90.56	2,837,669	4,640,232	5
2000/01	233,273	0.55	1.3356	1.3356		118	81.69	3,112,880	4,702,182	
2000/07		0.55	1.1129	1.1129		118	81.69	3,131,934	4,754,456	
2001/01		0.50	1.2976	1.2976		118	81.69	3,152,254	4,816,170	



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: 5/31/2014

0 223808-00 - 2015/01

250.21

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		118	81.69	3,167,410	4,862,426	
2002/01		0.45	1.0301	1.0301		118	81.69	3,182,091	4,912,458	
2002/07		0.45	0.8337	0.8337		118	81.69	3,194,030	4,953,404	
2003/01	29,164	0.40	1.3271	1.3271		118	71.10	3,240,148	5,019,130	
2003/07		0.40	1.1664	1.1664		118	71.10	3,255,267	5,077,658	
2004/01		0.35	1.1103	1.1103		118	60.39	3,267,917	5,134,062	
2004/07		0.35	0.8378	0.8378		118	60.39	3,277,499	5,177,132	
2005/01		0.30	0.8595	0.8595		118	67.60	3,285,952	5,221,618	
2005/07		0.30	0.7364	0.7364		118	67.60	3,293,211	5,260,086	
2006/01		0.25	0.9068	0.9068		118	65.92	3,300,677	5,307,758	
2006/07		0.25	0.8133	0.8133		118	65.92	3,307,387	5,350,946	
2007/01		0.20	1.0133	1.0133		118	64.36	3,314,091	5,405,108	
2007/07		0.20	1.1050	1.1050		118	64.36	3,321,415	5,464,816	
2008/01		0.15	0.8556	0.8556		118	64.57	3,325,676	5,511,544	
2008/07		0.15	0.6104	0.6104		118	64.57	3,328,722	5,545,174	
2009/01		0.10	1.3268	1.3268		118	65.77	3,333,139	5,618,806	
2009/07		0.10	0.6841	0.6841		118	65.77	3,335,419	5,657,274	
2010/01		0.05	0.8643	0.8643		118	75.02	3,336,860	5,706,126	
2010/07		0.05	0.7107	0.7107		118	75.02	3,338,045	5,746,718	
2011/01	169,307	0.00	0.9198	0.9198		118	80.66	3,507,352	5,799,582	
2011/07		0.00	0.9028	0.9028		118	80.66	3,507,352	5,851,974	
2012/01	40,659	0.00	0.3865	0.3865		118	79.64	3,548,011	5,874,630	
2012/07		0.00	0.9417	0.9417		118	79.64	3,548,011	5,929,972	
2013/01	25,506	0.00	0.4901	0.4901		118	78.21	3,573,517	5,959,000	
2013/07		0.00	0.6196	0.6196		118	78.21	3,573,517	5,995,934	
2014/01		0.00	0.8564	0.8564		118	82.29	3,573,517	6,047,264	
2014/07		0.00	1.2383	1.2383		118	82.29	3,573,517	6,122,194	
2015/01	22,636	0.00	0.7571	0.7571		118	85.13	3,596,153	6,168,568	

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 223883-00 - 2015/01

213.90

Doctors Lake of Orange Park

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
833 KINGSLEY AVE	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
ORANGE PARK, FL 32073	Days in CR 365	Maximum: 43,800	Standard: 186
County: Clay [10]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 57
Region: North Area: 4	Last Used: 2015/01	Total Patient: 39,736	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,663	Inflation
Current Class North Large	Initial CR? False	Medicaid: 29,064	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	73.14274%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.72146%	Cost: 1.04757614
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: 1.21150000
Entered Medicaid 11/03/1987	Low Occupancy Adjustment Factor:	115.84721%	DC Sem Index: 1.25449501
Med # Active Date: 04/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 213811			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,178,119	2,230,873	1,224,038	541,172		5,174,202	
1a	Audit Adjustments							
2	Cost Per Diem	40.5353	76.7573	42.1153	18.6200		178.0279	
3	Cost Per Diem Inflated	42.4638	79.4813	44.1190				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.4638	79.4813	44.1190	18.6200		184.6841	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.9559		57.5359				
7	Provider Target Rate	50.7487		59.6429				
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	42.4638	79.4813	44.1190	13.6500		179.7141	
12/13	Medical Adjustment Rate		1.5839	0.8792				
14	Prospective Per Diem 11	42.4638	81.0652	44.9982	13.6500		182.1772	
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 223883-00 - 2015/01

213.90

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

Doctors Lake of Orange Park

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/03/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,516,698 9.9383
RS to Start Calcs:	1987/07	<60% of Base:	True	20% ROE(2):	1,129,175 0.4775
Indexed Asset Value	5,645,873	Interest Rate:	8.7500%	Insurance Cost(3):	51,273 1.2903
FRVS Base Asset:	3,503,400	Chase Rate:	8.7500%	Taxes Cost(3):	67,727 1.7044
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	0 0.0000
ROE Factor	0.016670	Interest Only:	True	Replacement(3&4):	97,212 0.0000
		Yearly Payment:	391,769	Total FRVS PD:	13.4105

- (1) 80% Capital (\$4,516,698) amortized at 8.7500 % for 20 years Interest of \$391,769 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$9.9383
- (2) 20% ROE (\$1,129,175) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4775
- (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	42.4638	42.4638	0.7388	41.7250
Direct Care	81.0652	81.0652	1.4103	79.6549
Indirect Care	44.9982	44.9982	0.7829	44.2153
Property	13.6500	13.4105	0.2333	13.1772
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.2204
Supplemental Rate Add-on				9.9025
Totals	182.1772	181.9377	3.1653	213.8953

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: 9/30/2013

0 223883-00 - 2015/01

213.90

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	4,336,009	0.00	0.9007	0.9007		120	62.87	3,503,400	3,503,400	1
1988/01		0.10	0.9007	0.9007		120	62.87	3,506,557	3,559,440	
1988/07		0.10	0.5899	0.5899		120	62.87	3,508,626	3,557,520	
1989/01		0.20	0.5899	0.5899		120	62.87	3,512,766	3,578,520	
1989/07		0.20	0.5899	0.5899		120	62.87	3,516,911	3,602,760	
1990/01		0.30	0.5899	0.5899		120	62.87	3,523,136	3,620,880	
1990/07		0.30	0.5899	0.5899		120	56.95	3,529,372	3,642,240	
1991/01		0.40	0.5899	0.5899		120	56.95	3,537,701	3,663,600	
1991/07		0.40	1.4932	1.4932		120	55.42	3,558,832	3,718,320	
1992/01		0.50	2.0117	2.0117		120	72.13	3,594,630	3,793,080	
1992/07		0.50	1.8152	1.8152		120	72.13	3,627,255	3,861,960	
1993/01		0.60	1.7710	1.7710		120	76.54	3,665,798	3,930,360	
1993/07		0.60	1.5329	1.5329		120	76.54	3,699,512	3,990,600	
1994/01		0.70	1.6983	1.6983		120	72.93	3,743,492	4,058,400	
1994/07		0.70	1.5991	1.5991		120	72.93	3,785,397	4,123,320	
1995/01	47,357	0.80	1.5812	1.5812		120	68.45	3,880,639	4,188,480	
1995/07		0.80	1.5250	1.5250		120	68.45	3,927,983	4,252,320	
1996/01		0.90	1.7228	1.7228		120	71.55	3,988,886	4,325,640	
1996/07		0.90	1.3294	1.3294		120	71.55	4,036,613	4,383,120	
1997/01		1.00	1.4109	1.4109		120	74.38	4,093,566	4,444,920	
1997/07		1.00	1.0917	1.0917		120	74.38	4,138,255	4,493,400	
1998/01		1.00	1.1663	1.1663		120	74.38	4,186,519	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.41	4,231,708	4,594,920	
1999/01	10,966	1.00	1.4499	1.4499		120	65.41	4,304,030	4,661,520	
1999/07		1.00	1.2299	1.2299		120	65.41	4,356,965	4,718,880	
2000/01		1.00	1.3356	1.3356		120	70.10	4,415,157	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.10	4,464,293	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.10	4,464,293	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	70.10	4,565,703	4,944,840	
2002/01		1.00	1.0301	1.0301		120	70.10	4,612,734	4,995,720	



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: 9/30/2013

0 223883-00 - 2015/01

213.90

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		1.00	0.8337	0.8337		120	74.19	4,651,190	5,037,360	
2003/01		1.00	1.3271	1.3271		120	74.19	4,712,916	5,104,200	
2003/07		1.00	1.1664	1.1664		120	78.47	4,767,887	5,163,720	
2004/01		1.00	1.1103	1.1103		120	78.47	4,820,825	5,221,080	
2004/07		1.00	0.8378	0.8378		120	79.89	4,861,214	5,264,880	
2005/01		1.00	0.8595	0.8595		120	79.89	4,902,996	5,310,120	
2005/07		1.00	0.7364	0.7364		120	79.26	4,939,102	5,349,240	
2006/01		1.00	0.9068	0.9068		120	79.26	4,983,890	5,397,720	
2006/07		1.00	0.8133	0.8133		120	75.64	5,024,424	5,441,640	
2007/01		1.00	1.0133	1.0133		120	75.03	5,075,336	5,496,720	
2007/07		1.00	1.1050	1.1050		120	75.03	5,131,418	5,557,440	
2008/01		0.95	0.8556	0.8556		120	75.03	5,173,126	5,604,960	
2008/07		0.95	0.6104	0.6104		120	77.65	5,203,125	5,639,160	
2009/01		0.90	1.3268	1.3268		120	77.65	5,265,256	5,714,040	
2009/07		0.90	0.6841	0.6841		120	76.33	5,297,674	5,753,160	
2010/01		0.85	0.8643	0.8643		120	76.33	5,336,596	5,802,840	
2010/07		0.85	0.7107	0.7107		120	74.18	5,368,834	5,844,120	
2011/01		0.80	0.9198	0.9198		120	74.18	5,408,338	5,897,880	
2011/07		0.80	0.9028	0.9028		120	73.29	5,408,338	5,951,160	5
2012/01		0.75	0.3865	0.3865		120	78.28	5,463,189	5,974,200	
2012/07		0.75	0.9417	0.9417		120	78.28	5,501,776	6,030,480	
2013/01		0.70	0.4901	0.4901		120	78.28	5,520,653	6,060,000	
2013/07		0.70	0.6196	0.6196		120	71.96	5,544,596	6,097,560	
2014/01		0.65	0.8564	0.8564		120	73.14	5,575,463	6,149,760	
2014/07		0.65	1.2383	1.2383		120	73.14	5,620,340	6,225,960	
2015/01		0.60	0.7571	0.7571		120	73.14	5,645,873	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 224341-00 - 2015/01

229.08

MK of Haines City 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
409 S 10TH ST	12/1/2012-11/30/2013	Number of Beds: 120	Superior: 0
HAINES CITY, FL 33845-1476	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 35,306	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,340	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,918	FY Index: 1.31281646
Class at 1/94: South Large	Medical Utilization	67.74486%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	80.60731%	Cost: 1.04479109
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: 1.21383221
Entered Medicaid 12/01/1983	Low Occupancy Adjustment Factor:	102.93190%	DC Sem Index: 1.25449501
Med # Active Date: 07/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03349952
Previous Med # 207578			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	976,804	2,035,598	1,173,604	379,100		4,565,106
1a	Audit Adjustments						
2	Cost Per Diem	40.8397	85.1074	49.0678	15.8500		190.8649
3	Cost Per Diem Inflated	42.6690	87.9585	51.2656			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6690	87.9585	51.2656	15.8500		197.7431
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	42.6690	87.9585	51.2656	13.6500		195.5431
12/13	Medical Adjustment Rate		1.7559	1.0234			
14	Prospective Per Diem 11	42.6690	89.7144	52.2890	13.6500		198.3224
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 224341-00 - 2015/01

229.08

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

MK of Haines City LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1998	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):	3,522,858 12.1765
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	880,714 0.4026
Indexed Asset Value	4,403,572	Interest Rate:	12.4900%	Insurance Cost(3):	25,819 0.7313
FRVS Base Asset:	2,611,879	Chase Rate:	13.0000%	Taxes Cost(3):	42,642 1.2078
Occup Adj Factor	0.9000	Amortization Rate:	12.4900%	Home Office(3):	5,577 0.1580
ROE Factor	0.018020	Interest Only:	False	Replacement(3&4):	116,893 0.0000
		Yearly Payment:	479,997	Total FRVS PD:	14.6762

(1) 80% Capital (\$3,522,858) amortized at 12.4900 % for 20 years Principal & Interest of \$479,997 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.1765

(2) 20% ROE (\$880,714) times the ROE factor (0.018020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4026

(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	42.6690	42.6690	0.7423	41.9267
Direct Care	89.7144	89.7144	1.5608	88.1536
Indirect Care	52.2890	52.2890	0.9097	51.3793
Property	13.6500	14.6762	0.2553	14.4209
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.2964
Supplemental Rate Add-on				9.9025
Totals	198.3224	199.3486	3.4681	229.0794

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 224341-00 - 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
1983/07	2,588,296	0.00	3.9578	3.0000	0.9578	120	55.00	2,588,296	3,247,440	
1984/01	2,361	0.10	2.2530	2.2530		120	63.72	2,596,488	3,289,560	
1984/07		0.10	1.9179	1.9179		120	63.72	2,601,468	3,352,680	
1985/01		0.20	1.1471	1.1471		120	92.00	2,607,436	3,391,080	
1985/10		0.20	0.8522	0.8522		120	68.24	2,611,879	3,420,000	
1986/01		0.30	0.8299	0.8299		120	68.24	2,618,383	3,448,440	
1986/07		0.30	0.2974	0.2974		120	68.24	2,620,719	3,441,840	
1987/01		0.40	1.0091	1.0091		120	68.24	2,631,296	3,503,400	
1987/07		0.40	0.9007	0.9007		120	69.34	2,640,777	3,530,760	
1988/01		0.50	0.9007	0.9007		120	71.08	2,652,671	3,559,440	
1988/07		0.50	0.5899	0.5899		120	74.90	2,660,496	3,557,520	
1989/01	13,322	0.60	0.5899	0.5899		120	74.90	2,683,233	3,578,520	
1989/07		0.60	0.5899	0.5899		120	77.74	2,692,729	3,602,760	
1990/01		0.70	0.5899	0.5899		120	77.74	2,703,847	3,620,880	
1990/07		0.70	0.5899	0.5899		120	77.63	2,715,011	3,642,240	
1991/01		0.80	0.5899	0.5899		120	77.63	2,727,823	3,663,600	
1991/07		0.80	1.4932	1.4932		120	79.11	2,727,823	3,718,320	5
1992/01		0.90	2.0117	2.0117		120	79.11	2,810,387	3,793,080	
1992/07		0.90	1.8152	1.8152		120	79.30	2,856,300	3,861,960	
1993/01		1.00	1.7710	1.7710		120	79.30	2,906,885	3,930,360	
1993/07		1.00	1.5329	1.5329		120	83.56	2,951,445	3,990,600	
1994/01		1.00	1.6983	1.6983		120	83.56	3,001,569	4,058,400	
1994/07		1.00	1.5991	1.5991		120	80.50	3,049,567	4,123,320	
1995/01		1.00	1.5812	1.5812		120	80.50	3,097,787	4,188,480	
1995/07		1.00	1.5250	1.5250		120	79.17	3,145,028	4,252,320	
1996/01		1.00	1.7228	1.7228		120	79.17	3,199,211	4,325,640	
1996/07		1.00	1.3294	1.3294		120	78.32	3,241,741	4,383,120	
1997/01		1.00	1.4109	1.4109		120	78.32	3,287,479	4,444,920	
1997/07		1.00	1.0917	1.0917		120	77.06	3,287,479	4,493,400	5
1998/01		1.00	1.1663	1.1663		120	77.06	3,362,128	4,545,840	



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 224341-00 - 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
1998/07		1.00	1.0794	1.0794		120	75.21	3,398,419	4,594,920	
1999/01		1.00	1.4499	1.4499		120	75.21	3,447,693	4,661,520	
1999/07		1.00	1.2299	1.2299		120	73.10	3,490,096	4,718,880	
2000/01		1.00	1.3356	1.3356		120	73.10	3,536,710	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.84	3,536,710	4,835,040	5
2001/01	10,230	1.00	1.2976	1.2976		120	73.84	3,632,703	4,897,800	
2001/07	16,925	1.00	0.9615	0.9615		120	73.84	3,684,556	4,944,840	
2002/01		1.00	1.0301	1.0301		120	73.84	3,722,511	4,995,720	
2002/07		1.00	0.8337	0.8337		120	73.84	3,753,546	5,037,360	
2003/01		1.00	1.3271	1.3271		120	73.84	3,803,359	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.15	3,847,721	5,163,720	
2004/01		0.95	1.1103	1.1103		120	71.15	3,888,307	5,221,080	
2004/07		0.95	0.8378	0.8378		120	73.37	3,919,254	5,264,880	
2005/01		0.90	0.8595	0.8595		120	73.37	3,949,573	5,310,120	
2005/07		0.90	0.7364	0.7364		120	69.78	3,949,573	5,349,240	5
2006/01		0.85	0.9068	0.9068		120	69.78	4,006,396	5,397,720	
2006/07		0.85	0.8133	0.8133		120	66.96	4,034,092	5,441,640	
2007/01		0.80	1.0133	1.0133		120	66.96	4,066,792	5,496,720	
2007/07		0.80	1.1050	1.1050		120	61.11	4,102,742	5,557,440	
2008/01		0.75	0.8556	0.8556		120	61.11	4,129,069	5,604,960	
2008/07		0.75	0.6104	0.6104		120	52.79	4,147,212	5,639,160	
2009/01		0.70	1.3268	1.3268		120	52.79	4,184,184	5,714,040	
2009/07		0.70	0.6841	0.6841		120	57.34	4,204,222	5,753,160	
2010/01		0.65	0.8643	0.8643		120	57.34	4,227,841	5,802,840	
2010/07		0.65	0.7107	0.7107		120	55.76	4,247,374	5,844,120	
2011/01		0.60	0.9198	0.9198		120	55.76	4,270,815	5,897,880	
2011/07		0.60	0.9028	0.9028		120	58.07	4,293,950	5,951,160	
2012/01		0.55	0.3865	0.3865		120	58.07	4,303,079	5,974,200	
2012/07		0.55	0.9417	0.9417		120	54.65	4,325,223	6,030,480	
2013/01		0.50	0.4901	0.4901		120	54.65	4,335,757	6,060,000	



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 224341-00 - 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
2013/07		0.50	0.6196	0.6196		120	61.10	4,349,189	6,097,560	
2014/01		0.45	0.8564	0.8564		120	61.10	4,365,951	6,149,760	
2014/07		0.45	1.2383	1.2383		120	67.74	4,390,278	6,225,960	
2015/01		0.40	0.7571	0.7571		120	67.74	4,403,572	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: 224341113020131201201204032014154850



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 224910-00 - 2015/01
223.05

South Tampa Health and Rehabilitation 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
4610 S MANHATTAN AVE	7/1/2012-6/30/2013	Number of Beds: 179	Superior: 0
TAMPA, FL 33611	Days in CR 365	Maximum: 65,335	Standard: 243
County: Hillsborough [29]	First Used : 2014/01	Max Annualized: 65,335	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 55,981	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 8,063	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 43,354	FY Index: 1.29878490
Class at 1/94: North Large	Medical Utilization	77.44413%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.68302%	Cost: 1.05607860
Open Date: 10/01/1978	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1978	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 10/01/1978	Low Occupancy Adjustment Factor:	109.41335%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 213799			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,141,202	3,599,178	1,857,401	612,592		8,210,373	
1a	Audit Adjustments							
2	Cost Per Diem	49.3888	83.0184	42.8427	14.1300		189.3799	
3	Cost Per Diem Inflated	52.1585	86.1780	45.2453				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	52.1585	86.1780	45.2453	14.1300		197.7118	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.2063		54.4474				
7	Provider Target Rate	46.8618		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	46.8618	86.1780	45.2453	13.6500		191.9351	
12/13	Medical Adjustment Rate		2.6607	1.3969				
14	Prospective Per Diem 11	46.8618	88.8387	46.6422	13.6500		195.9927	
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 224910-00 - 2015/01

223.05

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

South Tampa Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	12/01/1986	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	4,850,000.00	Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed	80% Capital(1):	4,179,434 8.2309
Indexed Asset Value	5,224,293	<60% of Base:	False	20% ROE(2):	1,044,859 0.2555
FRVS Base Asset:	2,823,875	Interest Rate:	10.0000%	Insurance Cost(3):	90,961 1.6249
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	1,285 0.0230
ROE Factor	0.014380	Amortization Rate:	10.0000%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	13,183 0.0000
		Yearly Payment:	483,989	Total FRVS PD:	10.1343

- (1) 80% Capital (\$4,179,434) amortized at 10.0000 % for 20 years Principal & Interest of \$483,989 divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$8.2309
- (2) 20% ROE (\$1,044,859) times the ROE factor (0.014380) divided by annual available days (65335) divided by Occup. Adj. (0.90) = \$0.2555
- (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	179	Effective PBS Limitation	5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	46.8618	46.8618	0.8153	46.0465
Direct Care	88.8387	88.8387	1.5456	87.2931
Indirect Care	46.6422	46.6422	0.8115	45.8307
Property	13.6500	10.1343	0.1763	9.9580
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.0207
Supplemental Rate Add-on				9.9025
Totals	195.9927	192.4770	3.3487	223.0515

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 224910-00 - 2015/01

223.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1978/07	2,015,997	0.00	5.5395	3.0000	2.5395	179	100.00	2,015,997	3,361,620	
1979/01	103,207	0.10	7.6667	3.0000	4.6667	179	100.00	2,125,252	3,533,997	
1979/07		0.10	8.8649	3.0000	5.8649	179	100.00	2,131,628	3,682,388	
1980/01	7,792	0.20	12.0306	3.0000	9.0306	179	92.82	2,152,210	3,909,539	
1980/07		0.20	12.8413	3.0000	9.8413	179	92.82	2,165,123	4,058,467	
1981/01		0.30	13.6653	3.0000	10.6653	179	92.82	2,184,609	4,213,660	
1981/07	22,417	0.30	13.2541	3.0000	10.2541	179	92.82	2,226,687	4,322,671	
1982/01		0.40	12.9301	3.0000	9.9301	179	92.82	2,253,407	4,438,484	
1982/07	83,942	0.40	12.2278	3.0000	9.2278	179	92.82	2,364,390	4,540,335	
1983/04	65,306	0.50	11.8566	3.0000	8.8566	179	92.82	2,465,162	4,659,728	
1983/07	58,693	0.50	12.8144	3.0000	9.8144	179	92.82	2,560,832	4,844,098	
1984/01	45,686	0.60	11.1096	3.0000	8.1096	179	92.82	2,652,613	4,906,927	
1984/07		0.60	10.0275	3.0000	7.0275	179	92.82	2,700,360	5,001,081	
1985/01	5,400	0.70	8.1746	3.0000	5.1746	179	92.82	2,762,468	5,058,361	
1985/10	3,395	0.70	6.0268	3.0000	3.0268	179	92.82	2,823,875	5,101,500	
1986/01		0.80	3.8567	3.0000	0.8567	179	87.12	2,891,648	5,143,923	
1986/07		0.80	1.1541	1.1541		179	87.12	2,918,347	5,134,078	
1987/01	18,662	0.90	1.0091	1.0091		179	85.14	2,963,513	5,225,905	
1987/07		0.90	0.9007	0.9007		179	85.14	2,987,535	5,266,717	
1988/01		1.00	0.9007	0.9007		179	85.27	3,014,444	5,309,498	
1988/07		1.00	0.5899	0.5899		179	85.27	3,032,226	5,306,634	
1989/01		1.00	0.5899	0.5899		179	83.48	3,050,113	5,337,959	
1989/07		1.00	0.5899	0.5899		179	83.48	3,068,106	5,374,117	
1990/01		1.00	0.5899	0.5899		179	83.48	3,086,205	5,401,146	
1990/07		1.00	0.5899	0.5899		179	77.74	3,086,205	5,433,008	5
1991/01		1.00	0.5899	0.5899		179	76.33	3,104,411	5,464,870	5
1991/07		1.00	1.4932	1.4932		179	76.33	3,169,353	5,546,494	
1992/01		1.00	2.0117	2.0117		179	81.77	3,233,111	5,658,011	
1992/07		1.00	1.8152	1.8152		179	81.77	3,291,798	5,760,757	
1993/01	52,076	1.00	1.7710	1.7710		179	74.38	3,402,172	5,862,787	



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 224910-00 - 2015/01

223.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/07		1.00	1.5329	1.5329		179	74.38	3,454,324	5,952,645	
1994/01	31,004	1.00	1.6983	1.6983		179	69.47	3,543,993	6,053,780	
1994/07		1.00	1.5991	1.5991		179	69.47	3,600,665	6,150,619	
1995/01		1.00	1.5812	1.5812		179	69.75	3,657,599	6,247,816	
1995/07		1.00	1.5250	1.5250		179	69.75	3,713,377	6,343,044	
1996/01	53,503	1.00	1.7228	1.7228		179	73.15	3,766,880	6,452,413	5
1996/07		1.00	1.3294	1.3294		179	73.15	3,830,854	6,538,154	5
1997/01	33,061	1.00	1.4109	1.4109		179	72.40	3,914,842	6,630,339	5
1997/07		1.00	1.0917	1.0917		179	72.40	4,012,946	6,702,655	
1998/01		1.00	1.1663	1.1663		179	72.40	4,059,749	6,780,878	
1998/07		1.00	1.0794	1.0794		179	82.14	4,103,570	6,854,089	
1999/01		0.95	1.4499	1.4499		179	82.14	4,160,093	6,953,434	
1999/07		0.95	1.2299	1.2299		179	82.14	4,160,093	7,038,996	5
2000/01		0.90	1.3356	1.3356		179	80.86	4,208,700	7,132,971	5
2000/07		0.90	1.1129	1.1129		179	80.86	4,301,950	7,212,268	
2001/01		0.85	1.2976	1.2976		179	80.86	4,349,401	7,305,885	
2001/07		0.85	0.9615	0.9615		179	80.86	4,384,949	7,376,053	
2002/01		0.80	1.0301	1.0301		179	79.64	4,421,085	7,451,949	
2002/07		0.80	0.8337	0.8337		179	79.64	4,450,574	7,514,062	
2003/01		0.75	1.3271	1.3271		179	80.29	4,494,871	7,613,765	
2003/07		0.75	1.1664	1.1664		179	80.29	4,534,192	7,702,549	
2004/01		0.70	1.1103	1.1103		179	81.15	4,569,432	7,788,111	
2004/07		0.70	0.8378	0.8378		179	81.15	4,596,232	7,853,446	
2005/01		0.65	0.8595	0.8595		179	81.15	4,621,911	7,920,929	
2005/07		0.65	0.7364	0.7364		179	78.84	4,644,036	7,979,283	
2006/01		0.60	0.9068	0.9068		179	78.84	4,669,304	8,051,599	
2006/07		0.60	0.8133	0.8133		179	82.99	4,692,090	8,117,113	
2007/01		0.55	1.0133	1.0133		179	82.99	4,718,239	8,199,274	
2007/07		0.55	1.1050	1.1050		179	77.16	4,746,916	8,289,848	
2008/01		0.50	0.8556	0.8556		179	77.16	4,767,223	8,360,732	



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 224910-00 - 2015/01

223.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/07		0.50	0.6104	0.6104		179	78.37	4,781,773	8,411,747	
2009/01		0.45	1.3268	1.3268		179	78.68	4,810,325	8,523,443	
2009/07		0.45	0.6841	0.6841		179	78.68	4,825,131	8,581,797	
2010/01		0.40	0.8643	0.8643		179	75.22	4,841,811	8,655,903	
2010/07		0.40	0.7107	0.7107		179	75.22	4,855,576	8,717,479	
2011/01		0.35	0.9198	0.9198		179	75.22	4,871,206	8,797,671	
2011/07	275,000	0.35	0.9028	0.9028		179	77.76	5,161,599	8,877,147	
2012/01		0.30	0.3865	0.3865		179	76.41	5,167,586	8,911,515	
2012/07		0.30	0.9417	0.9417		179	76.41	5,182,184	8,995,466	
2013/01		0.25	0.4901	0.4901		179	76.41	5,188,532	9,039,500	
2013/07		0.25	0.6196	0.6196		179	78.89	5,196,569	9,095,527	
2014/01		0.20	0.8564	0.8564		179	77.44	5,205,471	9,173,392	
2014/07		0.20	1.2383	1.2383		179	77.44	5,218,365	9,287,057	
2015/01		0.15	0.7571	0.7571		179	77.44	5,224,293	9,357,404	

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 225053-00 - 2015/01

249.00

MK of North Port 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
6940 OUTREACH WAY	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
NORTH PORT, FL 34287-0947	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: 34,091	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,311	Inflation
Current Class South Large	Initial CR? False	Medicaid: 19,205	FY Index: 1.31461409
Class at 1/94: South Large	Medical Utilization	56.33452%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	77.833333%	Cost: 1.04336242
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: 1.21766521
Entered Medicaid 12/17/1985	Low Occupancy Adjustment Factor:	99.38965%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 208736			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	792,331	1,891,404	1,173,813	411,179		4,268,727	
1a	Audit Adjustments							
2	Cost Per Diem	41.2565	98.4850	61.1202	21.4100		222.2717	
3	Cost Per Diem Inflated	43.0455	101.4638	63.7705				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.0455	101.4638	63.7705	21.4100		229.6898	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	49.1189		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	43.0455	99.8648	58.6961	13.6500		215.2564	
12/13	Medical Adjustment Rate		0.7117	0.4183				
14	Prospective Per Diem 11	43.0455	100.5765	59.1144	13.6500		216.3864	
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 225053-00 - 2015/01

249.00

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

MK of North Port LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,615,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,229,020	15.1900
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,057,255	0.5391
Indexed Asset Value	5,286,275	Interest Rate:	13.1170%	Insurance Cost(3):	26,496	0.7772
FRVS Base Asset:	3,158,034	Chase Rate:	13.0000%	Taxes Cost(3):	63,649	1.8670
Occup Adj Factor	0.9000	Amortization Rate:	13.1170%	Home Office(3):	5,748	0.1686
ROE Factor	0.020100	Interest Only:	False	Replacement(3&4):	101,810	0.0000
		Yearly Payment:	598,789	Total FRVS PD:		18.5419

- (1) 80% Capital (\$4,229,020) amortized at 13.1170 % for 20 years Principal & Interest of \$598,789 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$15.1900
- (2) 20% ROE (\$1,057,255) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5391
- (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	43.0455	43.0455	0.7489	42.2966
Direct Care	100.5765	100.5765	1.7498	98.8267
Indirect Care	59.1144	59.1144	1.0284	58.0860
Property	13.6500	18.5419	0.3226	18.2193
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6687
Supplemental Rate Add-on				9.9025
Totals	216.3864	221.2783	3.8497	248.9998

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 225053-00 - 2015/01

249.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,158,034	0.00	0.8522	0.8522		120	42.23	3,158,034	3,420,000	
1986/01		0.10	0.8299	0.8299		120	42.23	3,160,047	3,448,440	
1986/07		0.10	0.2974	0.2974		120	42.23	3,160,768	3,441,840	
1987/01		0.20	1.0091	1.0091		120	42.23	3,165,665	3,503,400	
1987/07		0.20	0.9007	0.9007		120	42.23	3,170,043	3,530,760	
1988/01		0.30	0.9007	0.9007		120	42.23	3,176,620	3,559,440	
1988/07		0.30	0.5899	0.5899		120	55.14	3,182,243	3,557,520	
1989/01		0.40	0.5899	0.5899		120	55.14	3,189,753	3,578,520	
1989/07		0.40	0.5899	0.5899		120	69.81	3,197,281	3,602,760	
1990/01		0.50	0.5899	0.5899		120	69.81	3,206,713	3,620,880	
1990/07	19,093	0.50	0.5899	0.5899		120	70.45	3,235,266	3,642,240	
1991/01		0.60	0.5899	0.5899		120	70.45	3,246,716	3,663,600	
1991/07	22,781	0.60	1.4932	1.4932		120	72.22	3,298,584	3,718,320	
1992/01		0.70	2.0117	2.0117		120	72.22	3,345,035	3,793,080	
1992/07		0.70	1.8152	1.8152		120	76.79	3,387,537	3,861,960	
1993/01		0.80	1.7710	1.7710		120	76.79	3,435,532	3,930,360	
1993/07		0.80	1.5329	1.5329		120	75.40	3,477,662	3,990,600	
1994/01		0.90	1.6983	1.6983		120	75.40	3,530,818	4,058,400	
1994/07		0.90	1.5991	1.5991		120	76.83	3,581,634	4,123,320	
1995/01		1.00	1.5812	1.5812		120	76.83	3,638,267	4,188,480	
1995/07		1.00	1.5250	1.5250		120	69.54	3,693,751	4,252,320	
1996/01		1.00	1.7228	1.7228		120	69.54	3,757,387	4,325,640	
1996/07		1.00	1.3294	1.3294		120	72.22	3,807,338	4,383,120	
1997/01		1.00	1.4109	1.4109		120	72.22	3,861,056	4,444,920	
1997/07		1.00	1.0917	1.0917		120	70.76	3,903,207	4,493,400	
1998/01		1.00	1.1663	1.1663		120	70.76	3,948,730	4,545,840	
1998/07		1.00	1.0794	1.0794		120	70.31	3,991,353	4,594,920	
1999/01		1.00	1.4499	1.4499		120	70.31	4,049,224	4,661,520	
1999/07		1.00	1.2299	1.2299		120	67.70	4,099,025	4,718,880	
2000/01		1.00	1.3356	1.3356		120	67.70	4,153,772	4,781,880	



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 225053-00 - 2015/01

249.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07	18,763	1.00	1.1129	1.1129		120	80.13	4,218,762	4,835,040	
2001/01		1.00	1.2976	1.2976		120	80.13	4,273,505	4,897,800	
2001/07		1.00	0.9615	0.9615		120	80.13	4,314,595	4,944,840	
2002/01		1.00	1.0301	1.0301		120	80.13	4,359,040	4,995,720	
2002/07		1.00	0.8337	0.8337		120	80.13	4,395,381	5,037,360	
2003/01	30,294	1.00	1.3271	1.3271		120	77.11	4,484,006	5,104,200	
2003/07		1.00	1.1664	1.1664		120	77.11	4,536,307	5,163,720	
2004/01		1.00	1.1103	1.1103		120	72.52	4,586,674	5,221,080	
2004/07		1.00	0.8378	0.8378		120	76.11	4,625,101	5,264,880	
2005/01		1.00	0.8595	0.8595		120	76.11	4,664,854	5,310,120	
2005/07		1.00	0.7364	0.7364		120	76.11	4,699,206	5,349,240	
2006/01		0.95	0.9068	0.9068		120	79.93	4,739,690	5,397,720	
2006/07		0.95	0.8133	0.8133		120	79.93	4,776,309	5,441,640	
2007/01		0.90	1.0133	1.0133		120	59.89	4,819,869	5,496,720	
2007/07		0.90	1.1050	1.1050		120	59.89	4,867,803	5,557,440	
2008/01		0.85	0.8556	0.8556		120	56.97	4,903,207	5,604,960	
2008/07		0.85	0.6104	0.6104		120	56.97	4,928,645	5,639,160	
2009/01		0.80	1.3268	1.3268		120	57.26	4,980,958	5,714,040	
2009/07		0.80	0.6841	0.6841		120	57.26	5,008,219	5,753,160	
2010/01		0.75	0.8643	0.8643		120	53.16	5,039,596	5,802,840	
2010/07		0.75	0.7107	0.7107		120	53.16	5,065,558	5,844,120	
2011/01		0.70	0.9198	0.9198		120	49.90	5,095,151	5,897,880	
2011/07		0.70	0.9028	0.9028		120	55.21	5,127,352	5,951,160	
2012/01		0.65	0.3865	0.3865		120	55.21	5,140,232	5,974,200	
2012/07		0.65	0.9417	0.9417		120	55.21	5,171,695	6,030,480	
2013/01		0.60	0.4901	0.4901		120	55.73	5,186,905	6,060,000	
2013/07		0.60	0.6196	0.6196		120	56.40	5,206,190	6,097,560	
2014/01		0.55	0.8564	0.8564		120	56.40	5,230,711	6,149,760	
2014/07		0.55	1.2383	1.2383		120	56.33	5,266,337	6,225,960	
2015/01		0.50	0.7571	0.7571		120	56.33	5,286,275	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 225274-00 - 2015/01

223.30

MK of Fernandina Beach 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
1625 LIME STREET	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
FERNANDINA BEACH , FL	Days in CR 365	Maximum: 43,800	Standard: 243
32034	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
County: Nassau [45]	Last Used: 2015/01	Total Patient: 36,757	Total: 243
Region: North Area: 4	Unaudited	Medicare: 7,018	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 23,057	FY Index: 1.31456505
Current Class North Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: North Large	Occupancy:	62.72819%	Cost: 1.04340134
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	83.92009%	Target: 1.02563464
Open Date: 08/01/1984	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21500000
Acquired Date: 08/01/1984	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 08/01/1984	Weighted Low Occ Adjustment Factor:	107.16217%	DC Inflation: 1.03250618
Med # Active Date: 08/01/2000		100.00000%	PS Target: 1.03662091
Previous Med # 207951			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	908,907	1,890,267	1,194,295	317,034		4,310,503	
1a	Audit Adjustments							
2	Cost Per Diem	39.4200	81.9823	51.7975	13.7500		186.9498	
3	Cost Per Diem Inflated	41.1309	84.6472	54.0456				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.1309	84.6472	54.0456	13.7500		193.5737	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.8903		52.2722				
7	Provider Target Rate	45.4976		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	41.1309	84.6472	54.0456	13.6500		193.4737	
12/13	Medical Adjustment Rate		1.2121	0.7739				
14	Prospective Per Diem 11	41.1309	85.8593	54.8195	13.6500		195.4597	
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 225274-00 - 2015/01

223.30

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

MK of Fernandina Beach LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	08/01/2000	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):	3,335,538 11.7178
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	833,884 0.3966
Indexed Asset Value	4,169,422	Interest Rate:	12.7530%	Insurance Cost(3):	30,760 0.8368
FRVS Base Asset:	2,454,766	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	12.7530%	Home Office(3):	6,243 0.1698
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	133,094 0.0000
		Yearly Payment:	461,915	Total FRVS PD:	13.1210

(1) 80% Capital (\$3,335,538) amortized at 12.7530 % for 20 years Principal & Interest of \$461,915 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.7178

(2) 20% ROE (\$833,884) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3966

(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	41.1309	41.1309	0.7156	40.4153
Direct Care	85.8593	85.8593	1.4937	84.3656
Indirect Care	54.8195	54.8195	0.9537	53.8658
Property	13.6500	13.1210	0.2283	12.8927
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.8535
Supplemental Rate Add-on				9.9025
Totals	195.4597	194.9307	3.3913	223.2954

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 225274-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/07	2,449,866	0.00	1.9179	1.9179		120	81.36	2,449,866	3,352,680	
1985/01		0.10	1.1471	1.1471		120	81.36	2,452,676	3,391,080	
1985/10		0.10	0.8522	0.8522		120	81.36	2,454,766	3,420,000	
1986/01		0.20	0.8299	0.8299		120	81.36	2,458,841	3,448,440	
1986/07		0.20	0.2974	0.2974		120	80.68	2,460,304	3,441,840	
1987/01		0.30	1.0091	1.0091		120	80.68	2,467,751	3,503,400	
1987/07		0.30	0.9007	0.9007		120	80.68	2,474,419	3,530,760	
1988/01		0.40	0.9007	0.9007		120	83.84	2,483,334	3,559,440	
1988/07		0.40	0.5899	0.5899		120	86.89	2,489,195	3,557,520	
1989/01		0.50	0.5899	0.5899		120	86.89	2,496,538	3,578,520	
1989/07		0.50	0.5899	0.5899		120	85.35	2,503,903	3,602,760	
1990/01		0.60	0.5899	0.5899		120	85.35	2,512,764	3,620,880	
1990/07		0.60	0.5899	0.5899		120	87.13	2,521,657	3,642,240	
1991/01		0.70	0.5899	0.5899		120	87.13	2,532,069	3,663,600	
1991/07		0.70	1.4932	1.4932		120	87.31	2,558,534	3,718,320	
1992/01		0.80	2.0117	2.0117		120	87.31	2,599,711	3,793,080	
1992/07	29,426	0.80	1.8152	1.8152		120	88.12	2,666,890	3,861,960	
1993/01		0.90	1.7710	1.7710		120	88.12	2,709,398	3,930,360	
1993/07		0.90	1.5329	1.5329		120	90.98	2,746,777	3,990,600	
1994/01		1.00	1.6983	1.6983		120	90.98	2,793,426	4,058,400	
1994/07		1.00	1.5991	1.5991		120	88.06	2,838,096	4,123,320	
1995/01		1.00	1.5812	1.5812		120	88.06	2,882,972	4,188,480	
1995/07		1.00	1.5250	1.5250		120	84.60	2,926,937	4,252,320	
1996/01		1.00	1.7228	1.7228		120	84.60	2,977,362	4,325,640	
1996/07		1.00	1.3294	1.3294		120	81.30	3,016,943	4,383,120	
1997/01		1.00	1.4109	1.4109		120	81.30	3,059,509	4,444,920	
1997/07		1.00	1.0917	1.0917		120	77.13	3,092,910	4,493,400	
1998/01		1.00	1.1663	1.1663		120	77.13	3,128,983	4,545,840	
1998/07		1.00	1.0794	1.0794		120	76.26	3,162,757	4,594,920	
1999/01		1.00	1.4499	1.4499		120	76.26	3,208,614	4,661,520	



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 225274-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/07		1.00	1.2299	1.2299		120	73.64	3,248,077	4,718,880	
2000/01		1.00	1.3356	1.3356		120	73.64	3,291,458	4,781,880	
2000/07		1.00	1.1129	1.1129		120	70.83	3,328,089	4,835,040	
2001/01		1.00	1.2976	1.2976		120	70.83	3,371,274	4,897,800	
2001/07	49,162	1.00	0.9615	0.9615		120	70.83	3,452,851	4,944,840	
2002/01		1.00	1.0301	1.0301		120	70.83	3,488,419	4,995,720	
2002/07		1.00	0.8337	0.8337		120	70.83	3,517,502	5,037,360	
2003/01		1.00	1.3271	1.3271		120	70.83	3,564,183	5,104,200	
2003/07		1.00	1.1664	1.1664		120	64.57	3,605,756	5,163,720	
2004/01		1.00	1.1103	1.1103		120	64.57	3,645,791	5,221,080	
2004/07		1.00	0.8378	0.8378		120	60.49	3,676,335	5,264,880	
2005/01		0.95	0.8595	0.8595		120	60.49	3,706,352	5,310,120	
2005/07		0.95	0.7364	0.7364		120	60.49	3,732,282	5,349,240	
2006/01		0.90	0.9068	0.9068		120	60.07	3,762,741	5,397,720	
2006/07		0.90	0.8133	0.8133		120	60.07	3,790,284	5,441,640	
2007/01		0.85	1.0133	1.0133		120	69.07	3,822,930	5,496,720	
2007/07		0.85	1.1050	1.1050		120	69.07	3,858,839	5,557,440	
2008/01		0.80	0.8556	0.8556		120	72.41	3,885,253	5,604,960	
2008/07		0.80	0.6104	0.6104		120	72.41	3,904,225	5,639,160	
2009/01		0.75	1.3268	1.3268		120	71.73	3,943,076	5,714,040	
2009/07		0.75	0.6841	0.6841		120	71.73	3,963,308	5,753,160	
2010/01		0.70	0.8643	0.8643		120	68.56	3,987,286	5,802,840	
2010/07		0.70	0.7107	0.7107		120	68.56	4,007,123	5,844,120	
2011/01		0.65	0.9198	0.9198		120	69.98	4,031,082	5,897,880	
2011/07		0.65	0.9028	0.9028		120	65.96	4,054,736	5,951,160	
2012/01		0.60	0.3865	0.3865		120	65.96	4,064,139	5,974,200	
2012/07		0.60	0.9417	0.9417		120	59.84	4,087,101	6,030,480	
2013/01		0.55	0.4901	0.4901		120	59.84	4,098,120	6,060,000	
2013/07		0.55	0.6196	0.6196		120	59.84	4,112,086	6,097,560	
2014/01		0.50	0.8564	0.8564		120	57.13	4,129,694	6,149,760	



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 225274-00 - 2015/01

223.30

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/07		0.50	1.2383	1.2383		120	62.73	4,155,265	6,225,960	
2015/01		0.45	0.7571	0.7571		120	62.73	4,169,422	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 225274123120130101201304072014100532



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 225410-00 - 2015/01

244.96

MK of Winter Garden 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
12751 W COLONIAL DRIVE	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
WINTER GARDEN, FL 34787	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: 32,649	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,349	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,274	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	65.15973%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	74.54110%	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:	95.18562%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 208523			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,006,898	2,211,454	1,051,770	370,806		4,640,928	
1a	Audit Adjustments							
2	Cost Per Diem	47.3300	103.9510	49.4392	17.4300		218.1502	
3	Cost Per Diem Inflated	49.3842	107.3300	51.5849				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.3842	107.3300	51.5849	17.4300		225.7291	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.8884		62.8145				
7	Provider Target Rate	50.6787		65.1148				
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	49.3842	98.1484	51.5849	13.6500		212.7675	
12/13	Medical Adjustment Rate		1.6739	0.8798				
14	Prospective Per Diem 11	49.3842	99.8223	52.4647	13.6500		215.3212	
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 225410-00 - 2015/01

244.96

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

MK of Winter Garden LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1999	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,400,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,029,668 14.4591
RS to Start Calcs:	1985/10	<60% of Base:	False	20% ROE(2):	1,007,417 0.4792
Indexed Asset Value	5,037,085	Interest Rate:	13.1000%	Insurance Cost(3):	0 0.0000
FRVS Base Asset:	3,060,682	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	13.1000%	Home Office(3):	5,545 0.1698
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	70,314 0.0000
		Yearly Payment:	569,976	Total FRVS PD:	15.1081

- (1) 80% Capital (\$4,029,668) amortized at 13.1000 % for 20 years Principal & Interest of \$569,976 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.4591
- (2) 20% ROE (\$1,007,417) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4792
- (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	49.3842	49.3842	0.8592	48.5250
Direct Care	99.8223	99.8223	1.7367	98.0856
Indirect Care	52.4647	52.4647	0.9128	51.5519
Property	13.6500	15.1081	0.2628	14.8453
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.0528
Supplemental Rate Add-on				9.9025
Totals	215.3212	216.7793	3.7715	244.9631

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 225410-00 - 2015/01

244.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/10	3,060,682	0.00	0.8522	0.8522		120	65.01	3,060,682	3,420,000	
1986/01		0.10	0.8299	0.8299		120	65.01	3,063,222	3,448,440	
1986/07		0.10	0.2974	0.2974		120	84.00	3,064,132	3,441,840	
1987/01		0.20	1.0091	1.0091		120	65.01	3,070,315	3,503,400	
1987/07		0.20	0.9007	0.9007		120	64.55	3,075,845	3,530,760	
1988/01		0.30	0.9007	0.9007		120	64.55	3,084,156	3,559,440	
1988/07		0.30	0.5899	0.5899		120	68.46	3,089,615	3,557,520	
1989/01		0.40	0.5899	0.5899		120	68.46	3,096,906	3,578,520	
1989/07		0.40	0.5899	0.5899		120	75.82	3,104,215	3,602,760	
1990/01		0.50	0.5899	0.5899		120	75.82	3,113,372	3,620,880	
1990/07		0.50	0.5899	0.5899		120	80.87	3,122,556	3,642,240	
1991/01		0.60	0.5899	0.5899		120	80.87	3,133,607	3,663,600	
1991/07	13,799	0.60	1.4932	1.4932		120	82.40	3,175,480	3,718,320	
1992/01		0.70	2.0117	2.0117		120	82.40	3,220,197	3,793,080	
1992/07		0.70	1.8152	1.8152		120	84.86	3,261,113	3,861,960	
1993/01		0.80	1.7710	1.7710		120	84.86	3,307,316	3,930,360	
1993/07		0.80	1.5329	1.5329		120	80.35	3,347,874	3,990,600	
1994/01		0.90	1.6983	1.6983		120	80.35	3,399,046	4,058,400	
1994/07		0.90	1.5991	1.5991		120	77.71	3,447,965	4,123,320	
1995/01		1.00	1.5812	1.5812		120	77.71	3,502,484	4,188,480	
1995/07		1.00	1.5250	1.5250		120	81.67	3,555,897	4,252,320	
1996/01		1.00	1.7228	1.7228		120	81.67	3,617,158	4,325,640	
1996/07		1.00	1.3294	1.3294		120	79.59	3,665,244	4,383,120	
1997/01		1.00	1.4109	1.4109		120	79.59	3,716,957	4,444,920	
1997/07		1.00	1.0917	1.0917		120	79.32	3,757,535	4,493,400	
1998/01		1.00	1.1663	1.1663		120	79.32	3,801,359	4,545,840	
1998/07		1.00	1.0794	1.0794		120	82.10	3,842,391	4,594,920	
1999/01		1.00	1.4499	1.4499		120	82.10	3,898,102	4,661,520	
1999/07		1.00	1.2299	1.2299		120	84.63	3,946,045	4,718,880	
2000/01		1.00	1.3356	1.3356		120	84.63	3,998,748	4,781,880	



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 225410-00 - 2015/01

244.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/07		1.00	1.1129	1.1129		120	81.81	4,043,250	4,835,040	
2001/01		1.00	1.2976	1.2976		120	81.81	4,095,715	4,897,800	
2001/07		1.00	0.9615	0.9615		120	81.81	4,135,095	4,944,840	
2002/01		1.00	1.0301	1.0301		120	81.81	4,177,691	4,995,720	
2002/07		1.00	0.8337	0.8337		120	81.81	4,212,520	5,037,360	
2003/01		1.00	1.3271	1.3271		120	81.81	4,268,424	5,104,200	
2003/07		1.00	1.1664	1.1664		120	77.12	4,318,211	5,163,720	
2004/01		1.00	1.1103	1.1103		120	77.12	4,366,156	5,221,080	
2004/07		1.00	0.8378	0.8378		120	72.72	4,402,736	5,264,880	
2005/01		1.00	0.8595	0.8595		120	72.72	4,440,578	5,310,120	
2005/07		1.00	0.7364	0.7364		120	72.72	4,473,278	5,349,240	
2006/01		0.95	0.9068	0.9068		120	70.66	4,511,815	5,397,720	
2006/07		0.95	0.8133	0.8133		120	70.66	4,546,673	5,441,640	
2007/01		0.90	1.0133	1.0133		120	71.49	4,588,139	5,496,720	
2007/07		0.90	1.1050	1.1050		120	71.49	4,633,768	5,557,440	
2008/01		0.85	0.8556	0.8556		120	71.11	4,667,469	5,604,960	
2008/07		0.85	0.6104	0.6104		120	71.11	4,691,684	5,639,160	
2009/01		0.80	1.3268	1.3268		120	69.40	4,741,482	5,714,040	
2009/07		0.80	0.6841	0.6841		120	69.40	4,767,432	5,753,160	
2010/01		0.75	0.8643	0.8643		120	71.64	4,798,334	5,802,840	
2010/07		0.75	0.7107	0.7107		120	71.64	4,823,909	5,844,120	
2011/01		0.70	0.9198	0.9198		120	65.87	4,854,970	5,897,880	
2011/07		0.70	0.9028	0.9028		100	69.57	4,885,653	4,959,300	
2012/01		0.65	0.3865	0.3865		100	69.57	4,897,926	4,978,500	
2012/07		0.65	0.9417	0.9417		100	68.69	4,927,906	5,025,400	
2013/01		0.60	0.4901	0.4901		100	68.69	4,942,399	5,050,000	
2013/07		0.60	0.6196	0.6196		120	69.28	4,960,775	6,097,560	
2014/01		0.55	0.8564	0.8564		120	69.28	4,984,140	6,149,760	
2014/07		0.55	1.2383	1.2383		120	65.16	5,018,087	6,225,960	
2015/01		0.50	0.7571	0.7571		120	65.16	5,037,085	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 225631-00 - 2015/01

228.26

Springtree Rehab & Health Center, 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
4251 SPRINGTREE DRIVE	9/1/2013-8/31/2014	Number of Beds: 110	Superior: 0
SUNRISE , FL 33351-6119	Days in CR 365	Maximum: 40,150	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 40,150	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 35,556	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,651	Inflation
Current Class South Large	Initial CR? False	Medicaid: 14,919	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	41.95916%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.55791%	Cost: 1.03148401
Open Date: 09/01/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1989	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 03/06/1990	Low Occupancy Adjustment Factor:	113.08446%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 201871			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	735,037	1,127,548	887,900	230,349		2,980,834	
1a	Audit Adjustments							
2	Cost Per Diem	49.2685	75.5780	59.5147	15.4400		199.8012	
3	Cost Per Diem Inflated	50.8197	77.4188	61.3885				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	50.8197	77.4188	61.3885	15.4400		205.0670	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0142		69.8961				
7	Provider Target Rate	55.9922		72.4558				
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	50.8197	77.4188	61.3885	13.6500		203.2770	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	50.8197	77.4188	61.3885	13.6500		203.2770	
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 225631-00 - 2015/01

228.26

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

Springtree Rehab & Health Center, LLC

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/06/1990	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:	1989/07	Type:	Variable	80% Capital(1):	3,909,476	11.7396
Indexed Asset Value	4,886,845	<60% of Base:	False	20% ROE(2):	977,369	0.6226
FRVS Base Asset:	2,534,785	Interest Rate:	9.0700%	Insurance Cost(3):	64,899	1.8253
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	77,782	2.1876
ROE Factor	0.023020	Amortization Rate:	9.0700%	Home Office(3):	15,126	0.4254
		Interest Only:	False	Replacement(3&4):	64,825	0.0000
		Yearly Payment:	424,209	Total FRVS PD:		16.8005

- (1) 80% Capital (\$3,909,476) amortized at 9.0700 % for 20 years Principal & Interest of \$424,209 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$11.7396
- (2) 20% ROE (\$977,369) times the ROE factor (0.023020) divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$0.6226
- (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	85	Effective PBS Limitation	2,534,785

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.8197	50.8197	0.8841	49.9356
Direct Care	77.4188	77.4188	1.3469	76.0719
Indirect Care	61.3885	61.3885	1.0680	60.3205
Property	13.6500	16.8005	0.2923	16.5082
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.5244
Supplemental Rate Add-on				9.9025
Totals	203.2770	206.4275	3.5913	228.2631

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 225631-00 - 2015/01

228.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/07	4,037,916	0.00	0.5899	0.5899		85	29.86	2,534,785	2,534,785	1
1990/01		0.10	0.5899	0.5899		85	29.86	2,535,597	2,564,790	
1990/07		0.10	0.5899	0.5899		85	29.86	2,536,409	2,579,920	
1991/01		0.20	0.5899	0.5899		85	29.86	2,538,034	2,595,050	
1991/07		0.20	1.4932	1.4932		85	29.86	2,542,148	2,633,810	
1992/01		0.30	2.0117	2.0117		85	29.86	2,550,477	2,686,765	
1992/07		0.30	1.8152	1.8152		85	29.86	2,558,018	2,735,555	
1993/01		0.40	1.7710	1.7710		85	29.86	2,567,856	2,784,005	
1993/07		0.40	1.5329	1.5329		85	40.33	2,579,402	2,826,675	
1994/01	231,106	0.50	1.6983	1.6983		85	51.74	2,831,114	2,874,700	
1994/07		0.50	1.5991	1.5991		85	51.74	2,852,410	2,920,685	
1995/01	831,375	0.60	1.5812	1.5812		110	44.61	3,705,734	3,839,440	
1995/07		0.60	1.5250	1.5250		110	44.61	3,733,236	3,897,960	
1996/01		0.70	1.7228	1.7228		110	44.53	3,769,688	3,965,170	
1996/07		0.70	1.3294	1.3294		110	44.53	3,798,091	4,017,860	
1997/01		0.80	1.4109	1.4109		110	44.53	3,832,799	4,074,510	
1997/07		0.80	1.0917	1.0917		110	41.37	3,857,979	4,118,950	
1998/01		0.90	1.1663	1.1663		110	41.37	3,888,440	4,167,020	
1998/07		0.90	1.0794	1.0794		110	37.56	3,914,238	4,212,010	
1999/01		1.00	1.4499	1.4499		110	37.56	3,952,995	4,273,060	
1999/07		1.00	1.2299	1.2299		110	39.19	3,987,637	4,325,640	
2000/01		1.00	1.3356	1.3356		110	40.74	4,027,087	4,383,390	
2000/07		1.00	1.1129	1.1129		110	40.74	4,060,285	4,432,120	
2001/01		1.00	1.2976	1.2976		110	40.89	4,099,455	4,489,650	
2001/07		1.00	0.9615	0.9615		110	40.89	4,128,759	4,532,770	
2002/01		1.00	1.0301	1.0301		110	43.74	4,162,582	4,579,410	
2002/07		1.00	0.8337	0.8337		110	43.74	4,190,181	4,617,580	
2003/01		1.00	1.3271	1.3271		110	41.05	4,231,685	4,678,850	
2003/07		1.00	1.1664	1.1664		110	41.05	4,268,524	4,733,410	
2004/01		1.00	1.1103	1.1103		110	42.74	4,305,353	4,785,990	



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 225631-00 - 2015/01

228.26

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/07		1.00	0.8378	0.8378		110	42.74	4,333,383	4,826,140	
2005/01		1.00	0.8595	0.8595		110	43.88	4,363,098	4,867,610	
2005/07		1.00	0.7364	0.7364		110	43.88	4,388,732	4,903,470	
2006/01		1.00	0.9068	0.9068		110	40.55	4,418,073	4,947,910	
2006/07		1.00	0.8133	0.8133		110	40.55	4,444,565	4,988,170	
2007/01		1.00	1.0133	1.0133		110	40.55	4,477,769	5,038,660	
2007/07		1.00	1.1050	1.1050		110	38.48	4,512,387	5,094,320	
2008/01		1.00	0.8556	0.8556		110	38.48	4,539,399	5,137,880	
2008/07		1.00	0.6104	0.6104		110	42.97	4,561,047	5,169,230	
2009/01		1.00	1.3268	1.3268		110	42.00	4,607,259	5,237,870	
2009/07		1.00	0.6841	0.6841		110	42.00	4,631,327	5,273,730	
2010/01		0.95	0.8643	0.8643		110	42.00	4,660,366	5,319,270	
2010/07		0.95	0.7107	0.7107		110	39.27	4,682,833	5,357,110	
2011/01		0.90	0.9198	0.9198		110	39.27	4,710,511	5,406,390	
2011/07		0.90	0.9028	0.9028		110	38.94	4,737,608	5,455,230	
2012/01		0.85	0.3865	0.3865		110	38.94	4,748,627	5,476,350	
2012/07		0.85	0.9417	0.9417		110	37.99	4,774,880	5,527,940	
2013/01		0.80	0.4901	0.4901		110	37.99	4,787,812	5,555,000	
2013/07		0.80	0.6196	0.6196		110	42.15	4,806,000	5,589,430	
2014/01		0.75	0.8564	0.8564		110	44.42	4,830,931	5,637,280	
2014/07		0.75	1.2383	1.2383		110	44.42	4,867,165	5,707,130	
2015/01		0.70	0.7571	0.7571		110	41.96	4,886,845	5,750,360	

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 225754-00 - 2015/01

265.54

Pinecrest Convalescent 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
13650 NE 3RD COURT	9/1/2013-8/31/2014	Number of Beds: 100	Superior: 0
NORTH MIAMI, FL 33161	Days in CR 365	Maximum: 36,500	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 36,500	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 27,914	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,547	Inflation
Current Class South Small	Initial CR? False	Medicaid: 21,376	FY Index: 1.32975299
Class at 1/94: South Small	Medical Utilization	76.57806%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.47671%	Cost: 1.03148401
Open Date: 01/01/1967	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 07/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 07/01/1971	Low Occupancy Adjustment Factor:	97.65731%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 222429			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,336,558	1,869,220	1,417,613	241,335		4,864,726	
1a	Audit Adjustments							
2	Cost Per Diem	62.5261	87.4448	66.3180	11.2900		227.5789	
3	Cost Per Diem Inflated	64.4947	89.5747	68.4060				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	64.4947	89.5747	68.4060	11.2900		233.7654	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.0040		69.6946				
7	Provider Target Rate	62.2014		72.2469				
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	89.5747	68.4060	11.2900		231.4423	
12/13	Medical Adjustment Rate		2.6783	2.0454				
14	Prospective Per Diem 11	62.1716	92.2530	70.4514	11.2900		236.1660	
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 225754-00 - 2015/01

265.54

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

Pinecrest Convalescent 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:	0.00	Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None	80% Capital(1):	1,837,373 6.9539
Indexed Asset Value	2,296,716	<60% of Base:	True	20% ROE(2):	459,343 0.3219
FRVS Base Asset:	1,306,769	Interest Rate:	12.5000%	Insurance Cost(3):	66,808 2.3934
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	37,780 1.3534
ROE Factor	0.023020	Amortization Rate:	12.5000%	Home Office(3):	11,875 0.4254
		Interest Only:	True	Replacement(3&4):	60,971 0.0000
		Yearly Payment:	228,436	Total FRVS PD:	11.4480

(1) 80% Capital (\$1,837,373) amortized at 12.5000 % for 20 years Interest of \$228,436 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$6.9539

(2) 20% ROE (\$459,343) times the ROE factor (0.023020) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.3219

(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	62.1716	62.1716	1.0816	61.0900
Direct Care	92.2530	92.2530	1.6050	90.6480
Indirect Care	70.4514	70.4514	1.2257	69.2257
Property	11.2900	11.4480	0.1992	11.2488
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.4265
Supplemental Rate Add-on				9.9025
Totals	236.1660	236.3240	4.1115	265.5415

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 225754-00 - 2015/01

265.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	746,947	0.00				100	100.00	746,947	1,026,100	
1972/01		0.10	3.9787	3.0000	0.9787	100	100.00	749,188	1,066,900	
1972/07		0.10	5.9113	3.0000	2.9113	100	100.00	751,436	1,119,500	
1973/01		0.20	8.0622	3.0000	5.0622	100	100.00	755,945	1,177,200	
1973/07		0.20	10.7186	3.0000	7.7186	100	100.00	760,481	1,243,800	
1974/01		0.30	12.9457	3.0000	9.9457	100	100.00	767,325	1,308,800	
1974/07		0.30	13.0494	3.0000	10.0494	100	100.00	774,231	1,349,400	
1975/01		0.40	13.1399	3.0000	10.1399	100	100.00	783,522	1,391,100	
1975/07		0.40	14.2033	3.0000	11.2033	100	100.00	792,924	1,447,700	
1976/01		0.50	15.2478	3.0000	12.2478	100	100.00	804,818	1,506,200	
1976/07		0.50	15.7330	3.0000	12.7330	100	100.00	816,890	1,558,700	
1977/01		0.60	16.4836	3.0000	13.4836	100	100.00	831,594	1,617,200	
1977/07		0.60	18.5412	3.0000	15.5412	100	100.00	846,563	1,698,900	
1978/01		0.70	20.2809	3.0000	17.2809	100	100.00	864,341	1,779,500	
1978/07		0.70	22.8203	3.0000	19.8203	100	100.00	882,492	1,878,000	
1979/01		0.80	24.9476	3.0000	21.9476	100	100.00	903,672	1,974,300	
1979/07		0.80	26.1458	3.0000	23.1458	100	100.00	925,360	2,057,200	
1980/01		0.90	29.3115	3.0000	26.3115	100	55.00	950,345	2,184,100	
1980/07		0.90	30.1222	3.0000	27.1222	100	55.00	976,004	2,267,300	
1981/01		1.00	30.9462	3.0000	27.9462	100	55.00	1,005,284	2,354,000	
1981/07		1.00	30.5350	3.0000	27.5350	100	55.00	1,035,443	2,414,900	
1982/01		1.00	30.2110	3.0000	27.2110	100	71.35	1,066,506	2,479,600	
1982/07		1.00	29.5087	3.0000	26.5087	100	71.35	1,098,501	2,536,500	
1983/04		1.00	29.1375	3.0000	26.1375	100	64.51	1,131,456	2,603,200	
1983/07		1.00	30.0953	3.0000	27.0953	100	64.51	1,165,400	2,706,200	
1984/01		1.00	28.3905	3.0000	25.3905	100	58.50	1,200,362	2,741,300	
1984/07		1.00	27.3084	3.0000	24.3084	100	58.50	1,236,373	2,793,900	
1985/01		1.00	25.4555	3.0000	22.4555	100	51.47	1,271,084	2,825,900	
1985/10		1.00	23.3077	3.0000	20.3077	100	51.47	1,306,769	2,850,000	
1986/01		1.00	21.1376	3.0000	18.1376	100	51.47	1,343,456	2,873,700	



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 225754-00 - 2015/01

265.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	100	51.47	1,381,173	2,868,200	
1987/01		1.00	16.4441	3.0000	13.4441	100	54.00	1,421,855	2,919,500	
1987/07		1.00	14.3448	3.0000	11.3448	100	54.00	1,463,735	2,942,300	
1988/01		1.00	12.2455	3.0000	9.2455	100	54.00	1,506,849	2,966,200	
1988/07		1.00	9.8354	3.0000	6.8354	100	63.21	1,552,054	2,964,600	
1989/01		1.00	7.4253	3.0000	4.4253	100	66.01	1,598,616	2,982,100	
1989/07		1.00	5.0152	3.0000	2.0152	100	66.01	1,646,574	3,002,300	
1990/01		1.00	2.6051	2.6051		100	67.91	1,689,469	3,017,400	
1990/07		1.00	0.5899	0.5899		100	71.80	1,699,435	3,035,200	
1991/01		1.00	0.5899	0.5899		100	71.80	1,699,435	3,053,000	5
1991/07		1.00	1.4932	1.4932		100	65.26	1,709,460	3,098,600	5
1992/01		0.95	2.0117	2.0117		100	67.84	1,734,986	3,160,900	5
1992/07		0.95	1.8152	1.8152		100	67.84	1,768,143	3,218,300	5
1993/01		0.90	1.7710	1.7710		100	74.88	1,827,301	3,275,300	
1993/07		0.90	1.5329	1.5329		100	74.88	1,852,510	3,325,500	
1994/01		0.85	1.6983	1.6983		100	74.18	1,879,253	3,382,000	
1994/07		0.85	1.5991	1.5991		100	74.18	1,904,796	3,436,100	
1995/01		0.80	1.5812	1.5812		100	74.18	1,928,892	3,490,400	
1995/07		0.80	1.5250	1.5250		100	71.71	1,952,424	3,543,600	
1996/01		0.75	1.7228	1.7228		100	71.92	1,977,651	3,604,700	
1996/07		0.75	1.3294	1.3294		100	71.92	1,997,370	3,652,600	
1997/01		0.70	1.4109	1.4109		100	71.92	2,017,096	3,704,100	
1997/07		0.70	1.0917	1.0917		100	71.92	2,032,511	3,744,500	
1998/01		0.65	1.1663	1.1663		100	71.92	2,047,919	3,788,200	
1998/07		0.65	1.0794	1.0794		100	71.92	2,047,919	3,829,100	5
1999/01		0.60	1.4499	1.4499		100	79.53	2,062,287	3,884,600	5
1999/07		0.60	1.2299	1.2299		100	79.53	2,095,577	3,932,400	
2000/01		0.55	1.3356	1.3356		100	86.88	2,110,971	3,984,900	
2000/07		0.55	1.1129	1.1129		100	86.88	2,123,892	4,029,200	
2001/01		0.50	1.2976	1.2976		100	86.88	2,137,672	4,081,500	



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 225754-00 - 2015/01

265.54

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		100	86.88	2,147,950	4,120,700	
2002/01		0.45	1.0301	1.0301		100	84.52	2,157,906	4,163,100	
2002/07		0.45	0.8337	0.8337		100	84.52	2,166,002	4,197,800	
2003/01		0.40	1.3271	1.3271		100	79.20	2,177,499	4,253,500	
2003/07		0.40	1.1664	1.1664		100	79.20	2,187,659	4,303,100	
2004/01		0.35	1.1103	1.1103		100	74.50	2,196,160	4,350,900	
2004/07		0.35	0.8378	0.8378		100	74.50	2,202,599	4,387,400	
2005/01		0.30	0.8595	0.8595		100	71.59	2,208,280	4,425,100	
2005/07		0.30	0.7364	0.7364		100	71.59	2,213,158	4,457,700	
2006/01		0.25	0.9068	0.9068		100	78.31	2,218,175	4,498,100	
2006/07		0.25	0.8133	0.8133		100	78.31	2,222,685	4,534,700	
2007/01		0.20	1.0133	1.0133		100	78.31	2,227,190	4,580,600	
2007/07	25,000	0.20	1.1050	1.1050		100	77.38	2,257,112	4,631,200	
2008/01		0.15	0.8556	0.8556		100	77.38	2,260,008	4,670,800	
2008/07		0.15	0.6104	0.6104		100	81.43	2,262,078	4,699,300	
2009/01		0.10	1.3268	1.3268		100	79.02	2,265,080	4,761,700	
2009/07		0.10	0.6841	0.6841		100	79.02	2,266,629	4,794,300	
2010/01		0.05	0.8643	0.8643		100	83.03	2,267,608	4,835,700	
2010/07		0.05	0.7107	0.7107		100	83.03	2,268,413	4,870,100	
2011/01	28,303	0.00	0.9198	0.9198		100	78.86	2,296,716	4,914,900	
2011/07		0.00	0.9028	0.9028		100	78.86	2,296,716	4,959,300	
2012/01		0.00	0.3865	0.3865		100	78.86	2,296,716	4,978,500	
2012/07		0.00	0.9417	0.9417		100	79.33	2,296,716	5,025,400	
2013/01		0.00	0.4901	0.4901		100	79.33	2,296,716	5,050,000	
2013/07		0.00	0.6196	0.6196		100	78.74	2,296,716	5,081,300	
2014/01		0.00	0.8564	0.8564		100	78.74	2,296,716	5,124,800	
2014/07		0.00	1.2383	1.2383		100	79.54	2,296,716	5,188,300	
2015/01		0.00	0.7571	0.7571		100	76.58	2,296,716	5,227,600	

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 225991-00 - 2015/01

236.22

Stuart Nursing & Restorative 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
1500 SE PALM BEACH RD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
STUART, FL 34994	Days in CR 365	Maximum: 43,800	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: 32,996	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,823	Inflation
Current Class South Large	Initial CR? False	Medicaid: 16,790	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	50.88496%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	75.333333%	Cost: 1.04340134
Open Date: 06/01/1973	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1973	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/01/1973	Low Occupancy Adjustment Factor:	96.19727%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 203998			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	879,718	1,575,321	728,906	198,290		3,382,235	
1a	Audit Adjustments							
2	Cost Per Diem	52.3954	93.8249	43.4131	11.8100		201.4434	
3	Cost Per Diem Inflated	54.6694	96.8748	45.2973				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	54.6694	96.8748	45.2973	11.8100		208.6515	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.0698		56.6225				
7	Provider Target Rate	51.9034		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	51.9034	96.8748	45.2973	11.8100		205.8855	
12/13	Medical Adjustment Rate		0.0964	0.0451				
14	Prospective Per Diem 11	51.9034	96.9712	45.3424	11.8100		206.0270	
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 225991-00 - 2015/01

236.22

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

Stuart Nursing & Restorative 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:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1973/01	Type:	Variable	80% Capital(1):	3,653,653	8.8380
Indexed Asset Value	4,567,066	<60% of Base:	False	20% ROE(2):	913,413	0.4345
FRVS Base Asset:	2,626,513	Interest Rate:	7.3200%	Insurance Cost(3):	14,528	0.4403
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	85,187	2.5817
ROE Factor	0.018750	Amortization Rate:	7.3200%	Home Office(3):	4,466	0.1353
		Interest Only:	False	Replacement(3&4):	19,484	0.0000
		Yearly Payment:	348,393	Total FRVS PD:		12.4298

- (1) 80% Capital (\$3,653,653) amortized at 7.3200 % for 20 years Principal & Interest of \$348,393 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.8380
- (2) 20% ROE (\$913,413) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4345
- (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	182	Effective PBS Limitation	5,187,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.9034	51.9034	0.9030	51.0004
Direct Care	96.9712	96.9712	1.6871	95.2841
Indirect Care	45.3424	45.3424	0.7888	44.5536
Property	11.8100	12.4298	0.2162	12.2136
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.2633
Supplemental Rate Add-on				9.9025
Totals	206.0270	206.6468	3.5951	236.2175

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 225991-00 - 2015/01

236.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1973/01	1,099,711	0.00	5.1509	3.0000	2.1509	182	100.00	1,099,711	2,142,504	
1973/07		0.10	7.8073	3.0000	4.8073	182	100.00	1,103,010	2,263,716	
1974/01		0.10	10.0344	3.0000	7.0344	182	100.00	1,106,319	2,382,016	
1974/07		0.20	10.1381	3.0000	7.1381	182	100.00	1,112,957	2,455,908	
1975/01	8,757	0.20	10.2286	3.0000	7.2286	182	100.00	1,128,392	2,531,802	
1975/07		0.30	11.2920	3.0000	8.2920	182	100.00	1,138,548	2,634,814	
1976/01	482,514	0.30	12.3365	3.0000	9.3365	182	100.00	1,631,309	2,741,284	
1976/07		0.40	12.8217	3.0000	9.8217	182	100.00	1,650,885	2,836,834	
1977/01	11,329	0.40	13.5723	3.0000	10.5723	182	100.00	1,682,025	2,943,304	
1977/07		0.50	15.6299	3.0000	12.6299	182	100.00	1,707,255	3,091,998	
1978/01		0.50	17.3696	3.0000	14.3696	182	100.00	1,732,864	3,238,690	
1978/07		0.60	19.9090	3.0000	16.9090	182	100.00	1,764,056	3,417,960	
1979/01	213	0.60	22.0363	3.0000	19.0363	182	100.00	1,796,022	3,593,226	
1979/07		0.70	23.2345	3.0000	20.2345	182	100.00	1,833,738	3,744,104	
1980/01	2,819	0.70	26.4002	3.0000	23.4002	182	60.62	1,875,065	3,975,062	
1980/07		0.80	27.2109	3.0000	24.2109	182	60.62	1,920,067	4,126,486	
1981/01		0.80	28.0349	3.0000	25.0349	182	61.48	1,966,149	4,284,280	
1981/07		0.90	27.6237	3.0000	24.6237	182	61.48	2,019,235	4,395,118	
1982/01	25,888	0.90	27.2997	3.0000	24.2997	182	55.40	2,099,642	4,512,872	
1982/07		1.00	26.5974	3.0000	23.5974	182	55.40	2,162,631	4,616,430	
1983/04		1.00	26.2262	3.0000	23.2262	182	56.93	2,227,510	4,737,824	
1983/07		1.00	27.1840	3.0000	24.1840	182	56.93	2,294,335	4,925,284	
1984/01	59,098	1.00	25.4792	3.0000	22.4792	182	51.94	2,418,434	4,989,166	
1984/07		1.00	24.3971	3.0000	21.3971	182	51.94	2,486,950	5,084,898	
1985/01		1.00	22.5442	3.0000	19.5442	182	49.55	2,554,165	5,143,138	
1985/10		1.00	20.3964	3.0000	17.3964	182	51.93	2,626,513	5,187,000	
1986/01		1.00	18.2263	3.0000	15.2263	182	51.93	2,700,910	5,230,134	
1986/07		1.00	15.5237	3.0000	12.5237	182	49.55	2,773,908	5,220,124	
1987/01		1.00	13.5328	3.0000	10.5328	182	49.55	2,848,879	5,313,490	
1987/07		1.00	11.4335	3.0000	8.4335	182	48.66	2,924,493	5,354,986	



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 225991-00 - 2015/01

236.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01		1.00	9.3342	3.0000	6.3342	182	48.66	3,002,114	5,398,484	
1988/07		1.00	6.9241	3.0000	3.9241	182	49.92	3,083,859	5,395,572	
1989/01		1.00	4.5140	3.0000	1.5140	182	49.92	3,167,830	5,427,422	
1989/07		1.00	2.1039	2.1039		182	49.22	3,227,474	5,464,186	
1990/01		1.00	0.5899	0.5899		182	49.22	3,244,512	5,491,668	
1990/07		1.00	0.5899	0.5899		182	50.07	3,244,512	5,524,064	5
1991/01		1.00	0.5899	0.5899		182	50.07	3,279,453	5,556,460	
1991/07		1.00	1.4932	1.4932		182	51.37	3,325,190	5,639,452	
1992/01		1.00	2.0117	2.0117		182	51.37	3,387,668	5,752,838	
1992/07		1.00	1.8152	1.8152		182	59.36	3,449,161	5,857,306	
1993/01		1.00	1.7710	1.7710		182	59.36	3,510,246	5,961,046	
1993/07		0.95	1.5329	1.5329		182	65.20	3,561,366	6,052,410	
1994/01		0.95	1.6983	1.6983		182	65.20	3,618,825	6,155,240	
1994/07		0.90	1.5991	1.5991		182	66.76	3,670,907	6,253,702	
1995/01		0.90	1.5812	1.5812		182	66.76	3,723,148	6,352,528	
1995/07	28,270	0.85	1.5250	1.5250		182	74.72	3,799,681	6,449,352	
1996/01		0.85	1.7228	1.7228		182	74.72	3,855,324	6,560,554	
1996/07		0.80	1.3294	1.3294		182	73.87	3,896,325	6,647,732	
1997/01		0.80	1.4109	1.4109		182	73.87	3,940,303	6,741,462	
1997/07		0.75	1.0917	1.0917		182	73.16	3,972,566	6,814,990	
1998/01		0.75	1.1663	1.1663		182	73.16	4,007,314	6,894,524	
1998/07		0.70	1.0794	1.0794		120	75.31	4,037,593	4,594,920	
1999/01		0.70	1.4499	1.4499		120	75.31	4,078,571	4,661,520	
1999/07		0.65	1.2299	1.2299		120	75.31	4,111,175	4,718,880	
2000/01		0.65	1.3356	1.3356		120	70.91	4,146,864	4,781,880	
2000/07		0.60	1.1129	1.1129		120	62.15	4,174,553	4,835,040	
2001/01		0.60	1.2976	1.2976		120	62.15	4,207,056	4,897,800	
2001/07	17,694	0.55	0.9615	0.9615		120	64.59	4,246,997	4,944,840	
2002/01		0.55	1.0301	1.0301		120	64.59	4,271,060	4,995,720	
2002/07		0.50	0.8337	0.8337		120	67.08	4,288,866	5,037,360	



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 225991-00 - 2015/01

236.22

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		0.50	1.3271	1.3271		120	67.08	4,317,327	5,104,200	
2003/07		0.45	1.1664	1.1664		120	67.08	4,317,327	5,163,720	5
2004/01		0.45	1.1103	1.1103		120	63.72	4,361,672	5,221,080	
2004/07	19,377	0.40	0.8378	0.8378		120	62.86	4,395,665	5,264,880	
2005/01		0.40	0.8595	0.8595		120	62.86	4,410,777	5,310,120	
2005/07		0.35	0.7364	0.7364		120	62.86	4,422,144	5,349,240	
2006/01		0.35	0.9068	0.9068		120	53.78	4,435,869	5,397,720	
2006/07		0.30	0.8133	0.8133		120	53.78	4,446,452	5,441,640	
2007/01		0.30	1.0133	1.0133		120	58.19	4,459,969	5,496,720	
2007/07		0.25	1.1050	1.1050		120	58.19	4,472,292	5,557,440	
2008/01		0.25	0.8556	0.8556		120	53.76	4,481,643	5,604,960	
2008/07		0.20	0.6104	0.6104		120	54.02	4,487,018	5,639,160	
2009/01		0.20	1.3268	1.3268		120	54.02	4,498,714	5,714,040	
2009/07		0.15	0.6841	0.6841		120	54.02	4,503,247	5,753,160	
2010/01	18,656	0.15	0.8643	0.8643		120	66.69	4,527,739	5,802,840	
2010/07		0.10	0.7107	0.7107		120	66.69	4,530,958	5,844,120	
2011/01		0.10	0.9198	0.9198		120	62.17	4,535,126	5,897,880	
2011/07		0.05	0.9028	0.9028		120	65.13	4,537,171	5,951,160	
2012/01		0.05	0.3865	0.3865		120	65.13	4,538,047	5,974,200	
2012/07	29,019	0.00	0.9417	0.9417		120	65.51	4,567,066	6,030,480	
2013/01		0.00	0.4901	0.4901		120	65.51	4,567,066	6,060,000	
2013/07		0.00	0.6196	0.6196		120	63.64	4,567,066	6,097,560	
2014/01		0.00	0.8564	0.8564		120	63.64	4,567,066	6,149,760	
2014/07		0.00	1.2383	1.2383		120	63.64	4,567,066	6,225,960	
2015/01		0.00	0.7571	0.7571		120	50.88	4,567,066	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 226009-00 - 2015/01

231.04

Port St. Lucie Nursing & Restorative 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
7300 OLEANDER AVENUE	1/1/2013-12/31/2013	Number of Beds: 180	Superior: 0
PORT SAINT LUCIE , FL	Days in CR 365	Maximum: 65,700	Standard: 243
34952-8299	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
County: St Lucie [56]	Last Used: 2015/01	Total Patient: 37,781	Total: 243
Region: South Area: 9	Unaudited	Medicare: 6,496	Inflation
Control: Proprietary : Corporation	Initial CR? False	Medicaid: 26,026	FY Index: 1.31456505
Current Class South Large	Medical Utilization		Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	68.88648%	Cost: 1.04340134
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	57.50533%	Target: 1.02563464
Open Date: 03/01/1982	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21500000
Acquired Date: 03/01/1982	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Entered Medicaid 03/01/1982	Weighted Low Occ Adjustment Factor:	73.43171%	DC Inflation: 1.03250618
Med # Active Date: 01/01/2001		100.00000%	PS Target: 1.03662091
Previous Med # 206580			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,495,714	2,378,862	1,025,838	369,049		5,269,463	
1a	Audit Adjustments							
2	Cost Per Diem	57.4700	91.4033	39.4159	14.1800		202.4692	
3	Cost Per Diem Inflated	59.9643	94.3745	41.1266				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.9643	94.3745	41.1266	14.1800		209.6454	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		56.6225				
7	Provider Target Rate	49.1189		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	49.1189	94.3745	41.1266	13.6500		198.2700	
12/13	Medical Adjustment Rate		2.0052	0.8738				
14	Prospective Per Diem 11	49.1189	96.3797	42.0004	13.6500		201.1490	
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 226009-00 - 2015/01

231.04

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

Port St. Lucie Nursing & Restorative 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:	3,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Variable	80% Capital(1):	7,181,883	11.5817
Indexed Asset Value	8,977,354	<60% of Base:	False	20% ROE(2):	1,795,471	0.5693
FRVS Base Asset:	5,130,000	Interest Rate:	7.3200%	Insurance Cost(3):	14,931	0.3952
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	103,036	2.7272
ROE Factor	0.018750	Amortization Rate:	7.3200%	Home Office(3):	5,138	0.1360
		Interest Only:	False	Replacement(3&4):	33,790	0.0000
		Yearly Payment:	684,827	Total FRVS PD:		15.4094

- (1) 80% Capital (\$7,181,883) amortized at 7.3200 % for 20 years Principal & Interest of \$684,827 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$11.5817
- (2) 20% ROE (\$1,795,471) times the ROE factor (0.018750) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.5693
- (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	49.1189	49.1189	0.8546	48.2643
Direct Care	96.3797	96.3797	1.6768	94.7029
Indirect Care	42.0004	42.0004	0.7307	41.2697
Property	13.6500	15.4094	0.2681	15.1413
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.7579
Supplemental Rate Add-on				9.9025
Totals	201.1490	202.9084	3.5302	231.0386

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 226009-00 - 2015/01

231.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	4,568,424	0.00	2.6760	2.6760		180	37.64	4,568,424	4,463,280	
1982/07	71,901	0.10	2.2977	2.2977		180	37.64	4,647,510	4,565,700	
1983/04	1,263,504	0.10	2.6288	2.6288		180	47.74	5,921,619	4,685,760	
1983/07		0.20	3.9578	3.0000	0.9578	180	47.74	5,952,459	4,871,160	
1984/01		0.20	2.2530	2.2530		180	53.97	5,978,778	4,934,340	
1984/07		0.30	1.9179	1.9179		180	53.97	6,012,536	5,029,020	
1985/01		0.30	1.1471	1.1471		180	47.74	6,030,494	5,086,620	
1985/10		0.40	0.8522	0.8522		180	53.97	5,130,000	5,130,000	1
1986/01		0.40	0.8299	0.8299		180	53.97	5,146,713	5,172,660	
1986/07		0.50	0.2974	0.2974		180	51.24	5,153,843	5,162,760	
1987/01		0.50	1.0091	1.0091		180	51.24	5,178,071	5,255,100	
1987/07		0.60	0.9007	0.9007		180	51.90	5,204,476	5,296,140	
1988/01		0.60	0.9007	0.9007		180	51.90	5,231,016	5,339,160	
1988/07		0.70	0.5899	0.5899		180	55.55	5,252,615	5,336,280	
1989/01		0.70	0.5899	0.5899		180	55.55	5,274,303	5,367,780	
1989/07		0.80	0.5899	0.5899		180	57.92	5,299,192	5,404,140	
1990/01		0.80	0.5899	0.5899		180	57.92	5,324,199	5,431,320	
1990/07		0.90	0.5899	0.5899		180	61.75	5,352,465	5,463,360	
1991/01		0.90	0.5899	0.5899		180	61.75	5,380,881	5,495,400	
1991/07		1.00	1.4932	1.4932		180	60.37	5,461,228	5,577,480	
1992/01		1.00	2.0117	2.0117		180	60.37	5,571,092	5,689,620	
1992/07		1.00	1.8152	1.8152		180	59.81	5,672,218	5,792,940	
1993/01		1.00	1.7710	1.7710		180	59.81	5,672,218	5,895,540	5
1993/07		1.00	1.5329	1.5329		180	63.31	5,861,162	5,985,900	
1994/01		1.00	1.6983	1.6983		180	63.31	5,960,702	6,087,600	
1994/07		1.00	1.5991	1.5991		180	64.65	6,056,020	6,184,980	
1995/01		1.00	1.5812	1.5812		180	64.65	6,151,778	6,282,720	
1995/07		1.00	1.5250	1.5250		180	63.93	6,245,593	6,378,480	
1996/01		1.00	1.7228	1.7228		180	63.93	6,353,192	6,488,460	
1996/07		1.00	1.3294	1.3294		180	68.83	6,437,651	6,574,680	



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 226009-00 - 2015/01

231.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		180	68.83	6,528,480	6,667,380	
1997/07		1.00	1.0917	1.0917		180	65.28	6,599,751	6,740,100	
1998/01		1.00	1.1663	1.1663		180	65.28	6,676,724	6,818,760	
1998/07		1.00	1.0794	1.0794		180	63.87	6,748,793	6,892,380	
1999/01		1.00	1.4499	1.4499		180	63.87	6,846,644	6,992,280	
1999/07	169,769	1.00	1.2299	1.2299		180	62.06	7,078,320	7,078,320	8
2000/01		1.00	1.3356	1.3356		180	62.06	7,172,820	7,172,820	8
2000/07		1.00	1.1129	1.1129		180	69.07	7,252,560	7,252,560	8
2001/01		1.00	1.2976	1.2976		180	69.07	7,346,669	7,346,700	
2001/07		1.00	0.9615	0.9615		180	74.78	7,417,260	7,417,260	8
2002/01		1.00	1.0301	1.0301		180	74.78	7,493,580	7,493,580	8
2002/07		0.95	0.8337	0.8337		180	71.93	7,552,929	7,556,040	
2003/01		0.95	1.3271	1.3271		180	71.93	7,648,149	7,656,300	
2003/07		0.90	1.1664	1.1664		180	71.93	7,728,439	7,745,580	
2004/01		0.90	1.1103	1.1103		180	66.88	7,805,669	7,831,620	
2004/07		0.85	0.8378	0.8378		180	66.86	7,861,253	7,897,320	
2005/01		0.85	0.8595	0.8595		180	66.86	7,918,687	7,965,180	
2005/07		0.80	0.7364	0.7364		180	66.86	7,965,336	8,023,860	
2006/01		0.80	0.9068	0.9068		180	66.51	8,023,117	8,096,580	
2006/07		0.75	0.8133	0.8133		180	66.51	8,072,058	8,162,460	
2007/01		0.75	1.0133	1.0133		180	69.88	8,133,406	8,245,080	
2007/07		0.70	1.1050	1.1050		180	69.88	8,196,318	8,336,160	
2008/01		0.70	0.8556	0.8556		180	65.18	8,245,406	8,407,440	
2008/07		0.65	0.6104	0.6104		180	61.56	8,278,124	8,458,740	
2009/01		0.65	1.3268	1.3268		180	61.56	8,349,515	8,571,060	
2009/07		0.60	0.6841	0.6841		180	67.52	8,383,790	8,629,740	
2010/01		0.60	0.8643	0.8643		180	67.52	8,427,268	8,704,260	
2010/07		0.55	0.7107	0.7107		180	67.52	8,460,210	8,766,180	
2011/01		0.55	0.9198	0.9198		180	70.31	8,503,010	8,846,820	
2011/07	247,390	0.50	0.9028	0.9028		180	72.84	8,788,783	8,926,740	



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 226009-00 - 2015/01

231.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		180	72.84	8,805,772	8,961,300	
2012/07		0.45	0.9417	0.9417		180	75.48	8,843,091	9,045,720	
2013/01		0.45	0.4901	0.4901		180	75.48	8,862,590	9,090,000	
2013/07		0.40	0.6196	0.6196		180	78.01	8,884,551	9,146,340	
2014/01		0.40	0.8564	0.8564		180	78.01	8,914,989	9,224,640	
2014/07		0.35	1.2383	1.2383		180	78.01	8,953,627	9,338,940	
2015/01		0.35	0.7571	0.7571		180	68.89	8,977,354	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
 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 226017-00 - 2015/01

269.67

Plantation Nursing & 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
4250 NW 5TH ST	9/1/2012-8/31/2013	Number of Beds: 152	Superior: 0
PLANTATION, FL 33317	Days in CR 365	Maximum: 55,480	Standard: 243
County: Broward [6]	First Used : 2014/01	Max Annualized: 55,480	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 40,841	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 760	Inflation
Current Class South Large	Initial CR? False	Medicaid: 35,017	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization	85.73982%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	73.61391%	Cost: 1.05040266
Open Date: 03/01/1974	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1974	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 03/01/1974	Low Occupancy Adjustment Factor:	94.00164%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 204307			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,784,114	3,540,727	2,191,403	440,864		7,957,108	
1a	Audit Adjustments							
2	Cost Per Diem	50.9499	101.1145	62.5811	12.5900		227.2355	
3	Cost Per Diem Inflated	53.5179	104.7895	65.7354				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.5179	104.7895	65.7354	12.5900		236.6328	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9166		64.5129				
7	Provider Target Rate	52.7812		66.8754				
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	52.7812	99.8648	65.5807	12.5900		230.8167	
12/13	Medical Adjustment Rate		4.0153	2.6368				
14	Prospective Per Diem 11	52.7812	103.8801	68.2175	12.5900		237.4688	
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 226017-00 - 2015/01

269.67

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

Plantation Nursing & Rehab 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:	1,030,000.00		Total Amount	Per Diem
RS to Start Calcs:	1974/01	Type:	Fixed	80% Capital(1):	4,212,202	10.4881
Indexed Asset Value	5,265,253	<60% of Base:	True	20% ROE(2):	1,053,051	0.3317
FRVS Base Asset:	2,107,125	Interest Rate:	13.1250%	Insurance Cost(3):	75,726	1.8542
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	63,865	1.5637
ROE Factor	0.015730	Amortization Rate:	12.5000%	Home Office(3):	20,360	0.4985
		Interest Only:	True	Replacement(3&4):	27,804	0.0000
		Yearly Payment:	523,692	Total FRVS PD:		14.7362

- (1) 80% Capital (\$4,212,202) amortized at 12.5000 % for 20 years Interest of \$523,692 divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$10.4881
- (2) 20% ROE (\$1,053,051) times the ROE factor (0.015730) divided by annual available days (55480) divided by Occup. Adj. (0.90) = \$0.3317
- (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	152	Effective PBS Limitation	4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	52.7812	52.7812	0.9183	51.8629
Direct Care	103.8801	103.8801	1.8073	102.0728
Indirect Care	68.2175	68.2175	1.1868	67.0307
Property	12.5900	14.7362	0.2564	14.4798
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.3253
Supplemental Rate Add-on				9.9025
Totals	237.4688	239.6150	4.1688	269.6740

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: 8/31/2013

0 226017-00 - 2015/01

269.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1974/01	1,694,262	0.00	5.2272	3.0000	2.2272	152	100.00	1,694,262	1,989,376	
1974/07		0.10	5.3308	3.0000	2.3308	152	100.00	1,699,345	2,051,088	
1975/01		0.10	5.4213	3.0000	2.4213	152	100.00	1,704,443	2,114,472	
1975/07		0.20	6.4847	3.0000	3.4847	152	100.00	1,714,670	2,200,504	
1976/01		0.20	7.5292	3.0000	4.5292	152	100.00	1,724,958	2,289,424	
1976/07		0.30	8.0145	3.0000	5.0145	152	100.00	1,740,483	2,369,224	
1977/01		0.30	8.7650	3.0000	5.7650	152	100.00	1,756,147	2,458,144	
1977/07		0.40	10.8226	3.0000	7.8226	152	100.00	1,777,221	2,582,328	
1978/01		0.40	12.5623	3.0000	9.5623	152	100.00	1,798,548	2,704,840	
1978/07		0.50	15.1018	3.0000	12.1018	152	100.00	1,825,526	2,854,560	
1979/01		0.50	17.2290	3.0000	14.2290	152	100.00	1,852,909	3,000,936	
1979/07		0.60	18.4272	3.0000	15.4272	152	100.00	1,886,261	3,126,944	
1980/01		0.60	21.5930	3.0000	18.5930	152	15.54	1,886,261	3,319,832	
1980/07		0.70	22.4036	3.0000	19.4036	152	15.54	1,886,261	3,446,296	
1981/01		0.70	23.2276	3.0000	20.2276	152	20.76	1,886,261	3,578,080	
1981/07		0.80	22.8164	3.0000	19.8164	152	20.76	1,886,261	3,670,648	
1982/01	5,153	0.80	22.4924	3.0000	19.4924	152	20.76	1,891,414	3,768,992	
1982/07	1,798	0.90	21.7901	3.0000	18.7901	152	20.76	1,893,212	3,855,480	
1983/04		0.90	21.4189	3.0000	18.4189	152	27.41	1,918,687	3,956,864	
1983/07	6,395	1.00	22.3767	3.0000	19.3767	152	27.41	1,953,768	4,113,424	
1984/01	34,047	1.00	20.6719	3.0000	17.6719	152	25.71	2,015,214	4,166,776	
1984/07		1.00	19.5898	3.0000	16.5898	152	25.71	2,043,475	4,246,728	
1985/01		1.00	17.7369	3.0000	14.7369	152	25.70	2,072,121	4,295,368	
1985/10		1.00	15.5891	3.0000	12.5891	152	30.97	2,107,125	4,332,000	
1986/01		1.00	13.4190	3.0000	10.4190	152	30.97	2,142,720	4,368,024	
1986/07		1.00	10.7164	3.0000	7.7164	152	45.05	2,195,372	4,359,664	
1987/01	48,461	1.00	8.7255	3.0000	5.7255	152	45.05	2,297,779	4,437,640	
1987/07	59,460	1.00	6.6262	3.0000	3.6262	152	45.05	2,413,702	4,472,296	
1988/01		1.00	4.5269	3.0000	1.5269	152	53.41	2,484,020	4,508,624	
1988/07		1.00	2.1168	2.1168		152	53.41	2,535,082	4,506,192	



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: 8/31/2013

0 226017-00 - 2015/01

269.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1989/01		1.00	0.5899	0.5899		152	64.65	2,550,036	4,532,792	
1989/07		1.00	0.5899	0.5899		152	66.19	2,565,079	4,563,496	
1990/01		1.00	0.5899	0.5899		152	66.19	2,580,210	4,586,448	
1990/07		1.00	0.5899	0.5899		152	62.02	2,595,431	4,613,504	
1991/01		1.00	0.5899	0.5899		152	62.02	2,610,741	4,640,560	
1991/07		1.00	1.4932	1.4932		152	62.02	2,649,725	4,709,872	
1992/01		1.00	2.0117	2.0117		152	77.66	2,703,030	4,804,568	
1992/07		1.00	1.8152	1.8152		152	85.20	2,752,095	4,891,816	
1993/01		1.00	1.7710	1.7710		152	85.20	2,800,835	4,978,456	
1993/07	58,300	1.00	1.5329	1.5329		152	76.15	2,902,069	5,054,760	
1994/01		1.00	1.6983	1.6983		152	76.15	2,951,355	5,140,640	
1994/07		0.95	1.5991	1.5991		152	76.15	2,996,189	5,222,872	
1995/01		0.95	1.5812	1.5812		152	80.03	3,041,195	5,305,408	
1995/07		0.90	1.5250	1.5250		152	80.03	3,082,935	5,386,272	
1996/01		0.90	1.7228	1.7228		152	70.34	3,130,736	5,479,144	
1996/07		0.85	1.3294	1.3294		152	71.82	3,166,113	5,551,952	
1997/01		0.85	1.4109	1.4109		152	71.82	3,204,084	5,630,232	
1997/07		0.80	1.0917	1.0917		152	71.82	3,232,068	5,691,640	
1998/01		0.80	1.1663	1.1663		152	71.23	3,262,223	5,758,064	
1998/07		0.75	1.0794	1.0794		152	70.82	3,288,634	5,820,232	
1999/01		0.75	1.4499	1.4499		152	70.82	3,324,395	5,904,592	
1999/07	22,253	0.70	1.2299	1.2299		152	68.30	3,375,268	5,977,248	
2000/01		0.70	1.3356	1.3356		152	68.30	3,406,823	6,057,048	
2000/07		0.65	1.1129	1.1129		152	69.43	3,431,468	6,124,384	
2001/01		0.65	1.2976	1.2976		152	69.43	3,460,409	6,203,880	
2001/07		0.60	0.9615	0.9615		152	69.43	3,480,372	6,263,464	
2002/01		0.60	1.0301	1.0301		152	66.89	3,501,884	6,327,912	
2002/07		0.55	0.8337	0.8337		152	66.89	3,517,940	6,380,656	
2003/01	858,476	0.55	1.3271	1.3271		152	67.02	4,402,093	6,465,320	
2003/07		0.50	1.1664	1.1664		152	67.02	4,427,766	6,540,712	



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: 8/31/2013

0 226017-00 - 2015/01

269.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2004/01	103,860	0.50	1.1103	1.1103		152	68.69	4,556,209	6,613,368	
2004/07		0.45	0.8378	0.8378		152	68.69	4,573,386	6,668,848	
2005/01	152,955	0.45	0.8595	0.8595		152	71.37	4,744,031	6,726,152	
2005/07		0.40	0.7364	0.7364		152	71.37	4,758,007	6,775,704	
2006/01		0.40	0.9068	0.9068		152	71.40	4,775,264	6,837,112	
2006/07		0.35	0.8133	0.8133		152	71.40	4,788,859	6,892,744	
2007/01		0.35	1.0133	1.0133		152	71.40	4,805,845	6,962,512	
2007/07	52,236	0.30	1.1050	1.1050		152	73.29	4,874,012	7,039,424	
2008/01		0.30	0.8556	0.8556		152	73.29	4,886,524	7,099,616	
2008/07	45,645	0.25	0.6104	0.6104		152	71.43	4,939,626	7,142,936	
2009/01		0.25	1.3268	1.3268		152	71.43	4,956,011	7,237,784	
2009/07		0.20	0.6841	0.6841		152	73.13	4,962,791	7,287,336	
2010/01	49,927	0.20	0.8643	0.8643		152	73.74	5,021,299	7,350,264	
2010/07		0.15	0.7107	0.7107		152	73.74	5,026,652	7,402,552	
2011/01		0.15	0.9198	0.9198		152	74.07	5,033,589	7,470,648	
2011/07		0.10	0.9028	0.9028		152	74.07	5,038,134	7,538,136	
2012/01		0.10	0.3865	0.3865		152	74.07	5,040,084	7,567,320	
2012/07	35,695	0.05	0.9417	0.9417		152	76.96	5,078,153	7,638,608	
2013/01	106,581	0.05	0.4901	0.4901		152	83.67	5,185,978	7,676,000	
2013/07		0.00	0.6196	0.6196		152	83.67	5,185,978	7,723,576	
2014/01	79,275	0.00	0.8564	0.8564		152	85.74	5,265,253	7,789,696	
2014/07		0.00	1.2383	1.2383		152	85.74	5,265,253	7,886,216	
2015/01		0.00	0.7571	0.7571		152	85.74	5,265,253	7,945,952	

Message Code:

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

Report Printed: 12/23/2014 ID: 226017083120130901201210222013093516



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 226033-00 - 2015/01

232.17

Martin Nursing and Restorative 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
6011 SE TOWER DR	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
STUART, FL 34997	Days in CR 365	Maximum: 43,800	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: 37,159	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,927	Inflation
Current Class South Large	Initial CR? False	Medicaid: 18,174	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	48.90874%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.83790%	Cost: 1.04340134
Open Date: 10/16/1997	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/16/1997	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/16/1997	Low Occupancy Adjustment Factor:	108.33417%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 213349			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	971,994	1,533,891	885,890	442,173		3,833,948	
1a	Audit Adjustments							
2	Cost Per Diem	53.4827	84.4003	48.7449	24.3300		210.9579	
3	Cost Per Diem Inflated	55.8039	87.1438	50.8605				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.8039	87.1438	50.8605	24.3300		218.1382	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.2032		56.6225				
7	Provider Target Rate	51.0051		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	51.0051	87.1438	50.8605	13.6500		202.6594	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.0051	87.1438	50.8605	13.6500		202.6594	
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 226033-00 - 2015/01

232.17

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

Martin Nursing and Restorative Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/16/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,134,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,493,455	11.0195
RS to Start Calcs:	1997/07	<60% of Base:	False	20% ROE(2):	1,123,364	0.5343
Indexed Asset Value	5,616,819	Interest Rate:	7.5000%	Insurance Cost(3):	9,548	0.2569
FRVS Base Asset:	4,444,920	Chase Rate:	8.2500%	Taxes Cost(3):	117,677	3.1669
Occup Adj Factor	0.9000	Amortization Rate:	7.5000%	Home Office(3):	5,426	0.1460
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	80,757	0.0000
		Yearly Payment:	434,388	Total FRVS PD:		15.1236

- (1) 80% Capital (\$4,493,455) amortized at 7.5000 % for 20 years Principal & Interest of \$434,388 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.0195
- (2) 20% ROE (\$1,123,364) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5343
- (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	51.0051	51.0051	0.8874	50.1177
Direct Care	87.1438	87.1438	1.5161	85.6277
Indirect Care	50.8605	50.8605	0.8849	49.9756
Property	13.6500	15.1236	0.2631	14.8605
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.6848
Supplemental Rate Add-on				9.9025
Totals	202.6594	204.1330	3.5515	232.1688

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 226033-00 - 2015/01

232.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	5,492,508	0.00	1.0917	1.0917		120	52.88	4,444,920	4,444,920	1
1998/01		0.10	1.1663	1.1663		120	52.88	4,449,903	4,545,840	
1998/07		0.10	1.0794	1.0794		120	52.88	4,454,519	4,594,920	
1999/01		0.20	1.4499	1.4499		120	52.88	4,466,939	4,661,520	
1999/07		0.20	1.2299	1.2299		120	52.88	4,477,504	4,718,880	
2000/01		0.30	1.3356	1.3356		120	52.88	4,494,754	4,781,880	
2000/07		0.30	1.1129	1.1129		120	58.38	4,509,762	4,835,040	
2001/01		0.40	1.2976	1.2976		120	58.38	4,533,168	4,897,800	
2001/07	31,860	0.40	0.9615	0.9615		120	57.14	4,582,463	4,944,840	
2002/01		0.50	1.0301	1.0301		120	57.14	4,606,067	4,995,720	
2002/07		0.50	0.8337	0.8337		120	61.66	4,625,270	5,037,360	
2003/01		0.60	1.3271	1.3271		120	61.66	4,662,101	5,104,200	
2003/07		0.60	1.1664	1.1664		120	61.66	4,694,726	5,163,720	
2004/01	33,131	0.70	1.1103	1.1103		120	61.15	4,764,344	5,221,080	
2004/07		0.70	0.8378	0.8378		120	62.49	4,792,287	5,264,880	
2005/01		0.80	0.8595	0.8595		120	62.49	4,825,239	5,310,120	
2005/07		0.80	0.7364	0.7364		120	62.49	4,853,664	5,349,240	
2006/01		0.90	0.9068	0.9068		120	53.03	4,891,856	5,397,720	
2006/07		0.90	0.8133	0.8133		120	53.03	4,926,382	5,441,640	
2007/01		1.00	1.0133	1.0133		120	45.76	4,967,915	5,496,720	
2007/07		1.00	1.1050	1.1050		120	45.76	5,013,588	5,557,440	
2008/01		1.00	0.8556	0.8556		120	39.61	5,044,481	5,604,960	
2008/07		1.00	0.6104	0.6104		120	39.49	5,066,589	5,639,160	
2009/01		1.00	1.3268	1.3268		120	39.49	5,114,855	5,714,040	
2009/07		1.00	0.6841	0.6841		120	39.49	5,139,978	5,753,160	
2010/01	18,656	1.00	0.8643	0.8643		120	55.85	5,203,059	5,802,840	
2010/07		1.00	0.7107	0.7107		120	55.85	5,240,037	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.84	5,288,235	5,897,880	
2011/07		1.00	0.9028	0.9028		120	61.84	5,335,977	5,951,160	
2012/01		1.00	0.3865	0.3865		120	55.79	5,356,601	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: 12/31/2013

0 226033-00 - 2015/01

232.17

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/07		1.00	0.9417	0.9417		120	52.88	5,405,100	6,030,480	
2013/01		1.00	0.4901	0.4901		120	52.88	5,430,569	6,060,000	
2013/07		1.00	0.6196	0.6196		120	55.01	5,464,217	6,097,560	
2014/01		1.00	0.8564	0.8564		120	55.01	5,511,013	6,149,760	
2014/07		1.00	1.2383	1.2383		120	55.01	5,579,256	6,225,960	
2015/01		1.00	0.7571	0.7571		120	48.91	5,616,819	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: 226033123120130101201307212014125825



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 226041-00 - 2015/01
225.58

The Manor at Blue Water Bay

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
1500 NORTH WHITE POINT ROAD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
NICEVILLE, FL 32578	Days in CR 365	Maximum: 43,800	Standard: 243
County: Okaloosa [46]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 1	Last Used: 2015/01	Total Patient: 40,653	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,558	Inflation
Current Class North Large	Initial CR? False	Medicaid: 18,392	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	45.24143%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.81507%	Cost: 1.05040266
Open Date: 01/08/1993	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/08/1993	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21049917
Entered Medicaid 02/02/1993	Low Occupancy Adjustment Factor:	118.52066%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 205401			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	806,085	1,521,011	985,179	356,621		3,668,896	
1a	Audit Adjustments							
2	Cost Per Diem	43.8280	82.6996	53.5656	19.3900		199.4832	
3	Cost Per Diem Inflated	46.0370	85.7053	56.2654				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	46.0370	85.7053	56.2654	19.3900		207.3977	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.8489		56.3070				
7	Provider Target Rate	47.5279		58.3690				
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	46.0370	85.7053	56.2654	13.6500		201.6577	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	46.0370	85.7053	56.2654	13.6500		201.6577	
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 226041-00 - 2015/01

225.58

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

The Manor at Blue Water Bay

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/02/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable	80% Capital(1):	4,583,051	10.4018
Indexed Asset Value	5,728,814	<60% of Base:	False	20% ROE(2):	1,145,763	0.4572
FRVS Base Asset:	1,930,980	Interest Rate:	7.6400%	Insurance Cost(3):	61,438	1.5113
Occup Adj Factor	0.9000	Chase Rate:	4.5000%	Taxes Cost(3):	44,214	1.0876
ROE Factor	0.015730	Amortization Rate:	6.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	21,166	0.0000
		Yearly Payment:	410,040	Total FRVS PD:		13.4579

- (1) 80% Capital (\$4,583,051) amortized at 6.5000 % for 20 years Principal & Interest of \$410,040 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.4018
- (2) 20% ROE (\$1,145,763) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4572
- (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	46.0370	46.0370	0.8009	45.2361
Direct Care	85.7053	85.7053	1.4911	84.2142
Indirect Care	56.2654	56.2654	0.9789	55.2865
Property	13.6500	13.4579	0.2341	13.2238
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7175
Supplemental Rate Add-on				9.9025
Totals	201.6577	201.4656	3.5050	225.5806

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: 8/31/2013

0 226041-00 - 2015/01

225.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1993/01	2,959,984	0.00	1.7710	1.7710		60	61.70	1,930,980	1,930,980	1
1993/07		0.10	1.5329	1.5329		60	61.70	1,933,940	1,995,300	
1994/01		0.10	1.6983	1.6983		60	61.70	1,937,224	2,029,200	
1994/07		0.20	1.5991	1.5991		60	61.70	1,943,419	2,061,660	
1995/01		0.20	1.5812	1.5812		60	61.70	1,949,564	2,094,240	
1995/07		0.30	1.5250	1.5250		60	61.70	1,958,483	2,126,160	
1996/01	16,141	0.30	1.7228	1.7228		60	59.72	1,984,745	2,162,820	
1996/07		0.40	1.3294	1.3294		60	59.72	1,995,300	2,191,560	
1997/01	19,519	0.40	1.4109	1.4109		60	59.20	2,026,080	2,222,460	
1997/07		0.50	1.0917	1.0917		60	59.20	2,037,140	2,246,700	
1998/01	10,837	0.50	1.1663	1.1663		60	57.75	2,059,858	2,272,920	
1998/07	10,632	0.60	1.0794	1.0794		60	58.52	2,083,830	2,297,460	
1999/01		0.60	1.4499	1.4499		60	58.52	2,101,957	2,330,760	
1999/07	2,272,920	0.70	1.2299	1.2299		120	56.44	4,392,973	4,718,880	
2000/01		0.70	1.3356	1.3356		120	56.44	4,434,043	4,781,880	
2000/07		0.80	1.1129	1.1129		120	56.44	4,473,519	4,835,040	
2001/01		0.80	1.2976	1.2976		120	62.05	4,519,959	4,897,800	
2001/07		0.90	0.9615	0.9615		120	62.05	4,559,075	4,944,840	
2002/01		0.90	1.0301	1.0301		120	62.05	4,601,342	4,995,720	
2002/07		1.00	0.8337	0.8337		120	62.05	4,639,703	5,037,360	
2003/01	27,385	1.00	1.3271	1.3271		120	59.66	4,728,661	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.66	4,783,816	5,163,720	
2004/01		1.00	1.1103	1.1103		120	57.66	4,836,931	5,221,080	
2004/07		1.00	0.8378	0.8378		120	57.66	4,877,455	5,264,880	
2005/01		1.00	0.8595	0.8595		120	54.72	4,919,163	5,310,120	
2005/07		1.00	0.7364	0.7364		120	54.72	4,955,203	5,349,240	
2006/01	35,398	1.00	0.9068	0.9068		120	45.91	5,028,108	5,397,720	
2006/07		1.00	0.8133	0.8133		120	45.91	5,062,243	5,441,640	
2007/01	35,831	1.00	1.0133	1.0133		120	46.55	5,141,489	5,496,720	
2007/07		1.00	1.1050	1.1050		120	46.55	5,189,574	5,557,440	



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: 8/31/2013

0 226041-00 - 2015/01

225.58

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2008/01		1.00	0.8556	0.8556		120	49.53	5,229,560	5,604,960	
2008/07		1.00	0.6104	0.6104		120	49.53	5,258,307	5,639,160	
2009/01		1.00	1.3268	1.3268		120	49.53	5,321,136	5,714,040	
2009/07		1.00	0.6841	0.6841		120	42.29	5,349,126	5,753,160	
2010/01		1.00	0.8643	0.8643		120	42.29	5,384,675	5,802,840	
2010/07		1.00	0.7107	0.7107		120	41.98	5,413,885	5,844,120	
2011/01		1.00	0.9198	0.9198		120	41.98	5,451,894	5,897,880	
2011/07		1.00	0.9028	0.9028		120	46.72	5,493,704	5,951,160	
2012/01		1.00	0.3865	0.3865		120	46.72	5,511,741	5,974,200	
2012/07		1.00	0.9417	0.9417		120	48.61	5,557,615	6,030,480	
2013/01		1.00	0.4901	0.4901		120	48.61	5,581,688	6,060,000	
2013/07		0.95	0.6196	0.6196		120	43.39	5,607,607	6,097,560	
2014/01		0.95	0.8564	0.8564		120	45.24	5,645,134	6,149,760	
2014/07		0.90	1.2383	1.2383		120	45.24	5,696,884	6,225,960	
2015/01		0.90	0.7571	0.7571		120	45.24	5,728,814	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 226068-00 - 2015/01

245.24

Cathedral Gerontology 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
333 E ASHLEY ST	10/1/2012-9/30/2013	Number of Beds: 120	Superior: 0
JACKSONVILLE, FL 32202	Days in CR 365	Maximum: 43,800	Standard: 243
County: Duval [16]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 39,145	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,600	Inflation
Current Class North Large	Initial CR? False	Medicaid: 27,641	FY Index: 1.30932625
Class at 1/94: North Large	Medical Utilization	70.61183%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.37215%	Cost: 1.04757614
Open Date: 03/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21150000
Entered Medicaid 03/01/1970	Low Occupancy Adjustment Factor:	114.12421%	DC Sem Index: 1.25449501
Med # Active Date: 05/31/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03548907
Previous Med # 207764			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,513,421	2,545,888	1,260,343	260,655		5,580,307	
1a	Audit Adjustments							
2	Cost Per Diem	54.7528	92.1055	45.5969	9.4300		201.8852	
3	Cost Per Diem Inflated	57.3577	95.3742	47.7662				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.3577	95.3742	47.7662	9.4300		209.9281	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	69.3481		52.2722				
7	Provider Target Rate	71.8877		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	95.3742	47.7662	9.4300		204.1382	
12/13	Medical Adjustment Rate		2.2116	1.1076				
14	Prospective Per Diem 11	51.5678	97.5858	48.8738	9.4300		207.4574	
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 226068-00 - 2015/01

245.24

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

Cathedral Gerontology Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1989	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,087,900.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,970,723 12.6566
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,242,681 0.5255
Indexed Asset Value	6,213,404	Interest Rate:	8.0000%	Insurance Cost(3):	44,927 1.1477
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	8.0000%	Home Office(3):	57,345 1.4649
ROE Factor	0.016670	Interest Only:	False	Replacement(3&4):	37,886 0.0000
		Yearly Payment:	498,925	Total FRVS PD:	15.7947

- (1) 80% Capital (\$4,970,723) amortized at 8.0000 % for 20 years Principal & Interest of \$498,925 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.6566
- (2) 20% ROE (\$1,242,681) times the ROE factor (0.016670) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5255
- (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	97.5858	97.5858	1.6978	95.8880
Indirect Care	48.8738	48.8738	0.8503	48.0235
Property	9.4300	15.7947	0.2748	15.5199
ROE				
ROE Adjustment				
Fire Sprinkler Component				2.1417
Quality Assess-Medicaid Share				23.0924
Supplemental Rate Add-on				9.9025
Totals	207.4574	213.8221	3.7201	245.2386

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: 9/30/2013

0 226068-00 - 2015/01

245.24

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	2,139,479	0.00				120	100.00	2,139,479	1,231,320	
1972/01		0.10	3.9787	3.0000	0.9787	120	100.00	2,145,897	1,280,280	
1972/07		0.10	5.9113	3.0000	2.9113	120	100.00	2,152,335	1,343,400	
1973/01		0.20	8.0622	3.0000	5.0622	120	100.00	2,165,249	1,412,640	
1973/07		0.20	10.7186	3.0000	7.7186	120	100.00	2,178,240	1,492,560	
1974/01		0.30	12.9457	3.0000	9.9457	120	100.00	2,197,844	1,570,560	
1974/07		0.30	13.0494	3.0000	10.0494	120	100.00	2,217,625	1,619,280	
1975/01		0.40	13.1399	3.0000	10.1399	120	100.00	2,244,237	1,669,320	
1975/07		0.40	14.2033	3.0000	11.2033	120	100.00	2,271,168	1,737,240	
1976/01		0.50	15.2478	3.0000	12.2478	120	100.00	2,305,236	1,807,440	
1976/07	577,878	0.50	15.7330	3.0000	12.7330	120	100.00	2,917,693	1,870,440	
1977/01		0.60	16.4836	3.0000	13.4836	120	100.00	2,970,211	1,940,640	
1977/07		0.60	18.5412	3.0000	15.5412	120	100.00	3,023,675	2,038,680	
1978/01		0.70	20.2809	3.0000	17.2809	120	100.00	3,087,172	2,135,400	
1978/07		0.70	22.8203	3.0000	19.8203	120	100.00	3,152,003	2,253,600	
1979/01		0.80	24.9476	3.0000	21.9476	120	100.00	3,227,651	2,369,160	
1979/07		0.80	26.1458	3.0000	23.1458	120	100.00	3,305,115	2,468,640	
1980/01		0.90	29.3115	3.0000	26.3115	120	38.78	3,368,036	2,620,920	
1980/07		0.90	30.1222	3.0000	27.1222	120	38.78	3,432,155	2,720,760	
1981/01		1.00	30.9462	3.0000	27.9462	120	38.78	3,504,754	2,824,800	
1981/07		1.00	30.5350	3.0000	27.5350	120	38.78	3,578,889	2,897,880	
1982/01		1.00	30.2110	3.0000	27.2110	120	38.78	3,654,592	2,975,520	
1982/07		1.00	29.5087	3.0000	26.5087	120	38.78	3,731,897	3,043,800	
1983/04		1.00	29.1375	3.0000	26.1375	120	38.78	3,810,837	3,123,840	
1983/07		1.00	30.0953	3.0000	27.0953	120		3,810,837	3,247,440	
1984/01		1.00	28.3905	3.0000	25.3905	120	65.47	3,925,162	3,289,560	
1984/07		1.00	27.3084	3.0000	24.3084	120	65.47	4,042,917	3,352,680	
1985/01		1.00	25.4555	3.0000	22.4555	120	65.47	4,164,205	3,391,080	
1985/10		1.00	23.3077	3.0000	20.3077	120	65.47	3,420,000	3,420,000	1
1986/01		1.00	21.1376	3.0000	18.1376	120	65.47	3,522,600	3,448,440	



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: 9/30/2013

0 226068-00 - 2015/01

245.24

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	72.17	3,628,278	3,441,840	
1987/01		1.00	16.4441	3.0000	13.4441	120	72.17	3,737,126	3,503,400	
1987/07		1.00	14.3448	3.0000	11.3448	120	80.18	3,849,240	3,530,760	
1988/01		1.00	12.2455	3.0000	9.2455	120	80.18	3,964,717	3,559,440	
1988/07		1.00	9.8354	3.0000	6.8354	120	80.31	4,083,659	3,557,520	
1989/01		1.00	7.4253	3.0000	4.4253	120	80.31	4,206,169	3,578,520	
1989/07		1.00	5.0152	3.0000	2.0152	120	75.58	4,332,354	3,602,760	
1990/01		1.00	2.6051	2.6051		120	75.58	4,445,216	3,620,880	
1990/07	135,961	1.00	0.5899	0.5899		120	82.83	4,607,399	3,642,240	
1991/01		1.00	0.5899	0.5899		120	82.83	4,634,578	3,663,600	
1991/07		1.00	1.4932	1.4932		120	87.95	4,703,782	3,718,320	
1992/01		0.95	2.0117	2.0117		120	87.95	4,793,676	3,793,080	
1992/07		0.95	1.8152	1.8152		120	91.37	4,876,338	3,861,960	
1993/01		0.90	1.7710	1.7710		120	91.37	4,954,062	3,930,360	
1993/07		0.90	1.5329	1.5329		120	91.37	5,022,408	3,990,600	
1994/01		0.85	1.6983	1.6983		120	91.44	5,094,911	4,058,400	
1994/07		0.85	1.5991	1.5991		120	97.32	5,164,161	4,123,320	
1995/01		0.80	1.5812	1.5812		120	97.32	5,229,488	4,188,480	
1995/07		0.80	1.5250	1.5250		120	91.92	5,293,288	4,252,320	
1996/01		0.75	1.7228	1.7228		120	91.92	5,361,683	4,325,640	
1996/07	48,462	0.75	1.3294	1.3294		120	83.85	5,361,683	4,383,120	3
1997/01		0.70	1.4109	1.4109		120	83.85	5,361,683	4,444,920	3
1997/07		0.70	1.0917	1.0917		120	78.61	5,361,683	4,493,400	3
1998/01		0.65	1.1663	1.1663		120	78.61	5,361,683	4,545,840	3
1998/07		0.65	1.0794	1.0794		120	79.32	5,361,683	4,594,920	3
1999/01		0.60	1.4499	1.4499		120	79.32	5,361,683	4,661,520	3
1999/07		0.60	1.2299	1.2299		120	86.09	5,361,683	4,718,880	3
2000/01		0.55	1.3356	1.3356		120	86.09	5,361,683	4,781,880	3
2000/07	87,927	0.55	1.1129	1.1129		120	87.50	5,361,683	4,835,040	3
2001/01		0.50	1.2976	1.2976		120	87.50	5,361,683	4,897,800	3



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: 9/30/2013

0 226068-00 - 2015/01

245.24

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	69,153	0.50	0.9615	0.9615		120	86.15	5,361,683	4,944,840	3
2002/01		0.45	1.0301	1.0301		120	86.15	5,361,683	4,995,720	3
2002/07		0.45	0.8337	0.8337		120	80.18	5,361,683	5,037,360	3
2003/01	53,954	0.40	1.3271	1.3271		120	79.59	5,361,683	5,104,200	3
2003/07		0.40	1.1664	1.1664		120	79.59	5,361,683	5,163,720	3
2004/01		0.35	1.1103	1.1103		120	79.59	5,361,683	5,221,080	3
2004/07		0.35	0.8378	0.8378		120	81.22	5,361,683	5,264,880	3
2005/01		0.30	0.8595	0.8595		120	81.22	5,361,683	5,310,120	3
2005/07		0.30	0.7364	0.7364		120	79.30	5,361,683	5,349,240	3
2006/01		0.25	0.9068	0.9068		120	79.30	5,373,838	5,397,720	
2006/07		0.25	0.8133	0.8133		120	77.10	5,384,763	5,441,640	
2007/01		0.20	1.0133	1.0133		120	79.89	5,395,678	5,496,720	
2007/07		0.20	1.1050	1.1050		120	79.89	5,407,602	5,557,440	
2008/01		0.15	0.8556	0.8556		120	81.01	5,414,540	5,604,960	
2008/07		0.15	0.6104	0.6104		120	81.01	5,419,500	5,639,160	
2009/01		0.10	1.3268	1.3268		120	81.01	5,426,692	5,714,040	
2009/07		0.10	0.6841	0.6841		120	74.67	5,430,404	5,753,160	
2010/01	46,220	0.05	0.8643	0.8643		120	76.81	5,478,970	5,802,840	
2010/07		0.05	0.7107	0.7107		120	76.81	5,480,915	5,844,120	
2011/01	36,667	0.00	0.9198	0.9198		120	79.71	5,517,582	5,897,880	
2011/07		0.00	0.9028	0.9028		120	79.71	5,517,582	5,951,160	
2012/01		0.00	0.3865	0.3865		120	79.71	5,517,582	5,974,200	
2012/07	431,437	0.00	0.9417	0.9417		120	76.37	5,949,019	6,030,480	
2013/01		0.00	0.4901	0.4901		120	76.37	5,949,019	6,060,000	
2013/07	216,442	0.00	0.6196	0.6196		120	73.53	6,097,560	6,097,560	8
2014/01		0.00	0.8564	0.8564		120	73.53	6,097,560	6,149,760	
2014/07	115,844	0.00	1.2383	1.2383		120	70.61	6,213,404	6,225,960	
2015/01		0.00	0.7571	0.7571		120	70.61	6,213,404	6,273,120	

Message Code:

- | | |
|---|--|
| 1 | Per Bed Standard Limitation |
| 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

0 226335-00 - 2015/01

240.09

Broward Nursing 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
1330 S ANDREWS AVE	9/1/2013-8/31/2014	Number of Beds: 198	Superior: 0
FORT LAUDERDALE, FL 33316	Days in CR 365	Maximum: 72,270	Standard: 243
County: Broward [6]	First Used : 2015/01	Max Annualized: 72,270	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 48,942	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,989	Inflation
Current Class South Large	Initial CR? False	Medicaid: 37,486	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	76.59270%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	67.72105%	Cost: 1.03148401
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: 1.22466610
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	86.47673%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 200140			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	2,011,439	3,143,060	1,711,990	522,555		7,389,044	
1a	Audit Adjustments							
2	Cost Per Diem	53.6584	83.8462	45.6701	13.9400		197.1147	
3	Cost Per Diem Inflated	55.3478	85.8884	47.1080				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.3478	85.8884	47.1080	13.9400		202.2842	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.6694		56.8461				
7	Provider Target Rate	54.5982		58.9279				
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	54.5982	85.8884	47.1080	13.6500		201.2446	
12/13	Medical Adjustment Rate		2.5695	1.4093				
14	Prospective Per Diem 11	54.5982	88.4579	48.5173	13.6500		205.2234	
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 226335-00 - 2015/01

240.09

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

Broward Nursing and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	794,480.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	6,843,079	13.0803
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	1,710,770	0.6055
Indexed Asset Value	8,553,849	Interest Rate:	9.5000%	Insurance Cost(3):	100,871	2.0610
FRVS Base Asset:	5,007,861	Chase Rate:	12.5000%	Taxes Cost(3):	116,578	2.3820
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	20,821	0.4254
ROE Factor	0.023020	Interest Only:	True	Replacement(3&4):	73,486	0.0000
		Yearly Payment:	850,782	Total FRVS PD:		18.5542

- (1) 80% Capital (\$6,843,079) amortized at 12.5000 % for 20 years Interest of \$850,782 divided by annual available days (72270) divided by Occup. Adj. (0.90) = \$13.0803
- (2) 20% ROE (\$1,710,770) times the ROE factor (0.023020) divided by annual available days (72270) divided by Occup. Adj. (0.90) = \$0.6055
- (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 198	Effective PBS Limitation	5,643,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.5982	54.5982	0.9499	53.6483
Direct Care	88.4579	88.4579	1.5390	86.9189
Indirect Care	48.5173	48.5173	0.8441	47.6732
Property	13.6500	18.5542	0.3228	18.2314
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.7204
Supplemental Rate Add-on				9.9025
Totals	205.2234	210.1276	3.6558	240.0947

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 226335-00 - 2015/01

240.09

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	2,855,333	0.00				198	100.00	2,855,333	2,031,678	
1972/01		0.10	3.9787	3.0000	0.9787	198	100.00	2,863,899	2,112,462	
1972/07		0.10	5.9113	3.0000	2.9113	198	100.00	2,872,491	2,216,610	
1973/01		0.20	8.0622	3.0000	5.0622	198	100.00	2,889,726	2,330,856	
1973/07		0.20	10.7186	3.0000	7.7186	198	100.00	2,907,064	2,462,724	
1974/01		0.30	12.9457	3.0000	9.9457	198	100.00	2,933,228	2,591,424	
1974/07		0.30	13.0494	3.0000	10.0494	198	100.00	2,959,627	2,671,812	
1975/01		0.40	13.1399	3.0000	10.1399	198	100.00	2,995,143	2,754,378	
1975/07		0.40	14.2033	3.0000	11.2033	198	100.00	3,031,085	2,866,446	
1976/01		0.50	15.2478	3.0000	12.2478	198	100.00	3,076,551	2,982,276	
1976/07		0.50	15.7330	3.0000	12.7330	198	100.00	3,122,699	3,086,226	
1977/01		0.60	16.4836	3.0000	13.4836	198	100.00	3,178,908	3,202,056	
1977/07		0.60	18.5412	3.0000	15.5412	198	100.00	3,236,128	3,363,822	
1978/01		0.70	20.2809	3.0000	17.2809	198	100.00	3,304,087	3,523,410	
1978/07		0.70	22.8203	3.0000	19.8203	198	100.00	3,373,473	3,718,440	
1979/01		0.80	24.9476	3.0000	21.9476	198	100.00	3,454,436	3,909,114	
1979/07		0.80	26.1458	3.0000	23.1458	198	100.00	3,537,342	4,073,256	
1980/01		0.90	29.3115	3.0000	26.3115	198	54.89	3,632,659	4,324,518	
1980/07		0.90	30.1222	3.0000	27.1222	198	54.89	3,730,545	4,489,254	
1981/01		1.00	30.9462	3.0000	27.9462	198	53.93	3,840,284	4,660,920	
1981/07		1.00	30.5350	3.0000	27.5350	198	53.93	3,953,251	4,781,502	
1982/01		1.00	30.2110	3.0000	27.2110	198	57.51	4,071,849	4,909,608	
1982/07		1.00	29.5087	3.0000	26.5087	198	57.51	4,194,004	5,022,270	
1983/04		1.00	29.1375	3.0000	26.1375	198	63.48	4,319,824	5,154,336	
1983/07		1.00	30.0953	3.0000	27.0953	198	63.48	4,449,419	5,358,276	
1984/01		1.00	28.3905	3.0000	25.3905	198	66.38	4,582,902	5,427,774	
1984/07		1.00	27.3084	3.0000	24.3084	198	66.38	4,720,389	5,531,922	
1985/01		1.00	25.4555	3.0000	22.4555	198	66.37	4,862,001	5,595,282	
1985/10		1.00	23.3077	3.0000	20.3077	198	60.43	5,007,861	5,643,000	
1986/01		1.00	21.1376	3.0000	18.1376	198	60.43	5,158,097	5,689,926	



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 226335-00 - 2015/01

240.09

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	198	63.10	5,312,840	5,679,036	
1987/01		1.00	16.4441	3.0000	13.4441	198	63.10	5,472,225	5,780,610	
1987/07		1.00	14.3448	3.0000	11.3448	198	63.10	5,636,392	5,825,754	
1988/01		1.00	12.2455	3.0000	9.2455	198	74.83	5,805,484	5,873,076	
1988/07		1.00	9.8354	3.0000	6.8354	198	74.83	5,979,649	5,869,908	
1989/01	22,988	1.00	7.4253	3.0000	4.4253	198	76.53	6,182,026	5,904,558	
1989/07		1.00	5.0152	3.0000	2.0152	198	78.58	6,367,487	5,944,554	
1990/01		1.00	2.6051	2.6051		198	78.58	6,533,366	5,974,452	
1990/07		1.00	0.5899	0.5899		198	74.76	6,571,906	6,009,696	
1991/01		1.00	0.5899	0.5899		198	74.76	6,610,674	6,044,940	
1991/07	178,946	1.00	1.4932	1.4932		198	78.59	6,888,331	6,135,228	
1992/01		0.95	2.0117	2.0117		198	78.59	7,019,974	6,258,582	
1992/07		0.95	1.8152	1.8152		198	74.42	7,141,026	6,372,234	
1993/01		0.90	1.7710	1.7710		198	74.42	7,254,847	6,485,094	
1993/07		0.90	1.5329	1.5329		198	73.21	7,354,935	6,584,490	
1994/01		0.85	1.6983	1.6983		198	73.21	7,461,111	6,696,360	
1994/07	34,820	0.85	1.5991	1.5991		198	75.12	7,597,342	6,803,478	
1995/01		0.80	1.5812	1.5812		198	75.12	7,693,448	6,910,992	
1995/07		0.80	1.5250	1.5250		198	75.12	7,787,308	7,016,328	
1996/01		0.75	1.7228	1.7228		198	73.24	7,887,928	7,137,306	
1996/07		0.75	1.3294	1.3294		198	66.73	7,887,928	7,232,148	3
1997/01		0.70	1.4109	1.4109		198	66.73	7,887,928	7,334,118	3
1997/07		0.70	1.0917	1.0917		198	66.73	7,887,928	7,414,110	3
1998/01		0.65	1.1663	1.1663		198	73.41	7,887,928	7,500,636	3
1998/07		0.65	1.0794	1.0794		198	72.52	7,887,928	7,581,618	3
1999/01		0.60	1.4499	1.4499		198	72.52	7,887,928	7,691,508	3
1999/07		0.60	1.2299	1.2299		198	75.86	7,887,928	7,786,152	3
2000/01		0.55	1.3356	1.3356		198	75.86	7,890,102	7,890,102	8
2000/07		0.55	1.1129	1.1129		198	73.32	7,938,397	7,977,816	
2001/01		0.50	1.2976	1.2976		198	73.32	7,989,901	8,081,370	



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 226335-00 - 2015/01

240.09

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		198	73.32	8,028,316	8,158,986	
2002/01		0.45	1.0301	1.0301		198	72.35	8,065,527	8,242,938	
2002/07		0.45	0.8337	0.8337		198	72.35	8,095,789	8,311,644	
2003/01		0.40	1.3271	1.3271		198	72.36	8,138,761	8,421,930	
2003/07		0.40	1.1664	1.1664		198	72.36	8,176,736	8,520,138	
2004/01	54,587	0.35	1.1103	1.1103		198	72.14	8,263,098	8,614,782	
2004/07		0.35	0.8378	0.8378		198	72.14	8,287,325	8,687,052	
2005/01		0.30	0.8595	0.8595		198	69.67	8,308,698	8,761,698	
2005/07		0.30	0.7364	0.7364		198	69.67	8,327,052	8,826,246	
2006/01		0.25	0.9068	0.9068		198	68.05	8,345,929	8,906,238	
2006/07		0.25	0.8133	0.8133		198	68.05	8,362,896	8,978,706	
2007/01		0.20	1.0133	1.0133		198	68.05	8,379,848	9,069,588	
2007/07	42,680	0.20	1.1050	1.1050		198	71.05	8,441,047	9,169,776	
2008/01		0.15	0.8556	0.8556		198	71.05	8,451,877	9,248,184	
2008/07		0.15	0.6104	0.6104		198	71.10	8,459,619	9,304,614	
2009/01		0.10	1.3268	1.3268		198	72.99	8,470,845	9,428,166	
2009/07		0.10	0.6841	0.6841		198	72.99	8,476,639	9,492,714	
2010/01		0.05	0.8643	0.8643		198	72.99	8,480,301	9,574,686	
2010/07		0.05	0.7107	0.7107		198	72.55	8,483,312	9,642,798	
2011/01	70,537	0.00	0.9198	0.9198		198	72.22	8,553,849	9,731,502	
2011/07		0.00	0.9028	0.9028		198	72.22	8,553,849	9,819,414	
2012/01		0.00	0.3865	0.3865		198	72.22	8,553,849	9,857,430	
2012/07		0.00	0.9417	0.9417		198	77.87	8,553,849	9,950,292	
2013/01		0.00	0.4901	0.4901		198	77.87	8,553,849	9,999,000	
2013/07		0.00	0.6196	0.6196		198	76.22	8,553,849	10,060,974	
2014/01		0.00	0.8564	0.8564		198	76.22	8,553,849	10,147,104	
2014/07		0.00	1.2383	1.2383		198	77.59	8,553,849	10,272,834	
2015/01		0.00	0.7571	0.7571		198	76.59	8,553,849	10,350,648	

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

0 226351-00 - 2015/01

216.05

Ocean View 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
2810 SOUTH ATLANTIC AVENUE	2/1/2013-1/31/2014	Number of Beds: 239	Superior: 0
NEW SMYRNA BEACH, FL 32169	Days in CR 365	Maximum: 87,235	Standard: 243
County: Volusia [64]	First Used : 2014/07	Max Annualized: 87,235	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 56,221	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,113	Inflation
Current Class North Large	Initial CR? False	Medicaid: 37,638	FY Index: 1.31458957
Class at 1/94: North Large	Medical Utilization	66.94651%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	64.44776%	Cost: 1.04338188
Open Date: 09/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21633187
Entered Medicaid 09/01/1980	Low Occupancy Adjustment Factor:	82.29688%	DC Sem Index: 1.25449501
Med # Active Date: 06/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03137560
Previous Med # 205877			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,494,992	2,957,104	1,721,354	533,707	21,236	6,728,393	
1a	Audit Adjustments							
2	Cost Per Diem	39.7203	78.5670	45.7345	14.1800	0.5642	178.7660	
3	Cost Per Diem Inflated	41.4434	81.0321	47.7185				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.4434	81.0321	47.7185	14.1800	0.5642	184.9382	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.6557		52.2722				
7	Provider Target Rate	45.2544		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	41.4434	81.0321	47.7185	13.6500	0.5642	184.4082	
12/13	Medical Adjustment Rate		1.5449	0.9097				
14	Prospective Per Diem 11	41.4434	82.5770	48.6282	13.6500	0.5642	186.8628	
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 226351-00 - 2015/01

216.05

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

Ocean View Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	2,780,000.00	Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable	80% Capital(1):	7,112,764 9.8303
Indexed Asset Value	8,890,955	<60% of Base:	False	20% ROE(2):	1,778,191 0.4435
FRVS Base Asset:	3,619,305	Interest Rate:	9.0700%	Insurance Cost(3):	115,291 2.0507
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	70,754 1.2585
ROE Factor	0.019580	Amortization Rate:	9.0700%	Home Office(3):	23,773 0.4228
		Interest Only:	False	Replacement(3&4):	253,799 0.0000
		Yearly Payment:	771,791	Total FRVS PD:	14.0058

- (1) 80% Capital (\$7,112,764) amortized at 9.0700 % for 20 years Principal & Interest of \$771,791 divided by annual available days (87235) divided by Occup. Adj. (0.90) = \$9.8303
- (2) 20% ROE (\$1,778,191) times the ROE factor (0.019580) divided by annual available days (87235) divided by Occup. Adj. (0.90) = \$0.4435
- (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	179	Effective PBS Limitation	52,276
			5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.4434	41.4434	0.7210	40.7224
Direct Care	82.5770	82.5770	1.4366	81.1404
Indirect Care	48.6282	48.6282	0.8460	47.7822
Property	13.6500	14.0058	0.2375	13.4125
ROE	0.5642	0.2914	0.0098	0.5544
ROE Adjustment	-0.2914	-0.2914	-0.0051	-0.2863
Quality Assess-Medicaid Share				22.8231
Supplemental Rate Add-on				9.9025
Totals	186.5714	186.6544	3.2458	216.0512

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 226351-00 - 2015/01

216.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/07	1,354,342	0.00	3.8106	3.0000	0.8106	179	39.32	1,354,342	4,058,467	
1981/01	346,909	0.10	4.6347	3.0000	1.6347	179	38.38	1,704,086	4,213,660	
1981/07		0.10	4.2235	3.0000	1.2235	179	38.38	1,707,653	4,322,671	
1982/01		0.20	3.8995	3.0000	0.8995	179	37.22	1,714,587	4,438,484	
1982/07	91,956	0.20	3.1971	3.0000	0.1971	179	37.22	1,813,505	4,540,335	
1983/04	1,297	0.30	2.8260	2.8260		179	34.26	1,824,379	4,659,728	
1983/07		0.30	3.9578	3.0000	0.9578	179	34.26	1,834,607	4,844,098	
1984/01	1,726,308	0.40	2.2530	2.2530		179	34.01	3,571,139	4,906,927	
1984/07		0.40	1.9179	1.9179		179	34.01	3,588,081	5,001,081	
1985/01	4,959	0.50	1.1471	1.1471		179	38.00	3,607,260	5,058,361	
1985/10		0.50	0.8522	0.8522		179	43.10	3,619,305	5,101,500	
1986/01		0.60	0.8299	0.8299		179	43.10	3,633,427	5,143,923	
1986/07		0.60	0.2974	0.2974		179	51.97	3,639,552	5,134,078	
1987/01		0.70	1.0091	1.0091		179	51.97	3,663,845	5,225,905	
1987/07		0.70	0.9007	0.9007		179	51.97	3,685,673	5,266,717	
1988/01		0.80	0.9007	0.9007		179	55.26	3,712,232	5,309,498	
1988/07		0.80	0.5899	0.5899		179	55.26	3,729,750	5,306,634	
1989/01	48,519	0.90	0.5899	0.5899		179	65.36	3,798,070	5,337,959	
1989/07		0.90	0.5899	0.5899		179	65.36	3,818,234	5,374,117	
1990/01		1.00	0.5899	0.5899		179	67.21	3,840,758	5,401,146	
1990/07		1.00	0.5899	0.5899		179	62.03	3,863,415	5,433,008	
1991/01		1.00	0.5899	0.5899		179	62.03	3,886,205	5,464,870	
1991/07		1.00	1.4932	1.4932		179	62.03	3,944,234	5,546,494	
1992/01		1.00	2.0117	2.0117		179	64.83	4,023,580	5,658,011	
1992/07		1.00	1.8152	1.8152		179	66.07	4,096,616	5,760,757	
1993/01		1.00	1.7710	1.7710		179	66.07	4,169,167	5,862,787	
1993/07	1,896,540	1.00	1.5329	1.5329		239	67.27	6,129,616	7,947,945	
1994/01		1.00	1.6983	1.6983		239	67.27	6,129,616	8,082,980	5
1994/07		1.00	1.5991	1.5991		239	74.67	6,333,398	8,212,279	
1995/01		1.00	1.5812	1.5812		239	74.67	6,433,542	8,342,056	



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 226351-00 - 2015/01

216.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/07		1.00	1.5250	1.5250		239	74.28	6,531,654	8,469,204	
1996/01		1.00	1.7228	1.7228		239	74.28	6,644,181	8,615,233	
1996/07		1.00	1.3294	1.3294		239	70.68	6,732,509	8,729,714	
1997/01		1.00	1.4109	1.4109		239	70.68	6,827,498	8,852,799	
1997/07		1.00	1.0917	1.0917		239	70.68	6,902,034	8,949,355	
1998/01	35,089	1.00	1.1663	1.1663		239	73.45	7,017,621	9,053,798	
1998/07		1.00	1.0794	1.0794		239	72.83	7,093,369	9,151,549	
1999/01		1.00	1.4499	1.4499		239	72.83	7,196,216	9,284,194	
1999/07	34,998	1.00	1.2299	1.2299		239	70.53	7,319,720	9,398,436	
2000/01		1.00	1.3356	1.3356		239	70.53	7,417,482	9,523,911	
2000/07		1.00	1.1129	1.1129		239	73.47	7,500,031	9,629,788	
2001/01		0.95	1.2976	1.2976		239	73.47	7,592,484	9,754,785	
2001/07		0.95	0.9615	0.9615		239	73.47	7,661,834	9,848,473	
2002/01		0.90	1.0301	1.0301		239	73.17	7,732,867	9,949,809	
2002/07		0.90	0.8337	0.8337		239	73.17	7,790,887	10,032,742	
2003/01		0.85	1.3271	1.3271		239	68.14	7,878,768	10,165,865	
2003/07		0.85	1.1664	1.1664		239	65.86	7,956,878	10,284,409	
2004/01		0.80	1.1103	1.1103		239	65.86	8,027,551	10,398,651	
2004/07		0.80	0.8378	0.8378		239	62.42	8,081,352	10,485,886	
2005/01		0.75	0.8595	0.8595		239	62.42	8,133,444	10,575,989	
2005/07		0.75	0.7364	0.7364		239	62.42	8,133,444	10,653,903	5
2006/01		0.70	0.9068	0.9068		239	60.35	8,230,281	10,750,459	
2006/07		0.70	0.8133	0.8133		239	60.26	8,277,136	10,837,933	
2007/01		0.65	1.0133	1.0133		239	60.26	8,331,649	10,947,634	
2007/07		0.65	1.1050	1.1050		239	59.41	8,391,495	11,068,568	
2008/01		0.60	0.8556	0.8556		239	59.41	8,434,577	11,163,212	
2008/07		0.60	0.6104	0.6104		239	55.54	8,465,464	11,231,327	
2009/01		0.55	1.3268	1.3268		239	55.54	8,527,236	11,380,463	
2009/07		0.55	0.6841	0.6841		239	55.54	8,559,324	11,458,377	
2010/01		0.50	0.8643	0.8643		239	56.54	8,596,317	11,557,323	



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 226351-00 - 2015/01

216.05

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/07		0.50	0.7107	0.7107		239	62.86	8,626,868	11,639,539	
2011/01		0.45	0.9198	0.9198		239	62.86	8,662,575	11,746,611	
2011/07		0.45	0.9028	0.9028		239	62.86	8,697,771	11,852,727	
2012/01		0.40	0.3865	0.3865		239	66.50	8,711,218	11,898,615	
2012/07		0.40	0.9417	0.9417		239	66.50	8,744,033	12,010,706	
2013/01		0.35	0.4901	0.4901		239	68.43	8,759,029	12,069,500	
2013/07		0.35	0.6196	0.6196		239	68.43	8,778,027	12,144,307	
2014/01		0.30	0.8564	0.8564		239	67.69	8,800,578	12,248,272	
2014/07	40,884	0.30	1.2383	1.2383		239	66.95	8,874,156	12,400,037	
2015/01		0.25	0.7571	0.7571		239	66.95	8,890,955	12,493,964	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 226351013120140201201304082014105152



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 226360-00 - 2015/01

250.65

South Heritage Health and Rehabilitation 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
718 LAKEVIEW AVE S	7/1/2013-6/30/2014	Number of Beds: 74	Superior: 0
SAINT PETERSBURG, FL 33705	Days in CR 365	Maximum: 27,010	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 27,010	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 18,005	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 488	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 17,169	FY Index: 1.32215372
Class at 1/94: North Small	Medical Utilization	95.35685%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	66.66050%	Cost: 1.03741261
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: 1.22300000
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	85.12245%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 220817			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	953,154	1,369,846	976,436	461,503		3,760,939	
1a	Audit Adjustments							
2	Cost Per Diem	55.5160	79.7860	56.8720	26.8800		219.0540	
3	Cost Per Diem Inflated	57.5930	81.8407	58.9997				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	57.5930	81.8407	58.9997	26.8800		225.3134	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0334		63.4030				
7	Provider Target Rate	56.0122		65.7249				
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	56.0122	81.8407	58.9997	13.6500		210.5026	
12/13	Medical Adjustment Rate		3.6828	2.6550				
14	Prospective Per Diem 11	56.0122	85.5235	61.6547	13.6500		216.8404	
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 226360-00 - 2015/01

250.65

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

South Heritage Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,443,176	7.3811
RS to Start Calcs:	1982/01	<60% of Base:	True	20% ROE(2):	360,794	0.3371
Indexed Asset Value	1,803,970	Interest Rate:	12.5000%	Insurance Cost(3):	110,696	6.1481
FRVS Base Asset:	933,403	Chase Rate:	12.5000%	Taxes Cost(3):	18,189	1.0102
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.022710	Interest Only:	True	Replacement(3&4):	15,786	0.0000
		Yearly Payment:	179,426	Total FRVS PD:		14.8765

(1) 80% Capital (\$1,443,176) amortized at 12.5000 % for 20 years Interest of \$179,426 divided by annual available days (27010) divided by Occup. Adj. (0.90) = \$7.3811

(2) 20% ROE (\$360,794) times the ROE factor (0.022710) divided by annual available days (27010) divided by Occup. Adj. (0.90) = \$0.3371

(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 75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.0122	56.0122	0.9745	55.0377
Direct Care	85.5235	85.5235	1.4879	84.0356
Indirect Care	61.6547	61.6547	1.0726	60.5821
Property	13.6500	14.8765	0.2588	14.6177
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.4782
Supplemental Rate Add-on				9.9025
Totals	216.8404	218.0669	3.7938	250.6538

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 226360-00 - 2015/01

250.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	907,652	0.00	2.6760	2.6760		75	77.16	907,652	1,859,700	
1982/07		0.10	2.2977	2.2977		75	77.16	909,738	1,902,375	
1983/04		0.10	2.6288	2.6288		75	77.16	912,130	1,952,400	
1983/07		0.20	3.9578	3.0000	0.9578	75	77.16	917,603	2,029,650	
1984/01		0.20	2.2530	2.2530		75	86.29	921,738	2,055,975	
1984/07		0.30	1.9179	1.9179		75	86.29	927,042	2,095,425	
1985/01		0.30	1.1471	1.1471		75	77.16	930,232	2,119,425	
1985/10		0.40	0.8522	0.8522		75	89.78	933,403	2,137,500	
1986/01		0.40	0.8299	0.8299		75	89.78	936,502	2,155,275	
1986/07		0.50	0.2974	0.2974		75	89.78	937,895	2,151,150	
1987/01		0.50	1.0091	1.0091		75	89.78	942,628	2,189,625	
1987/07		0.60	0.9007	0.9007		75	90.40	947,722	2,206,725	
1988/01		0.60	0.9007	0.9007		75	90.40	952,843	2,224,650	
1988/07		0.70	0.5899	0.5899		75	91.45	956,777	2,223,450	
1989/01		0.70	0.5899	0.5899		75	91.45	960,728	2,236,575	
1989/07		0.80	0.5899	0.5899		75	90.52	965,262	2,251,725	
1990/01		0.80	0.5899	0.5899		75	90.52	969,817	2,263,050	
1990/07		0.90	0.5899	0.5899		75	88.98	974,966	2,276,400	
1991/01		0.90	0.5899	0.5899		75	88.98	980,142	2,289,750	
1991/07		1.00	1.4932	1.4932		74	91.08	994,777	2,292,964	
1992/01		1.00	2.0117	2.0117		74	91.08	1,014,789	2,339,066	
1992/07		1.00	1.8152	1.8152		74	91.86	1,033,209	2,381,542	
1993/01		1.00	1.7710	1.7710		74	91.86	1,051,507	2,423,722	
1993/07		1.00	1.5329	1.5329		74	85.76	1,067,626	2,460,870	
1994/01		1.00	1.6983	1.6983		74	85.76	1,085,757	2,502,680	
1994/07	25,226	1.00	1.5991	1.5991		74	89.47	1,128,345	2,542,714	
1995/01		1.00	1.5812	1.5812		74	89.47	1,146,186	2,582,896	
1995/07		1.00	1.5250	1.5250		74	91.57	1,163,665	2,622,264	
1996/01		1.00	1.7228	1.7228		74	91.57	1,183,713	2,667,478	
1996/07	27,056	1.00	1.3294	1.3294		74	85.31	1,210,769	2,702,924	5



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 226360-00 - 2015/01

250.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		74	85.31	1,226,505	2,741,034	5
1997/07		1.00	1.0917	1.0917		74	80.84	1,257,389	2,770,930	
1998/01		1.00	1.1663	1.1663		74	80.84	1,272,054	2,803,268	
1998/07	21,753	1.00	1.0794	1.0794		74	77.90	1,307,538	2,833,534	
1999/01		1.00	1.4499	1.4499		74	77.90	1,326,496	2,874,604	
1999/07		1.00	1.2299	1.2299		74	81.05	1,342,811	2,909,976	
2000/01		1.00	1.3356	1.3356		74	81.05	1,360,746	2,948,826	
2000/07		1.00	1.1129	1.1129		74	85.87	1,375,890	2,981,608	
2001/01		1.00	1.2976	1.2976		74	87.23	1,393,744	3,020,310	
2001/07		1.00	0.9615	0.9615		74	87.23	1,407,145	3,049,318	
2002/01		1.00	1.0301	1.0301		74	87.23	1,421,640	3,080,694	
2002/07		0.95	0.8337	0.8337		74	87.23	1,432,899	3,106,372	
2003/01		0.95	1.3271	1.3271		74	87.23	1,450,964	3,147,590	
2003/07		0.90	1.1664	1.1664		74	91.84	1,466,196	3,184,294	
2004/01		0.90	1.1103	1.1103		74	91.84	1,480,848	3,219,666	
2004/07		0.85	0.8378	0.8378		74	91.16	1,491,393	3,246,676	
2005/01		0.85	0.8595	0.8595		74	91.16	1,502,289	3,274,574	
2005/07		0.80	0.7364	0.7364		74	91.16	1,511,139	3,298,698	
2006/01		0.80	0.9068	0.9068		74	87.41	1,522,101	3,328,594	
2006/07		0.75	0.8133	0.8133		74	87.41	1,531,386	3,355,678	
2007/01		0.75	1.0133	1.0133		74	83.83	1,543,025	3,389,644	
2007/07		0.70	1.1050	1.1050		74	83.83	1,554,960	3,427,088	
2008/01		0.70	0.8556	0.8556		74	83.83	1,564,273	3,456,392	
2008/07		0.65	0.6104	0.6104		74	91.59	1,570,480	3,477,482	
2009/01		0.65	1.3268	1.3268		74	91.59	1,584,024	3,523,658	
2009/07	37,234	0.60	0.6841	0.6841		74	90.37	1,627,760	3,547,782	
2010/01		0.60	0.8643	0.8643		74	90.37	1,636,202	3,578,418	
2010/07		0.55	0.7107	0.7107		74	92.70	1,642,598	3,603,874	
2011/01	14,864	0.55	0.9198	0.9198		74	87.87	1,665,772	3,637,026	
2011/07		0.50	0.9028	0.9028		74	87.87	1,673,291	3,669,882	



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 226360-00 - 2015/01

250.65

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		74	93.18	1,676,525	3,684,090	
2012/07		0.45	0.9417	0.9417		74	93.18	1,683,630	3,718,796	
2013/01		0.45	0.4901	0.4901		74	93.18	1,687,342	3,737,000	
2013/07	40,207	0.40	0.6196	0.6196		74	93.61	1,731,730	3,760,162	
2014/01	53,775	0.40	0.8564	0.8564		74	95.00	1,791,438	3,792,352	
2014/07		0.35	1.2383	1.2383		74	95.00	1,799,202	3,839,342	
2015/01		0.35	0.7571	0.7571		74	95.36	1,803,970	3,868,424	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 226360063020140701201310182014120508



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 226602-00 - 2015/01

219.16

Treasure Isle Care 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
1735 N TREASURE DRIVE	7/1/2012-6/30/2013	Number of Beds: 176	Superior: 0
NORTH BAY VILLAGE, FL	Days in CR 365	Maximum: 64,240	Standard: 243
33141	First Used : 2014/01	Max Annualized: 64,240	Conditional: 0
County: Dade [13]	Last Used: 2015/01	Total Patient: 59,458	Total: 243
Region: South Area: 11	Unaudited	Medicare: 5,906	Inflation
Control: Nonprofit : 501(c)(3) Organization	Initial CR? False	Medicaid: 52,029	FY Index: 1.29878490
Current Class South Large	Medical Utilization	87.50547%	Semester Index: 1.37161894
Class at 1/94: South Large	Occupancy:	92.55604%	Cost: 1.05607860
Operating Ex > 18 months	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Open Date: 07/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Acquired Date: 07/01/1983	Low Occupancy Adjustment Factor:	118.18989%	DC Sem Index: 1.25449501
Entered Medicaid 01/01/1984	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Med # Active Date: 01/01/2001			PS Target: 1.03662091
Previous Med # 220337			

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,909,051	3,890,820	2,439,106	1,241,932		9,480,909	
1a	Audit Adjustments							
2	Cost Per Diem	36.6921	74.7817	46.8797	23.8700		182.2235	
3	Cost Per Diem Inflated	38.7497	77.6279	49.5086				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.7497	77.6279	49.5086	23.8700		189.7562	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.0327		58.0733				
7	Provider Target Rate	50.8283		60.2000				
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	38.7497	77.6279	49.5086	13.6500		179.5362	
12/13	Medical Adjustment Rate		3.2754	2.0889				
14	Prospective Per Diem 11	38.7497	80.9033	51.5975	13.6500		184.9005	
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 226602-00 - 2015/01

219.16

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

Treasure Isle Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	None	80% Capital(1):	4,930,302	10.6021
Indexed Asset Value	6,162,877	<60% of Base:	True	20% ROE(2):	1,232,575	0.3066
FRVS Base Asset:	3,238,794	Interest Rate:	12.5000%	Insurance Cost(3):	264,762	4.4529
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	80,497	1.3538
ROE Factor	0.014380	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	95,633	0.0000
		Yearly Payment:	612,972	Total FRVS PD:		16.7154

- (1) 80% Capital (\$4,930,302) amortized at 12.5000 % for 20 years Interest of \$612,972 divided by annual available days (64240) divided by Occup. Adj. (0.90) = \$10.6021
- (2) 20% ROE (\$1,232,575) times the ROE factor (0.014380) divided by annual available days (64240) divided by Occup. Adj. (0.90) = \$0.3066
- (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	176	Effective PBS Limitation	5,016,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	38.7497	38.7497	0.6742	38.0755
Direct Care	80.9033	80.9033	1.4075	79.4958
Indirect Care	51.5975	51.5975	0.8977	50.6998
Property	13.6500	16.7154	0.2908	16.4246
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5619
Supplemental Rate Add-on				9.9025
Totals	184.9005	187.9659	3.2702	219.1601

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 226602-00 - 2015/01

219.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	3,212,471	0.00	3.9578	3.0000	0.9578	176	82.25	3,212,471	4,762,912	
1984/01		0.10	2.2530	2.2530		176	81.35	3,219,709	4,824,688	
1984/07		0.10	1.9179	1.9179		176	81.35	3,225,884	4,917,264	
1985/01		0.20	1.1471	1.1471		176	80.24	3,233,284	4,973,584	
1985/10		0.20	0.8522	0.8522		176	82.24	3,238,794	5,016,000	
1986/01		0.30	0.8299	0.8299		176	82.24	3,246,859	5,057,712	
1986/07	22,435	0.30	0.2974	0.2974		176	82.24	3,272,190	5,048,032	
1987/01	66,672	0.40	1.0091	1.0091		176	82.24	3,352,069	5,138,320	
1987/07		0.40	0.9007	0.9007		176	77.95	3,364,147	5,178,448	
1988/01		0.50	0.9007	0.9007		176	77.95	3,379,299	5,220,512	
1988/07		0.50	0.5899	0.5899		176	77.10	3,379,299	5,217,696	5
1989/01		0.60	0.5899	0.5899		176	77.10	3,389,268	5,248,496	5
1989/07		0.60	0.5899	0.5899		176	81.36	3,413,300	5,284,048	
1990/01		0.70	0.5899	0.5899		176	81.36	3,427,394	5,310,624	
1990/07		0.70	0.5899	0.5899		176	83.05	3,441,546	5,341,952	
1991/01		0.80	0.5899	0.5899		176	83.05	3,457,787	5,373,280	
1991/07		0.80	1.4932	1.4932		176	86.97	3,499,094	5,453,536	
1992/01		0.90	2.0117	2.0117		176	86.97	3,499,094	5,563,184	5
1992/07		0.90	1.8152	1.8152		176	86.90	3,620,645	5,664,208	
1993/01		1.00	1.7710	1.7710		176	86.90	3,684,767	5,764,528	
1993/07		1.00	1.5329	1.5329		176	82.69	3,741,251	5,852,880	
1994/01		1.00	1.6983	1.6983		176	82.69	3,804,789	5,952,320	
1994/07	47,197	1.00	1.5991	1.5991		176	81.78	3,912,828	6,047,536	
1995/01		1.00	1.5812	1.5812		176	81.78	3,912,828	6,143,104	5
1995/07	66,721	1.00	1.5250	1.5250		176	84.79	4,041,419	6,236,736	5
1996/01		1.00	1.7228	1.7228		176	84.79	4,172,703	6,344,272	
1996/07	165,050	1.00	1.3294	1.3294		176	82.63	4,393,225	6,428,576	
1997/01		1.00	1.4109	1.4109		176	82.63	4,455,209	6,519,216	
1997/07		1.00	1.0917	1.0917		176	85.55	4,503,847	6,590,320	
1998/01		1.00	1.1663	1.1663		176	85.55	4,556,375	6,667,232	



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 226602-00 - 2015/01

219.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		176	87.04	4,556,375	6,739,216	5
1999/01		1.00	1.4499	1.4499		176	87.04	4,605,557	6,836,896	5
1999/07		1.00	1.2299	1.2299		176	86.34	4,672,333	6,921,024	5
2000/01		1.00	1.3356	1.3356		176	86.34	4,792,969	7,013,424	
2000/07		1.00	1.1129	1.1129		176	86.05	4,846,310	7,091,392	
2001/01		1.00	1.2976	1.2976		176	89.78	4,909,196	7,183,440	
2001/07		1.00	0.9615	0.9615		176	89.78	4,956,398	7,252,432	
2002/01		1.00	1.0301	1.0301		176	89.78	5,007,454	7,327,056	
2002/07		1.00	0.8337	0.8337		176	89.78	5,049,201	7,388,128	
2003/01		1.00	1.3271	1.3271		176	89.78	5,116,209	7,486,160	
2003/07		1.00	1.1664	1.1664		176	88.97	5,175,884	7,573,456	
2004/01		0.95	1.1103	1.1103		176	88.97	5,230,479	7,657,584	
2004/07		0.95	0.8378	0.8378		176	90.84	5,272,108	7,721,824	
2005/01		0.90	0.8595	0.8595		176	90.84	5,312,893	7,788,176	
2005/07		0.90	0.7364	0.7364		176	87.29	5,348,107	7,845,552	
2006/01		0.85	0.9068	0.9068		176	87.29	5,389,330	7,916,656	
2006/07		0.85	0.8133	0.8133		176	87.29	5,426,586	7,981,072	
2007/01		0.80	1.0133	1.0133		176	85.79	5,470,574	8,061,856	
2007/07		0.80	1.1050	1.1050		176	85.79	5,518,934	8,150,912	
2008/01		0.75	0.8556	0.8556		176	85.79	5,554,349	8,220,608	
2008/07		0.75	0.6104	0.6104		176	80.57	5,579,777	8,270,768	
2009/01		0.70	1.3268	1.3268		176	80.57	5,631,602	8,380,592	
2009/07		0.70	0.6841	0.6841		176	86.27	5,658,572	8,437,968	
2010/01		0.65	0.8643	0.8643		176	86.27	5,690,362	8,510,832	
2010/07		0.65	0.7107	0.7107		176	87.26	5,716,651	8,571,376	
2011/01		0.60	0.9198	0.9198		176	87.26	5,748,201	8,650,224	
2011/07	102,355	0.60	0.9028	0.9028		176	86.73	5,881,694	8,728,368	
2012/01		0.55	0.3865	0.3865		176	86.73	5,894,198	8,762,160	
2012/07	27,716	0.55	0.9417	0.9417		176	88.38	5,952,440	8,844,704	
2013/01	100,940	0.50	0.4901	0.4901		176	86.90	6,067,969	8,888,000	



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 226602-00 - 2015/01

219.16

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		176	86.90	6,086,768	8,943,088	
2014/01		0.45	0.8564	0.8564		176	87.51	6,110,226	9,019,648	
2014/07		0.45	1.2383	1.2383		176	87.51	6,144,272	9,131,408	
2015/01		0.40	0.7571	0.7571		176	87.51	6,162,877	9,200,576	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 226602063020130701201210212013210142



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 227226-00 - 2015/01

161.82

Fair Havens 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
201 CURTISS PKWY	1/1/2013-12/31/2013	Number of Beds: 269	Superior: 0
MIAMI SPRINGS, FL 33166-5291	Days in CR 365	Maximum: 98,185	Standard: 243
County: Dade [13]	First Used : 2015/01	Max Annualized: 98,185	Conditional: 0
Region: South Area: 11	Last Used: 2015/01	Total Patient: 97,429	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 24,573	Inflation
Current Class South Large	Initial CR? False	Medicaid: 59,314	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	60.87920%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.23002%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 01/01/1970	Low Occupancy Adjustment Factor:	126.71226%	DC Sem Index: 1.25449501
Med # Active Date: 07/24/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 200417			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,062,207	3,584,157	2,482,059	683,890		8,812,313
1a	Audit Adjustments						
2	Cost Per Diem	34.7676	60.4268	41.8461	11.5300		148.5705
3	Cost Per Diem Inflated	36.2766	62.3910	43.6623			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.2766	62.3910	43.6623	11.5300		153.8599
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3837		56.6225			
7	Provider Target Rate	49.1189		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	36.2766	62.3910	43.6623	11.5300		153.8599
12/13	Medical Adjustment Rate		0.7636	0.5344			
14	Prospective Per Diem 11	36.2766	63.1546	44.1967	11.5300		155.1579
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 227226-00 - 2015/01

161.82

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

Fair Havens Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	8,500,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	7,099,469 5.6560
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,774,867 0.3766
Indexed Asset Value	8,874,336	Interest Rate:	3.6300%	Insurance Cost(3):	100,004 1.0264
FRVS Base Asset:	4,456,011	Chase Rate:	3.2500%	Taxes Cost(3):	141,786 1.4553
Occup Adj Factor	0.9000	Amortization Rate:	3.6300%	Home Office(3):	9,382 0.0963
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	100,089 0.0000
		Yearly Payment:	499,799	Total FRVS PD:	8.6106

- (1) 80% Capital (\$7,099,469) amortized at 3.6300 % for 20 years Principal & Interest of \$499,799 divided by annual available days (98185) divided by Occup. Adj. (0.90) = \$5.6560
- (2) 20% ROE (\$1,774,867) times the ROE factor (0.018750) divided by annual available days (98185) divided by Occup. Adj. (0.90) = \$0.3766
- (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	267	Effective PBS Limitation	7,609,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	36.2766	36.2766	0.6311	35.6455
Direct Care	63.1546	63.1546	1.0987	62.0559
Indirect Care	44.1967	44.1967	0.7689	43.4278
Property	11.5300	8.6106	0.1498	8.4608
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				2.3313
Supplemental Rate Add-on				9.9025
Totals	155.1579	152.2385	2.6485	161.8238

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 227226-00 - 2015/01

161.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	2,327,184	0.00				267	100.00	2,327,184	2,739,687	
1972/01	54,039	0.10	3.9787	3.0000	0.9787	267	100.00	2,388,205	2,848,623	
1972/07		0.10	5.9113	3.0000	2.9113	267	100.00	2,395,370	2,989,065	
1973/01		0.20	8.0622	3.0000	5.0622	267	100.00	2,409,742	3,143,124	
1973/07	36,282	0.20	10.7186	3.0000	7.7186	267	100.00	2,460,482	3,320,946	
1974/01		0.30	12.9457	3.0000	9.9457	267	100.00	2,482,626	3,494,496	
1974/07	274,391	0.30	13.0494	3.0000	10.0494	267	100.00	2,779,361	3,602,898	
1975/01		0.40	13.1399	3.0000	10.1399	267	100.00	2,812,713	3,714,237	
1975/07	38,582	0.40	14.2033	3.0000	11.2033	267	100.00	2,885,048	3,865,359	
1976/01		0.50	15.2478	3.0000	12.2478	267	100.00	2,928,324	4,021,554	
1976/07		0.50	15.7330	3.0000	12.7330	267	100.00	2,972,249	4,161,729	
1977/01		0.60	16.4836	3.0000	13.4836	267	100.00	3,025,749	4,317,924	
1977/07		0.60	18.5412	3.0000	15.5412	267	100.00	3,080,212	4,536,063	
1978/01		0.70	20.2809	3.0000	17.2809	267	100.00	3,144,896	4,751,265	
1978/07		0.70	22.8203	3.0000	19.8203	267	100.00	3,210,939	5,014,260	
1979/01		0.80	24.9476	3.0000	21.9476	267	100.00	3,288,002	5,271,381	
1979/07		0.80	26.1458	3.0000	23.1458	267	100.00	3,366,914	5,492,724	
1980/01		0.90	29.3115	3.0000	26.3115	267	42.57	3,437,276	5,831,547	
1980/07		0.90	30.1222	3.0000	27.1222	267	42.57	3,509,108	6,053,691	
1981/01		1.00	30.9462	3.0000	27.9462	267	39.02	3,583,795	6,285,180	
1981/07		1.00	30.5350	3.0000	27.5350	267	39.02	3,660,071	6,447,783	
1982/01		1.00	30.2110	3.0000	27.2110	267	40.09	3,740,107	6,620,532	
1982/07		1.00	29.5087	3.0000	26.5087	267	40.09	3,821,893	6,772,455	
1983/04		1.00	29.1375	3.0000	26.1375	267	43.09	3,911,721	6,950,544	
1983/07		1.00	30.0953	3.0000	27.0953	267	43.09	4,003,661	7,225,554	
1984/01		1.00	28.3905	3.0000	25.3905	267	40.61	4,092,346	7,319,271	
1984/07	53,580	1.00	27.3084	3.0000	24.3084	267	40.61	4,236,575	7,459,713	
1985/01		1.00	25.4555	3.0000	22.4555	267	46.88	4,344,908	7,545,153	
1985/10		1.00	23.3077	3.0000	20.3077	267	46.88	4,456,011	7,609,500	
1986/01		1.00	21.1376	3.0000	18.1376	267	44.57	4,564,341	7,672,779	



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 227226-00 - 2015/01

161.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07		1.00	18.4350	3.0000	15.4350	267	44.57	4,675,304	7,658,094	
1987/01		1.00	16.4441	3.0000	13.4441	267	54.74	4,814,900	7,795,065	
1987/07		1.00	14.3448	3.0000	11.3448	267	54.74	4,958,664	7,855,941	
1988/01	115,935	1.00	12.2455	3.0000	9.2455	267	59.24	5,223,359	7,919,754	
1988/07		1.00	9.8354	3.0000	6.8354	267	59.24	5,380,060	7,915,482	
1989/01	79,666	1.00	7.4253	3.0000	4.4253	267	65.25	5,621,128	7,962,207	
1989/07		1.00	5.0152	3.0000	2.0152	267	65.25	5,789,762	8,016,141	
1990/01		1.00	2.6051	2.6051		267	68.45	5,940,591	8,056,458	
1990/07		1.00	0.5899	0.5899		267	68.45	5,975,635	8,103,984	
1991/01	50,881	1.00	0.5899	0.5899		267	71.02	6,061,766	8,151,510	
1991/07		1.00	1.4932	1.4932		267	71.02	6,152,280	8,273,262	
1992/01		0.95	2.0117	2.0117		267	74.62	6,269,856	8,439,603	
1992/07		0.95	1.8152	1.8152		267	74.62	6,377,973	8,592,861	
1993/01	78,364	0.90	1.7710	1.7710		267	77.85	6,557,996	8,745,051	
1993/07		0.90	1.5329	1.5329		267	77.85	6,648,470	8,879,085	
1994/01	90,248	0.85	1.6983	1.6983		267	78.43	6,834,695	9,029,940	
1994/07		0.85	1.5991	1.5991		267	78.43	6,927,592	9,174,387	
1995/01	76,447	0.80	1.5812	1.5812		267	74.55	7,091,673	9,319,368	
1995/07		0.80	1.5250	1.5250		267	74.55	7,178,191	9,461,412	
1996/01	48,920	0.75	1.7228	1.7228		267	77.35	7,319,860	9,624,549	
1996/07		0.75	1.3294	1.3294		267	77.35	7,392,846	9,752,442	
1997/01	98,328	0.70	1.4109	1.4109		267	79.83	7,564,186	9,889,947	
1997/07		0.70	1.0917	1.0917		267	79.83	7,621,992	9,997,815	
1998/01		0.65	1.1663	1.1663		267	81.04	7,679,774	10,114,494	
1998/07		0.65	1.0794	1.0794		267	81.04	7,733,655	10,223,697	
1999/01		0.60	1.4499	1.4499		267	81.77	7,800,930	10,371,882	
1999/07		0.60	1.2299	1.2299		267	81.77	7,858,493	10,499,508	
2000/01		0.55	1.3356	1.3356		267	79.40	7,916,221	10,639,683	
2000/07		0.55	1.1129	1.1129		267	79.71	7,964,676	10,757,964	
2001/01		0.50	1.2976	1.2976		267	79.71	8,016,351	10,897,605	



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 227226-00 - 2015/01

161.82

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		267	79.71	8,054,894	11,002,269	
2002/01		0.45	1.0301	1.0301		267	79.71	8,092,228	11,115,477	
2002/07		0.45	0.8337	0.8337		267	74.81	8,122,590	11,208,126	
2003/01		0.40	1.3271	1.3271		267	74.81	8,165,705	11,356,845	
2003/07		0.40	1.1664	1.1664		267	73.80	8,203,806	11,489,277	
2004/01		0.35	1.1103	1.1103		267	73.80	8,235,686	11,616,903	
2004/07		0.35	0.8378	0.8378		267	74.04	8,259,833	11,714,358	
2005/01		0.30	0.8595	0.8595		267	74.04	8,281,135	11,815,017	
2005/07	272,273	0.30	0.7364	0.7364		269	74.05	8,553,408	11,991,213	5
2006/01		0.25	0.9068	0.9068		269	74.05	8,591,133	12,099,889	
2006/07		0.25	0.8133	0.8133		269	74.05	8,608,599	12,198,343	
2007/01		0.20	1.0133	1.0133		269	73.23	8,626,049	12,321,814	
2007/07		0.20	1.1050	1.1050		269	69.89	8,645,113	12,457,928	
2008/01		0.15	0.8556	0.8556		269	69.89	8,656,205	12,564,452	
2008/07		0.15	0.6104	0.6104		269	69.89	8,664,134	12,641,117	
2009/01	185,664	0.10	1.3268	1.3268		269	70.53	8,849,798	12,808,973	5
2009/07		0.10	0.6841	0.6841		269	70.53	8,867,356	12,896,667	
2010/01		0.05	0.8643	0.8643		269	62.61	8,871,187	13,008,033	
2010/07		0.05	0.7107	0.7107		269	61.05	8,874,336	13,100,569	
2011/01		0.00	0.9198	0.9198		269	61.05	8,874,336	13,221,081	
2011/07		0.00	0.9028	0.9028		269	61.49	8,874,336	13,340,517	
2012/01		0.00	0.3865	0.3865		269	61.49	8,874,336	13,392,165	
2012/07		0.00	0.9417	0.9417		269	61.49	8,874,336	13,518,326	
2013/01		0.00	0.4901	0.4901		269	66.42	8,874,336	13,584,500	
2013/07		0.00	0.6196	0.6196		269	66.42	8,874,336	13,668,697	
2014/01		0.00	0.8564	0.8564		269	67.95	8,874,336	13,785,712	
2014/07		0.00	1.2383	1.2383		269	67.95	8,874,336	13,956,527	
2015/01		0.00	0.7571	0.7571		269	60.88	8,874,336	14,062,244	

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 227251-00 - 2015/01

239.49

Alpine Health and Rehabilitation 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
3456 21ST AVE S	7/1/2012-6/30/2013	Number of Beds: 57	Superior: 0
SAINT PETERSBURG, FL 33711	Days in CR 365	Maximum: 20,805	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 20,805	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 18,460	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,184	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 16,325	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	88.43445%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.72867%	Cost: 1.05607860
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: 1.20850000
Entered Medicaid 02/01/1983	Low Occupancy Adjustment Factor:	113.30251%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 220680			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	819,328	1,131,372	945,422	493,995		3,390,117	
1a	Audit Adjustments							
2	Cost Per Diem	50.1885	69.3030	57.9125	30.2600		207.6640	
3	Cost Per Diem Inflated	53.0030	71.9406	61.1602				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.0030	71.9406	61.1602	30.2600		216.3638	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.9618		63.3459				
7	Provider Target Rate	58.0112		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.0030	71.9406	61.1602	13.6500		199.7538	
12/13	Medical Adjustment Rate		3.1106	2.6445				
14	Prospective Per Diem 11	53.0030	75.0512	63.8047	13.6500		205.5089	
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 227251-00 - 2015/01

239.49

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

Alpine Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	0.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,744,134	11.5808
RS to Start Calcs:	1982/07	<60% of Base:	True	20% ROE(2):	436,033	0.3349
Indexed Asset Value	2,180,167	Interest Rate:	12.5000%	Insurance Cost(3):	73,396	3.9759
FRVS Base Asset:	747,623	Chase Rate:	12.5000%	Taxes Cost(3):	16,768	0.9083
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
ROE Factor	0.014380	Interest Only:	True	Replacement(3&4):	12,883	0.0000
		Yearly Payment:	216,844	Total FRVS PD:		16.7999

(1) 80% Capital (\$1,744,134) amortized at 12.5000 % for 20 years Interest of \$216,844 divided by annual available days (20805) divided by Occup. Adj. (0.90) = \$11.5808

(2) 20% ROE (\$436,033) times the ROE factor (0.014380) divided by annual available days (20805) divided by Occup. Adj. (0.90) = \$0.3349

(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 57	Effective PBS Limitation	1,624,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.0030	53.0030	0.9221	52.0809
Direct Care	75.0512	75.0512	1.3057	73.7455
Indirect Care	63.8047	63.8047	1.1100	62.6947
Property	13.6500	16.7999	0.2923	16.5076
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5618
Supplemental Rate Add-on				9.9025
Totals	205.5089	208.6588	3.6301	239.4930

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 227251-00 - 2015/01

239.49

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	737,288	0.00	2.6288	2.6288		57	74.17	737,288	1,483,824	
1983/07		0.10	3.9578	3.0000	0.9578	57	74.17	739,500	1,542,534	
1984/01		0.10	2.2530	2.2530		57	64.23	741,166	1,562,541	
1984/07		0.20	1.9179	1.9179		57	64.23	744,009	1,592,523	
1985/01		0.20	1.1471	1.1471		57	74.17	745,716	1,610,763	
1985/10		0.30	0.8522	0.8522		57	66.55	747,623	1,624,500	
1986/01		0.30	0.8299	0.8299		57	64.23	749,485	1,638,009	
1986/07		0.40	0.2974	0.2974		57	66.55	750,377	1,634,874	
1987/01		0.40	1.0091	1.0091		57	66.55	753,406	1,664,115	
1987/07		0.50	0.9007	0.9007		57	65.93	756,799	1,677,111	
1988/01		0.50	0.9007	0.9007		57	65.93	760,208	1,690,734	
1988/07		0.60	0.5899	0.5899		57	70.86	762,898	1,689,822	
1989/01		0.60	0.5899	0.5899		57	70.86	765,598	1,699,797	
1989/07	13,424	0.70	0.5899	0.5899		57	77.62	782,183	1,711,311	
1990/01		0.70	0.5899	0.5899		57	77.62	785,413	1,719,918	
1990/07	5,842	0.80	0.5899	0.5899		57	82.81	794,961	1,730,064	
1991/01		0.80	0.5899	0.5899		57	82.81	798,712	1,740,210	
1991/07		0.90	1.4932	1.4932		57	87.09	798,712	1,766,202	5
1992/01		0.90	2.0117	2.0117		57	87.09	809,446	1,801,713	5
1992/07		1.00	1.8152	1.8152		57	87.54	839,060	1,834,431	
1993/01		1.00	1.7710	1.7710		57	87.54	853,920	1,866,921	
1993/07		1.00	1.5329	1.5329		57	86.97	867,010	1,895,535	
1994/01		1.00	1.6983	1.6983		57	86.97	881,734	1,927,740	
1994/07	14,497	1.00	1.5991	1.5991		57	82.83	910,331	1,958,577	
1995/01		1.00	1.5812	1.5812		57	82.83	924,725	1,989,528	
1995/07	25,263	1.00	1.5250	1.5250		57	87.97	964,090	2,019,852	
1996/01		1.00	1.7228	1.7228		57	87.97	980,699	2,054,679	
1996/07	48,394	1.00	1.3294	1.3294		57	85.64	1,042,130	2,081,982	
1997/01		1.00	1.4109	1.4109		57	85.64	1,056,833	2,111,337	
1997/07	471,604	1.00	1.0917	1.0917		57	87.65	1,539,974	2,134,365	



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 227251-00 - 2015/01

239.49

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		57	87.65	1,557,935	2,159,274	
1998/07	15,925	1.00	1.0794	1.0794		57	82.09	1,590,676	2,182,587	
1999/01		1.00	1.4499	1.4499		57	82.09	1,613,739	2,214,222	
1999/07	10,321	1.00	1.2299	1.2299		57	81.96	1,643,907	2,241,468	
2000/01		1.00	1.3356	1.3356		57	81.96	1,665,863	2,271,393	
2000/07		1.00	1.1129	1.1129		57	89.15	1,684,402	2,296,644	
2001/01		1.00	1.2976	1.2976		57	85.58	1,706,259	2,326,455	
2001/07		1.00	0.9615	0.9615		57	85.58	1,722,665	2,348,799	
2002/01		1.00	1.0301	1.0301		57	85.58	1,740,410	2,372,967	
2002/07		1.00	0.8337	0.8337		57	85.58	1,754,920	2,392,746	
2003/01		1.00	1.3271	1.3271		57	85.58	1,778,210	2,424,495	
2003/07		0.95	1.1664	1.1664		57	83.98	1,797,914	2,452,767	
2004/01		0.95	1.1103	1.1103		57	83.98	1,816,878	2,480,013	
2004/07	9,007	0.90	0.8378	0.8378		57	87.36	1,839,584	2,500,818	
2005/01		0.90	0.8595	0.8595		57	87.36	1,839,584	2,522,307	5
2005/07		0.85	0.7364	0.7364		57	87.36	1,865,418	2,540,889	
2006/01		0.85	0.9068	0.9068		57	86.27	1,879,797	2,563,917	
2006/07		0.80	0.8133	0.8133		57	86.27	1,892,027	2,584,779	
2007/01		0.80	1.0133	1.0133		57	86.77	1,907,364	2,610,942	
2007/07		0.75	1.1050	1.1050		57	86.77	1,923,172	2,639,784	
2008/01		0.75	0.8556	0.8556		57	86.77	1,935,513	2,662,356	
2008/07	4,422	0.70	0.6104	0.6104		57	83.06	1,948,205	2,678,601	
2009/01		0.70	1.3268	1.3268		57	83.06	1,966,300	2,714,169	
2009/07	18,492	0.65	0.6841	0.6841		57	81.93	1,993,536	2,732,751	
2010/01		0.65	0.8643	0.8643		57	81.93	2,004,736	2,756,349	
2010/07		0.60	0.7107	0.7107		57	85.95	2,013,284	2,775,957	
2011/01	26,079	0.60	0.9198	0.9198		57	84.40	2,050,474	2,801,493	
2011/07		0.55	0.9028	0.9028		57	84.40	2,060,655	2,826,801	
2012/01		0.55	0.3865	0.3865		57	84.40	2,065,036	2,837,745	
2012/07		0.50	0.9417	0.9417		57	88.00	2,074,760	2,864,478	



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 227251-00 - 2015/01

239.49

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		57	88.00	2,079,845	2,878,500	
2013/07	33,733	0.45	0.6196	0.6196		57	91.45	2,119,377	2,896,341	
2014/01		0.45	0.8564	0.8564		57	91.45	2,127,545	2,921,136	
2014/07	35,502	0.40	1.2383	1.2383		57	88.43	2,173,585	2,957,331	
2015/01		0.40	0.7571	0.7571		57	88.43	2,180,167	2,979,732	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 227251063020130701201212014131252



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 227579-00 - 2015/01

249.57

Wilton Manors Health and 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
2675 N ANDREWS AVE	1/1/2013-12/31/2013	Number of Beds: 147	Superior: 0
WILTON MANORS, FL 33311	Days in CR 365	Maximum: 53,655	Standard: 243
County: Broward [6]	First Used : 2014/07	Max Annualized: 53,655	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 48,038	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,492	Inflation
Current Class South Large	Initial CR? False	Medicaid: 26,202	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	54.54432%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.53126%	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:	114.32738%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 221821			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,502,718	2,419,518	1,575,690	339,316	13,637	5,850,879	
1a	Audit Adjustments							
2	Cost Per Diem	57.3513	92.3410	60.1362	12.9500	0.5205	223.2990	
3	Cost Per Diem Inflated	59.8404	95.3427	62.7462				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	59.8404	95.3427	62.7462	12.9500	0.5205	231.3998	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	61.2684		58.9902				
7	Provider Target Rate	63.5121		61.1505				
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	95.3427	61.1505	12.9500	0.5205	226.7056	
12/13	Medical Adjustment Rate		0.4874	0.3126				
14	Prospective Per Diem 11	56.7419	95.8301	61.4631	12.9500	0.5205	227.5056	
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 227579-00 - 2015/01

249.57

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

Wilton Manors Health and Rehab

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	
	3,161,900.00	Variable	80% Capital(1):	5,227,566	12.3218
	1982/01	False	20% ROE(2):	1,306,891	0.5074
	6,534,457	11.3800%	Insurance Cost(3):	80,918	1.6845
	1,515,062	7.7500%	Taxes Cost(3):	144,501	3.0081
	0.9000	9.7500%	Home Office(3):	42,952	0.8941
	0.018750	False	Replacement(3&4):	315,903	0.0000
		595,012	Total FRVS PD:		18.4159

- (1) 80% Capital (\$5,227,566) amortized at 9.7500 % for 20 years Principal & Interest of \$595,012 divided by annual available days (53655) divided by Occup. Adj. (0.90) = \$12.3218
- (2) 20% ROE (\$1,306,891) times the ROE factor (0.018750) divided by annual available days (53655) divided by Occup. Adj. (0.90) = \$0.5074
- (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	56.7419	56.7419	0.9872	55.7547
Direct Care	95.8301	95.8301	1.6672	94.1629
Indirect Care	61.4631	61.4631	1.0693	60.3938
Property	12.9500	18.4159	0.2253	12.7247
ROE	0.5205	0.5182	0.0091	0.5114
ROE Adjustment	-0.5182	-0.5182	-0.0090	-0.5092
Quality Assess-Medicaid Share				16.6301
Supplemental Rate Add-on				9.9025
Totals	226.9874	232.4510	3.9491	249.5709

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 227579-00 - 2015/01

249.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,473,266	0.00	2.6760	2.6760		118	55.00	1,473,266	2,925,928	
1982/07		0.10	2.2977	2.2977		118	55.00	1,476,652	2,993,070	
1983/04		0.10	2.6288	2.6288		118	74.40	1,480,534	3,071,776	
1983/07		0.20	3.9578	3.0000	0.9578	118	74.40	1,489,417	3,193,316	
1984/01		0.20	2.2530	2.2530		118	81.19	1,496,128	3,234,734	
1984/07		0.30	1.9179	1.9179		118	81.19	1,504,737	3,296,802	
1985/01		0.30	1.1471	1.1471		118	74.40	1,509,915	3,334,562	
1985/10		0.40	0.8522	0.8522		118	82.30	1,515,062	3,363,000	
1986/01		0.40	0.8299	0.8299		118	82.30	1,520,092	3,390,966	
1986/07		0.50	0.2974	0.2974		118	82.30	1,522,352	3,384,476	
1987/01		0.50	1.0091	1.0091		118	74.70	1,530,034	3,445,010	
1987/07		0.60	0.9007	0.9007		118	73.83	1,538,302	3,471,914	
1988/01		0.60	0.9007	0.9007		118	73.83	1,546,615	3,500,116	
1988/07		0.70	0.5899	0.5899		118	73.80	1,553,001	3,498,228	
1989/01		0.70	0.5899	0.5899		118	73.80	1,553,001	3,518,878	5
1989/07		0.80	0.5899	0.5899		118	80.99	1,559,413	3,542,714	5
1990/01		0.80	0.5899	0.5899		118	80.99	1,574,166	3,560,532	
1990/07		0.90	0.5899	0.5899		118	79.59	1,582,523	3,581,536	
1991/01		0.90	0.5899	0.5899		118	79.59	1,590,925	3,602,540	
1991/07		1.00	1.4932	1.4932		118	82.39	1,614,681	3,656,348	
1992/01		1.00	2.0117	2.0117		118	82.39	1,647,164	3,729,862	
1992/07	47,990	1.00	1.8152	1.8152		118	80.40	1,725,053	3,797,594	
1993/01		1.00	1.7710	1.7710		118	80.40	1,755,604	3,864,854	
1993/07		1.00	1.5329	1.5329		118	76.27	1,782,516	3,924,090	
1994/01		1.00	1.6983	1.6983		118	76.27	1,812,788	3,990,760	
1994/07	74,508	1.00	1.5991	1.5991		118	74.77	1,916,284	4,054,598	
1995/01		1.00	1.5812	1.5812		118	74.77	1,946,584	4,118,672	
1995/07	409,783	1.00	1.5250	1.5250		118	74.16	2,386,052	4,181,448	
1996/01		1.00	1.7228	1.7228		118	74.16	2,386,052	4,253,546	5
1996/07	40,891	1.00	1.3294	1.3294		118	70.85	2,468,050	4,310,068	5



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 227579-00 - 2015/01

249.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		118	70.85	2,500,317	4,370,838	5
1997/07	490,994	1.00	1.0917	1.0917		118	75.08	3,054,269	4,418,510	
1998/01		1.00	1.1663	1.1663		118	75.08	3,089,891	4,470,076	
1998/07	20,745	1.00	1.0794	1.0794		118	69.44	3,143,988	4,518,338	
1999/01		1.00	1.4499	1.4499		118	69.44	3,189,573	4,583,828	
1999/07		1.00	1.2299	1.2299		118	60.74	3,228,802	4,640,232	
2000/01		1.00	1.3356	1.3356		118	60.74	3,271,926	4,702,182	
2000/07		1.00	1.1129	1.1129		118	55.84	3,308,339	4,754,456	
2001/01		1.00	1.2976	1.2976		118	55.84	3,351,268	4,816,170	
2001/07		1.00	0.9615	0.9615		118	55.84	3,383,490	4,862,426	
2002/01		1.00	1.0301	1.0301		118	55.84	3,418,343	4,912,458	
2002/07		0.95	0.8337	0.8337		118	55.84	3,445,416	4,953,404	
2003/01		0.95	1.3271	1.3271		118	55.84	3,488,852	5,019,130	
2003/07		0.90	1.1664	1.1664		118	63.84	3,525,478	5,077,658	
2004/01		0.90	1.1103	1.1103		118	66.04	3,560,708	5,134,062	
2004/07		0.85	0.8378	0.8378		118	66.04	3,586,064	5,177,132	
2005/01		0.85	0.8595	0.8595		118	62.61	3,612,264	5,221,618	
2005/07	33,272	0.80	0.7364	0.7364		118	61.88	3,666,816	5,260,086	
2006/01		0.80	0.9068	0.9068		118	61.88	3,693,415	5,307,758	
2006/07		0.75	0.8133	0.8133		118	61.88	3,715,945	5,350,946	
2007/01		0.75	1.0133	1.0133		118	61.99	3,744,186	5,405,108	
2007/07	30,501	0.70	1.1050	1.1050		118	66.96	3,803,648	5,464,816	
2008/01		0.70	0.8556	0.8556		118	66.96	3,826,428	5,511,544	
2008/07	50,677	0.65	0.6104	0.6104		118	68.23	3,892,288	5,545,174	
2009/01		0.65	1.3268	1.3268		118	68.23	3,925,855	5,618,806	
2009/07	82,740	0.60	0.6841	0.6841		118	68.97	4,024,711	5,657,274	
2010/01		0.60	0.8643	0.8643		118	68.97	4,045,583	5,706,126	
2010/07		0.55	0.7107	0.7107		118	68.97	4,061,397	5,746,718	
2011/01	535,501	0.55	0.9198	0.9198		118	67.60	4,617,445	5,799,582	
2011/07	1,539,025	0.50	0.9028	0.9028		147	65.66	6,177,313	7,290,171	



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 227579-00 - 2015/01

249.57

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		147	65.66	6,189,254	7,318,395	
2012/07		0.45	0.9417	0.9417		147	65.66	6,215,484	7,387,338	
2013/01	63,180	0.45	0.4901	0.4901		147	61.89	6,278,664	7,423,500	5
2013/07		0.40	0.6196	0.6196		147	61.89	6,307,961	7,469,511	
2014/01	63,721	0.40	0.8564	0.8564		147	58.30	6,393,293	7,533,456	
2014/07	96,561	0.35	1.2383	1.2383		147	54.54	6,517,331	7,626,801	
2015/01		0.35	0.7571	0.7571		147	54.54	6,534,457	7,684,572	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 227579123120130101201304222014234002



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 227587-00 - 2015/01

240.45

Rockledge Rehab and 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
587 BARTON BLVD	1/1/2013-12/31/2013	Number of Beds: 107	Superior: 0
ROCKLEDGE, FL 32955	Days in CR 365	Maximum: 39,055	Standard: 243
County: Brevard [5]	First Used : 2014/07	Max Annualized: 39,055	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 34,440	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,602	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 15,502	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	45.01161%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.18333%	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:	112.60614%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 221058			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	833,050	1,338,716	909,930	233,770	2,040	3,317,506	
1a	Audit Adjustments							
2	Cost Per Diem	53.7382	86.3576	58.6976	15.0800	0.1316	214.0050	
3	Cost Per Diem Inflated	56.0705	89.1648	61.2452				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.0705	89.1648	61.2452	15.0800	0.1316	221.6921	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.5674		59.6584				
7	Provider Target Rate	57.6023		61.8431				
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	89.1648	61.2452	13.6500	0.1316	218.3465	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	54.1549	89.1648	61.2452	13.6500	0.1316	218.3465	
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 227587-00 - 2015/01

240.45

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

Rockledge Rehab and Nursing 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
	2,964,283.00			
	Type: Variable	80% Capital(1):	2,981,790	9.6557
	<60% of Base: False	20% ROE(2):	745,447	0.3976
	Interest Rate: 11.3800%	Insurance Cost(3):	62,029	1.8011
	Chase Rate: 7.7500%	Taxes Cost(3):	37,594	1.0916
	Amortization Rate: 9.7500%	Home Office(3):	29,479	0.8560
	Interest Only: False	Replacement(3&4):	169,482	0.0000
	Yearly Payment: 339,393	Total FRVS PD:		13.8020

- (1) 80% Capital (\$2,981,790) amortized at 9.7500 % for 20 years Principal & Interest of \$339,393 divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$9.6557
 (2) 20% ROE (\$745,447) times the ROE factor (0.018750) divided by annual available days (39055) divided by Occup. Adj. (0.90) = \$0.3976
 (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	75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	54.1549	54.1549	0.9422	53.2127
Direct Care	89.1648	89.1648	1.5513	87.6135
Indirect Care	61.2452	61.2452	1.0655	60.1797
Property	13.6500	13.8020	0.2375	13.4125
ROE	0.1316	0.1288	0.0023	0.1293
ROE Adjustment	-0.1288	-0.1288	-0.0022	-0.1266
Quality Assess-Medicaid Share				16.1299
Supplemental Rate Add-on				9.9025
Totals	218.2177	218.3669	3.7966	240.4535

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 227587-00 - 2015/01

240.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	964,774	0.00	2.6760	2.6760		75	55.00	964,774	1,859,700	
1982/07		0.10	2.2977	2.2977		75	55.00	966,991	1,902,375	
1983/04		0.10	2.6288	2.6288		75	74.17	969,533	1,952,400	
1983/07		0.20	3.9578	3.0000	0.9578	75	74.17	975,350	2,029,650	
1984/01		0.20	2.2530	2.2530		75	70.87	979,745	2,055,975	
1984/07		0.30	1.9179	1.9179		75	70.87	985,382	2,095,425	
1985/01		0.30	1.1471	1.1471		75	74.17	988,773	2,119,425	
1985/10		0.40	0.8522	0.8522		75	70.87	992,144	2,137,500	
1986/01		0.40	0.8299	0.8299		75	70.87	995,438	2,155,275	
1986/07		0.50	0.2974	0.2974		75	75.04	996,918	2,151,150	
1987/01		0.50	1.0091	1.0091		75	75.04	1,001,948	2,189,625	
1987/07		0.60	0.9007	0.9007		75	74.13	1,007,363	2,206,725	
1988/01		0.60	0.9007	0.9007		75	74.13	1,012,807	2,224,650	
1988/07		0.70	0.5899	0.5899		75	76.62	1,016,989	2,223,450	
1989/01		0.70	0.5899	0.5899		75	76.62	1,021,188	2,236,575	
1989/07		0.80	0.5899	0.5899		75	78.36	1,026,007	2,251,725	
1990/01		0.80	0.5899	0.5899		75	78.36	1,030,849	2,263,050	
1990/07	12,954	0.90	0.5899	0.5899		75	78.36	1,049,276	2,276,400	
1991/01		0.90	0.5899	0.5899		75	78.36	1,054,847	2,289,750	
1991/07		1.00	1.4932	1.4932		75	83.10	1,070,598	2,323,950	
1992/01		1.00	2.0117	2.0117		75	83.10	1,092,135	2,370,675	
1992/07		1.00	1.8152	1.8152		75	84.99	1,111,959	2,413,725	
1993/01		1.00	1.7710	1.7710		75	84.99	1,131,652	2,456,475	
1993/07		1.00	1.5329	1.5329		75	82.82	1,148,999	2,494,125	
1994/01		1.00	1.6983	1.6983		75	82.82	1,168,512	2,536,500	
1994/07	11,803	1.00	1.5991	1.5991		75	77.07	1,199,001	2,577,075	
1995/01		1.00	1.5812	1.5812		75	77.07	1,217,960	2,617,800	
1995/07	16,178	1.00	1.5250	1.5250		75	70.62	1,252,712	2,657,700	
1996/01		1.00	1.7228	1.7228		75	70.62	1,274,294	2,703,525	
1996/07	24,511	1.00	1.3294	1.3294		75	72.58	1,315,745	2,739,450	



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 227587-00 - 2015/01

240.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		75	72.58	1,334,309	2,778,075	
1997/07	1,169,041	1.00	1.0917	1.0917		107	53.96	2,517,641	4,006,615	
1998/01		1.00	1.1663	1.1663		107	53.96	2,517,641	4,053,374	5
1998/07	15,943	1.00	1.0794	1.0794		107	53.45	2,589,104	4,097,137	
1999/01		1.00	1.4499	1.4499		107	53.45	2,625,585	4,156,522	
1999/07		1.00	1.2299	1.2299		107	61.60	2,657,877	4,207,668	
2000/01		1.00	1.3356	1.3356		107	61.60	2,693,376	4,263,843	
2000/07		1.00	1.1129	1.1129		107	59.49	2,723,351	4,311,244	
2001/01		1.00	1.2976	1.2976		107	59.49	2,758,689	4,367,205	
2001/07		1.00	0.9615	0.9615		107	59.49	2,785,214	4,409,149	
2002/01		1.00	1.0301	1.0301		107	59.49	2,813,904	4,454,517	
2002/07		0.95	0.8337	0.8337		107	59.49	2,836,190	4,491,646	
2003/01		0.95	1.3271	1.3271		107	59.49	2,871,946	4,551,245	
2003/07		0.90	1.1664	1.1664		107	59.34	2,902,096	4,604,317	
2004/01	19,889	0.90	1.1103	1.1103		107	58.22	2,950,986	4,655,463	
2004/07		0.85	0.8378	0.8378		107	58.22	2,972,000	4,694,518	
2005/01		0.85	0.8595	0.8595		107	58.22	2,993,713	4,734,857	
2005/07		0.80	0.7364	0.7364		107	61.10	3,011,349	4,769,739	
2006/01		0.80	0.9068	0.9068		107	61.10	3,033,193	4,812,967	
2006/07		0.75	0.8133	0.8133		107	61.10	3,051,695	4,852,129	
2007/01		0.75	1.0133	1.0133		107	62.09	3,074,888	4,901,242	
2007/07		0.70	1.1050	1.1050		107	62.09	3,098,672	4,955,384	
2008/01	27,631	0.70	0.8556	0.8556		107	62.18	3,144,861	4,997,756	
2008/07	82,480	0.65	0.6104	0.6104		107	66.29	3,239,820	5,028,251	
2009/01		0.65	1.3268	1.3268		107	66.29	3,267,760	5,095,019	
2009/07		0.60	0.6841	0.6841		107	66.29	3,281,174	5,129,901	
2010/01	57,533	0.60	0.8643	0.8643		107	57.39	3,355,723	5,174,199	
2010/07	27,544	0.55	0.7107	0.7107		107	51.45	3,395,538	5,211,007	
2011/01		0.55	0.9198	0.9198		107	51.45	3,411,607	5,258,943	
2011/07	44,617	0.50	0.9028	0.9028		107	53.94	3,471,327	5,306,451	



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 227587-00 - 2015/01

240.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		107	53.94	3,477,908	5,326,995	
2012/07	30,300	0.45	0.9417	0.9417		107	53.36	3,522,508	5,377,178	
2013/01		0.45	0.4901	0.4901		107	53.36	3,530,044	5,403,500	
2013/07		0.40	0.6196	0.6196		107	53.36	3,538,531	5,436,991	
2014/01		0.40	0.8564	0.8564		107	44.57	3,548,355	5,483,536	
2014/07	158,231	0.35	1.2383	1.2383		107	45.01	3,719,171	5,551,481	
2015/01		0.35	0.7571	0.7571		107	45.01	3,727,237	5,593,532	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 227587123120130101201304282014135833



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 227625-00 - 2015/01

250.87

Greenbriar Rehab & 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
210 21ST AVE W	1/1/2014-8/31/2014	Number of Beds: 79	Superior: 0
BRADENTON, FL 34205	Days in CR 243	Maximum: 17,867	Standard: 243
County: Manatee [41]	First Used : 2015/01	Max Annualized: 28,835	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 16,071	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,814	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 6,770	FY Index: 1.33590225
Class at 1/94: North Small	Medical Utilization	42.12557%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.94795%	Cost: 1.02673601
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: 1.22633277
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	114.85948%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 223204			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	404,901	604,544	445,938	80,766	5,827	1,541,976	
1a	Audit Adjustments							
2	Cost Per Diem	59.8081	89.2974	65.8697	11.9300	0.8607	227.7659	
3	Cost Per Diem Inflated	61.4071	91.3481	67.6308				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	61.4071	91.3481	67.6308	11.9300	0.8607	233.1767	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	60.9147		67.0085				
7	Provider Target Rate	63.1455		69.4624				
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	59.8017	91.3481	67.6308	11.9300	0.8607	231.5713	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	59.8017	91.3481	67.6308	11.9300	0.8607	231.5713	
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 227625-00 - 2015/01

250.87

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

Greenbriar Rehab & Nursing 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	
1982/01	1,976,183.00	Fixed	80% Capital(1): 2,118,068	10.0094	
2,647,585	<60% of Base:	False	20% ROE(2): 529,517	0.4750	
788,632	Interest Rate:	10.8500%	Insurance Cost(3): 30,904	1.9230	
0.9000	Chase Rate:	9.5000%	Taxes Cost(3): 19,741	1.2284	
0.023280	Amortization Rate:	10.8500%	Home Office(3): 12,699	0.7902	
	Interest Only:	False	Replacement(3&4): 31,112	0.0000	
	Yearly Payment:	259,760	Total FRVS PD:		14.4260

(1) 80% Capital (\$2,118,068) amortized at 10.8500 % for 20 years Principal & Interest of \$259,760 divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$10.0094

(2) 20% ROE (\$529,517) times the ROE factor (0.023280) divided by annual available days (28835) divided by Occup. Adj. (0.90) = \$0.4750

(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	91.3481	91.3481	1.5892	89.7589
Indirect Care	67.6308	67.6308	1.1766	66.4542
Property	11.9300	14.4260	0.2076	11.7224
ROE	0.8607	0.6004	0.0150	0.8457
ROE Adjustment	-0.6004	-0.6004	-0.0104	-0.5900
Quality Assess-Medicaid Share				14.0101
Supplemental Rate Add-on				9.9025
Totals	230.9709	233.2066	4.0184	250.8651

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 227625-00 - 2015/01

250.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	769,719	0.00	2.6760	2.6760		60	43.96	769,719	1,487,760	
1982/07		0.10	2.2977	2.2977		60	43.96	771,133	1,521,900	
1983/04		0.10	2.6288	2.6288		60	43.96	772,753	1,561,920	
1983/07		0.20	3.9578	3.0000	0.9578	60	43.96	776,459	1,623,720	
1984/01		0.20	2.2530	2.2530		60	43.96	779,255	1,644,780	
1984/07		0.30	1.9179	1.9179		60	51.86	783,483	1,676,340	
1985/01		0.30	1.1471	1.1471		60	51.86	786,025	1,695,540	
1985/10		0.40	0.8522	0.8522		60	53.52	788,632	1,710,000	
1986/01		0.40	0.8299	0.8299		60	53.52	791,180	1,724,220	
1986/07		0.50	0.2974	0.2974		60	53.52	792,325	1,720,920	
1987/01		0.50	1.0091	1.0091		60	56.00	796,323	1,751,700	
1987/07		0.60	0.9007	0.9007		60	62.36	800,626	1,765,380	
1988/01		0.60	0.9007	0.9007		60	62.36	804,953	1,779,720	
1988/07		0.70	0.5899	0.5899		60	59.61	808,277	1,778,760	
1989/01		0.70	0.5899	0.5899		60	59.61	811,614	1,789,260	
1989/07		0.80	0.5899	0.5899		60	59.61	815,444	1,801,380	
1990/01		0.80	0.5899	0.5899		60	63.04	819,292	1,810,440	
1990/07	14,635	0.90	0.5899	0.5899		60	55.66	838,277	1,821,120	
1991/01		0.90	0.5899	0.5899		60	55.67	842,727	1,831,800	
1991/07		1.00	1.4932	1.4932		60	57.98	855,311	1,859,160	
1992/01		1.00	2.0117	2.0117		60	57.98	872,517	1,896,540	
1992/07		1.00	1.8152	1.8152		60	67.97	888,355	1,930,980	
1993/01		1.00	1.7710	1.7710		60	67.97	904,088	1,965,180	
1993/07		1.00	1.5329	1.5329		60	62.73	917,947	1,995,300	
1994/01		1.00	1.6983	1.6983		60	62.73	933,536	2,029,200	
1994/07	35,235	1.00	1.5991	1.5991		60	59.22	983,699	2,061,660	
1995/01		1.00	1.5812	1.5812		60	59.22	999,253	2,094,240	
1995/07	504,256	1.00	1.5250	1.5250		60	43.75	1,515,631	2,126,160	
1996/01		1.00	1.7228	1.7228		60	43.75	1,536,401	2,162,820	
1996/07	36,952	1.00	1.3294	1.3294		60	41.85	1,588,895	2,191,560	



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 227625-00 - 2015/01

250.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		60	41.85	1,605,953	2,222,460	
1997/07	9,496	1.00	1.0917	1.0917		60	43.04	1,629,169	2,246,700	
1998/01		1.00	1.1663	1.1663		60	43.04	1,644,038	2,272,920	
1998/07		1.00	1.0794	1.0794		60	41.91	1,657,560	2,297,460	
1999/01		1.00	1.4499	1.4499		60	41.91	1,675,873	2,330,760	
1999/07	32,377	1.00	1.2299	1.2299		60	46.17	1,725,552	2,359,440	
2000/01		1.00	1.3356	1.3356		60	46.17	1,744,898	2,390,940	
2000/07		1.00	1.1129	1.1129		60	51.90	1,763,222	2,417,520	
2001/01		1.00	1.2976	1.2976		60	51.90	1,784,812	2,448,900	
2001/07		1.00	0.9615	0.9615		60	51.90	1,801,006	2,472,420	
2002/01		1.00	1.0301	1.0301		60	51.90	1,818,512	2,497,860	
2002/07		0.95	0.8337	0.8337		60	51.90	1,832,103	2,518,680	
2003/01		0.95	1.3271	1.3271		60	51.42	1,853,697	2,552,100	
2003/07		0.90	1.1664	1.1664		60	51.42	1,871,890	2,581,860	
2004/01		0.90	1.1103	1.1103		60	56.44	1,890,596	2,610,540	
2004/07		0.85	0.8378	0.8378		60	56.44	1,904,059	2,632,440	
2005/01		0.85	0.8595	0.8595		60	56.44	1,917,970	2,655,060	
2005/07		0.80	0.7364	0.7364		60	59.21	1,929,269	2,674,620	
2006/01		0.80	0.9068	0.9068		60	67.60	1,943,264	2,698,860	
2006/07		0.75	0.8133	0.8133		60	60.08	1,955,118	2,720,820	
2007/01		0.75	1.0133	1.0133		60	60.08	1,969,977	2,748,360	
2007/07		0.70	1.1050	1.1050		60	60.08	1,985,215	2,778,720	
2008/01		0.70	0.8556	0.8556		60	52.96	1,996,663	2,802,480	
2008/07	61,946	0.65	0.6104	0.6104		60	42.75	2,064,767	2,819,580	
2009/01		0.65	1.3268	1.3268		60	42.75	2,078,608	2,857,020	
2009/07		0.60	0.6841	0.6841		60	42.75	2,085,240	2,876,580	
2010/01	95,475	0.60	0.8643	0.8643		60	47.96	2,190,145	2,901,420	
2010/07	67,478	0.55	0.7107	0.7107		60	50.26	2,265,446	2,922,060	
2011/01		0.55	0.9198	0.9198		60	50.26	2,275,919	2,948,940	
2011/07	21,057	0.50	0.9028	0.9028		60	49.36	2,306,196	2,975,580	



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 227625-00 - 2015/01

250.87

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		60	49.36	2,310,197	2,987,100	
2012/07	26,735	0.45	0.9417	0.9417		60	49.99	2,345,831	3,015,240	
2013/01		0.45	0.4901	0.4901		60	49.99	2,350,532	3,030,000	
2013/07		0.40	0.6196	0.6196		60	49.99	2,355,826	3,048,780	
2014/01	38,800	0.40	0.8564	0.8564		60	53.38	2,402,459	3,074,880	
2014/07	163,124	0.35	1.2383	1.2383		60	48.78	2,574,818	3,112,980	
2015/01	67,540	0.35	0.7571	0.7571		79	42.13	2,647,585	4,129,804	

Message Code:

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

Report Printed: 12/23/2014 ID: 227625083120140101201410092014144935



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 227633-00 - 2015/01

233.79

Apollo 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
1000 24TH ST N	1/1/2014-8/31/2014	Number of Beds: 99	Superior: 0
SAINT PETERSBURG, FL 33713	Days in CR 243	Maximum: 24,057	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 36,135	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 22,144	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,181	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 14,484	FY Index: 1.33590225
Class at 1/94: North Small	Medical Utilization	65.40824%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	92.04805%	Cost: 1.02673601
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: 1.22633277
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	117.54121%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 220671			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	759,527	1,181,502	742,039	195,099	1,512	2,879,679	
1a	Audit Adjustments							
2	Cost Per Diem	52.4390	81.5729	51.2316	13.4700	0.1044	198.8179	
3	Cost Per Diem Inflated	53.8410	83.4462	52.6013				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.8410	83.4462	52.6013	13.4700	0.1044	203.4629	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.9151		63.3459				
7	Provider Target Rate	67.2924		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	53.8410	83.4462	52.6013	13.4700	0.1044	203.4629	
12/13	Medical Adjustment Rate		1.4465	0.9118				
14	Prospective Per Diem 11	53.8410	84.8927	53.5131	13.4700	0.1044	205.8212	
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 227633-00 - 2015/01

233.79

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

Apollo Health & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/1996	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,569,050.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,106,821	11.9265
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	776,705	0.5560
Indexed Asset Value	3,883,526	Interest Rate:	11.1200%	Insurance Cost(3):	39,918	1.8027
FRVS Base Asset:	1,487,023	Chase Rate:	9.5000%	Taxes Cost(3):	21,123	0.9539
Occup Adj Factor	0.9000	Amortization Rate:	11.1200%	Home Office(3):	16,824	0.7598
ROE Factor	0.023280	Interest Only:	False	Replacement(3&4):	232,744	0.0000
		Yearly Payment:	387,868	Total FRVS PD:		15.9989

(1) 80% Capital (\$3,106,821) amortized at 11.1200 % for 20 years Principal & Interest of \$387,868 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$11.9265

(2) 20% ROE (\$776,705) times the ROE factor (0.023280) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.5560

(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	53.8410	53.8410	0.9367	52.9043
Direct Care	84.8927	84.8927	1.4769	83.4158
Indirect Care	53.5131	53.5131	0.9310	52.5821
Property	13.4700	15.9989	0.2783	15.7206
ROE	0.1044	0.0924	0.0016	0.0908
ROE Adjustment	-0.0924	-0.0924	-0.0016	-0.0908
Quality Assess-Medicaid Share				19.2630
Supplemental Rate Add-on				9.9025
Totals	205.7288	208.2457	3.6229	233.7883

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 227633-00 - 2015/01

233.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,446,001	0.00	2.6760	2.6760		120	65.03	1,446,001	2,975,520	
1982/07		0.10	2.2977	2.2977		120	65.03	1,449,324	3,043,800	
1983/04		0.10	2.6288	2.6288		120	65.03	1,453,134	3,123,840	
1983/07		0.20	3.9578	3.0000	0.9578	120	65.03	1,461,853	3,247,440	
1984/01		0.20	2.2530	2.2530		120	59.22	1,468,440	3,289,560	
1984/07		0.30	1.9179	1.9179		120	59.22	1,476,889	3,352,680	
1985/01		0.30	1.1471	1.1471		120	65.03	1,481,971	3,391,080	
1985/10		0.40	0.8522	0.8522		120	59.22	1,487,023	3,420,000	
1986/01		0.40	0.8299	0.8299		120	59.22	1,491,960	3,448,440	
1986/07		0.50	0.2974	0.2974		120	68.62	1,494,179	3,441,840	
1987/01		0.50	1.0091	1.0091		120	68.62	1,501,719	3,503,400	
1987/07		0.60	0.9007	0.9007		120	76.91	1,509,834	3,530,760	
1988/01		0.60	0.9007	0.9007		120	76.91	1,517,993	3,559,440	
1988/07		0.70	0.5899	0.5899		120	71.79	1,524,261	3,557,520	
1989/01		0.70	0.5899	0.5899		120	71.79	1,530,555	3,578,520	
1989/07		0.80	0.5899	0.5899		120	73.84	1,537,778	3,602,760	
1990/01		0.80	0.5899	0.5899		120	73.84	1,545,035	3,620,880	
1990/07		0.90	0.5899	0.5899		120	69.76	1,553,238	3,642,240	
1991/01		0.90	0.5899	0.5899		120	69.76	1,561,484	3,663,600	
1991/07		1.00	1.4932	1.4932		120	73.31	1,584,800	3,718,320	
1992/01		1.00	2.0117	2.0117		120	73.31	1,616,681	3,793,080	
1992/07		1.00	1.8152	1.8152		120	72.19	1,646,027	3,861,960	
1993/01		1.00	1.7710	1.7710		120	72.19	1,675,178	3,930,360	
1993/07		1.00	1.5329	1.5329		120	71.79	1,700,857	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.79	1,729,743	4,058,400	
1994/07		1.00	1.5991	1.5991		120	72.08	1,757,403	4,123,320	
1995/01		1.00	1.5812	1.5812		120	72.08	1,785,191	4,188,480	
1995/07	28,285	1.00	1.5250	1.5250		120	71.80	1,840,700	4,252,320	
1996/01		1.00	1.7228	1.7228		120	71.80	1,872,412	4,325,640	
1996/07		1.00	1.3294	1.3294		120	66.09	1,897,304	4,383,120	



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 227633-00 - 2015/01

233.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		120	66.09	1,924,073	4,444,920	
1997/07	511,057	1.00	1.0917	1.0917		120	65.20	2,456,135	4,493,400	
1998/01		1.00	1.1663	1.1663		120	65.20	2,484,781	4,545,840	
1998/07		1.00	1.0794	1.0794		120	65.55	2,484,781	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	65.55	2,548,018	4,661,520	
1999/07	21,137	1.00	1.2299	1.2299		120	60.49	2,600,493	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.49	2,635,225	4,781,880	
2000/07		1.00	1.1129	1.1129		120	73.33	2,664,552	4,835,040	
2001/01		1.00	1.2976	1.2976		120	73.33	2,699,127	4,897,800	
2001/07		1.00	0.9615	0.9615		120	73.33	2,725,079	4,944,840	
2002/01		1.00	1.0301	1.0301		120	73.33	2,753,150	4,995,720	
2002/07		0.95	0.8337	0.8337		120	73.33	2,774,955	5,037,360	
2003/01		0.95	1.3271	1.3271		120	74.25	2,809,939	5,104,200	
2003/07		0.90	1.1664	1.1664		120	74.25	2,839,438	5,163,720	
2004/01		0.90	1.1103	1.1103		120	74.25	2,867,813	5,221,080	
2004/07		0.85	0.8378	0.8378		120	76.54	2,888,235	5,264,880	
2005/01		0.85	0.8595	0.8595		120	76.54	2,909,336	5,310,120	
2005/07		0.80	0.7364	0.7364		120	66.12	2,926,475	5,349,240	
2006/01		0.80	0.9068	0.9068		120	66.12	2,947,704	5,397,720	
2006/07		0.75	0.8133	0.8133		120	66.12	2,965,685	5,441,640	
2007/01	52,383	0.75	1.0133	1.0133		120	70.92	3,040,607	5,496,720	
2007/07		0.70	1.1050	1.1050		120	70.92	3,064,126	5,557,440	
2008/01	122,599	0.70	0.8556	0.8556		120	76.51	3,205,076	5,604,960	
2008/07	67,790	0.65	0.6104	0.6104		120	70.88	3,285,584	5,639,160	
2009/01		0.65	1.3268	1.3268		120	70.88	3,313,919	5,714,040	
2009/07	50,303	0.60	0.6841	0.6841		99	73.11	3,377,826	4,746,357	
2010/01		0.60	0.8643	0.8643		99	73.11	3,395,343	4,787,343	
2010/07		0.55	0.7107	0.7107		99	71.38	3,408,615	4,821,399	
2011/01		0.55	0.9198	0.9198		99	71.38	3,425,859	4,865,751	
2011/07		0.50	0.9028	0.9028		99	71.38	3,441,323	4,909,707	



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 227633-00 - 2015/01

233.79

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01	24,328	0.50	0.3865	0.3865		99	68.58	3,472,303	4,928,715	
2012/07	21,068	0.45	0.9417	0.9417		99	67.28	3,508,087	4,975,146	
2013/01		0.45	0.4901	0.4901		99	67.28	3,515,822	4,999,500	
2013/07	180,967	0.40	0.6196	0.6196		99	63.98	3,705,501	5,030,487	
2014/01		0.40	0.8564	0.8564		99	63.98	3,718,196	5,073,552	
2014/07		0.35	1.2383	1.2383		99	63.98	3,734,311	5,136,417	
2015/01	139,319	0.35	0.7571	0.7571		99	65.41	3,883,526	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: 227633083120140101201411202014131805



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 227641-00 - 2015/01

233.35

North 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
1301 16TH ST N	1/1/2014-8/31/2014	Number of Beds: 45	Superior: 0
SAINT PETERSBURG, FL 33705	Days in CR 243	Maximum: 10,935	Standard: 243
County: Pinellas [52]	First Used : 2015/01	Max Annualized: 16,425	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 9,426	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 1,987	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 3,573	FY Index: 1.33590225
Class at 1/94: North Small	Medical Utilization	37.90579%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	86.20027%	Cost: 1.02673601
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: 1.22633277
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	110.07386%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 220795			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	232,253	299,481	246,930	38,839	1,621	819,124	
1a	Audit Adjustments							
2	Cost Per Diem	65.0022	83.8177	69.1100	10.8701	0.4537	229.2537	
3	Cost Per Diem Inflated	66.7401	85.7425	70.9577				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.7401	85.7425	70.9577	10.8701	0.4537	234.7641	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.3832		72.1297				
7	Provider Target Rate	66.7410		74.7712				
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	59.8017	85.7425	70.9577	10.8701	0.4537	227.8257	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	59.8017	85.7425	70.9577	10.8701	0.4537	227.8257	
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 227641-00 - 2015/01

233.35

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

North 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	
	1,317,467.00	Variable	80% Capital(1):	1,325,698	11.1961
	1982/01	False	20% ROE(2):	331,425	0.5219
	1,657,123	False	Insurance Cost(3):	22,477	2.3846
	614,550	11.1200%	Taxes Cost(3):	8,932	0.9476
	0.9000	9.5000%	Home Office(3):	8,110	0.8604
	0.023280	11.1200%	Replacement(3&4):	58,802	0.0000
		False	Total FRVS PD:		15.9106
		165,506			

(1) 80% Capital (\$1,325,698) amortized at 11.1200 % for 20 years Principal & Interest of \$165,506 divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$11.1961

(2) 20% ROE (\$331,425) times the ROE factor (0.023280) divided by annual available days (16425) divided by Occup. Adj. (0.90) = \$0.5219

(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	49	Effective PBS Limitation	1,396,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	85.7425	85.7425	1.4917	84.2508
Indirect Care	70.9577	70.9577	1.2345	69.7232
Property	10.8701	15.9106	0.1891	10.6810
ROE	0.4537	0.4257	0.0079	0.4458
ROE Adjustment	-0.4257	-0.4257	-0.0074	-0.4183
Supplemental Rate Add-on				9.9025
Totals	227.4000	232.4125	3.9562	233.3463

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 227641-00 - 2015/01

233.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	614,550	0.00	2.6760	2.6760		49	18.63	614,550	1,215,004	
1982/07		0.10	2.2977	2.2977		49	18.63	614,550	1,242,885	
1983/04		0.10	2.6288	2.6288		49	18.63	614,550	1,275,568	
1983/07		0.20	3.9578	3.0000	0.9578	49	18.63	614,550	1,326,038	
1984/01		0.20	2.2530	2.2530		49	22.67	614,550	1,343,237	
1984/07		0.30	1.9179	1.9179		49	22.67	614,550	1,369,011	
1985/01		0.30	1.1471	1.1471		49	18.63	614,550	1,384,691	
1985/10		0.40	0.8522	0.8522		49	22.67	614,550	1,396,500	
1986/01		0.40	0.8299	0.8299		49	22.67	614,550	1,408,113	
1986/07		0.50	0.2974	0.2974		49	35.49	615,140	1,405,418	
1987/01		0.50	1.0091	1.0091		49	35.49	617,143	1,430,555	
1987/07		0.60	0.9007	0.9007		49	32.86	619,136	1,441,727	
1988/01		0.60	0.9007	0.9007		49	32.86	621,135	1,453,438	
1988/07		0.70	0.5899	0.5899		49	41.92	623,090	1,452,654	
1989/01		0.70	0.5899	0.5899		49	41.92	625,051	1,461,229	
1989/07		0.80	0.5899	0.5899		49	48.13	627,632	1,471,127	
1990/01		0.80	0.5899	0.5899		49	48.13	630,224	1,478,526	
1990/07		0.90	0.5899	0.5899		49	41.40	632,743	1,487,248	
1991/01		0.90	0.5899	0.5899		49	41.40	635,272	1,495,970	
1991/07		1.00	1.4932	1.4932		49	58.34	635,272	1,518,314	5
1992/01		1.00	2.0117	2.0117		49	58.34	657,729	1,548,841	
1992/07		1.00	1.8152	1.8152		49	47.18	667,971	1,576,967	
1993/01		1.00	1.7710	1.7710		49	47.18	678,119	1,604,897	
1993/07		1.00	1.5329	1.5329		49	53.64	688,257	1,629,495	
1994/01		1.00	1.6983	1.6983		49	53.64	699,657	1,657,180	
1994/07	74,937	1.00	1.5991	1.5991		49	50.97	784,962	1,683,689	
1995/01		1.00	1.5812	1.5812		49	50.97	796,464	1,710,296	
1995/07	31,048	1.00	1.5250	1.5250		49	63.94	839,658	1,736,364	
1996/01		1.00	1.7228	1.7228		49	63.94	854,124	1,766,303	
1996/07		1.00	1.3294	1.3294		49	62.48	865,479	1,789,774	



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 227641-00 - 2015/01

233.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		49	62.48	877,690	1,815,009	
1997/07	9,866	1.00	1.0917	1.0917		49	63.84	897,138	1,834,805	
1998/01		1.00	1.1663	1.1663		49	63.84	907,601	1,856,218	
1998/07	16,722	1.00	1.0794	1.0794		49	70.19	934,120	1,876,259	
1999/01		1.00	1.4499	1.4499		49	70.19	947,664	1,903,454	
1999/07		1.00	1.2299	1.2299		49	66.31	959,319	1,926,876	
2000/01		1.00	1.3356	1.3356		49	66.31	972,132	1,952,601	
2000/07		1.00	1.1129	1.1129		49	60.59	982,951	1,974,308	
2001/01		1.00	1.2976	1.2976		49	60.59	995,706	1,999,935	
2001/07		1.00	0.9615	0.9615		49	60.59	1,005,280	2,019,143	
2002/01		1.00	1.0301	1.0301		49	60.59	1,015,635	2,039,919	
2002/07		0.95	0.8337	0.8337		49	60.59	1,023,679	2,056,922	
2003/01		0.95	1.3271	1.3271		49	65.01	1,036,585	2,084,215	
2003/07		0.90	1.1664	1.1664		49	65.01	1,047,467	2,108,519	
2004/01		0.90	1.1103	1.1103		49	56.61	1,057,934	2,131,941	
2004/07		0.85	0.8378	0.8378		49	56.61	1,065,468	2,149,826	
2005/01		0.85	0.8595	0.8595		49	50.87	1,072,668	2,168,299	
2005/07	3,564	0.80	0.7364	0.7364		49	57.05	1,082,551	2,184,273	
2006/01		0.80	0.9068	0.9068		49	57.05	1,090,404	2,204,069	
2006/07		0.75	0.8133	0.8133		49	56.71	1,097,055	2,222,003	
2007/01		0.75	1.0133	1.0133		49	56.71	1,105,393	2,244,494	
2007/07		0.70	1.1050	1.1050		49	56.71	1,113,943	2,269,288	
2008/01	12,382	0.70	0.8556	0.8556		49	61.91	1,132,996	2,288,692	
2008/07	145,137	0.65	0.6104	0.6104		49	56.56	1,282,629	2,302,657	
2009/01		0.65	1.3268	1.3268		49	56.56	1,293,690	2,333,233	
2009/07		0.60	0.6841	0.6841		49	56.56	1,299,001	2,349,207	
2010/01	18,402	0.60	0.8643	0.8643		49	57.42	1,324,140	2,369,493	
2010/07	21,029	0.55	0.7107	0.7107		49	63.81	1,350,345	2,386,349	
2011/01		0.55	0.9198	0.9198		49	63.81	1,357,176	2,408,301	
2011/07		0.50	0.9028	0.9028		45	61.83	1,363,302	2,231,685	



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 227641-00 - 2015/01

233.35

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		45	61.83	1,365,937	2,240,325	
2012/07		0.45	0.9417	0.9417		45	61.83	1,371,726	2,261,430	
2013/01	9,657	0.45	0.4901	0.4901		45	52.53	1,384,272	2,272,500	
2013/07		0.40	0.6196	0.6196		45	52.53	1,387,548	2,286,585	
2014/01	15,346	0.40	0.8564	0.8564		45	39.10	1,406,273	2,306,160	
2014/07		0.35	1.2383	1.2383		45	39.10	1,410,606	2,334,735	
2015/01	243,940	0.35	0.7571	0.7571		45	37.91	1,657,123	2,352,420	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 227641083120140101201410102014111739



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 227765-00 - 2015/01

238.93

Park Meadows 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
3250 SW 41ST PLACE	1/1/2013-12/31/2013	Number of Beds: 154	Superior: 0
GAINESVILLE, FL 32608	Days in CR 365	Maximum: 56,210	Standard: 243
County: Alachua [1]	First Used : 2015/01	Max Annualized: 56,210	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 46,445	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,365	Inflation
Current Class North Large	Initial CR? False	Medicaid: 31,023	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	66.79513%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.62765%	Cost: 1.04340134
Open Date: 03/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 01/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	105.51178%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 220345			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,745,934	2,557,706	1,793,375	380,652	551	6,478,218	
1a	Audit Adjustments							
2	Cost Per Diem	56.2787	82.4455	57.8079	12.2700	0.0178	208.8199	
3	Cost Per Diem Inflated	58.7213	85.1255	60.3168				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	58.7213	85.1255	60.3168	12.2700	0.0178	216.4514	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.5976		56.4802				
7	Provider Target Rate	58.6703		58.5486				
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	85.1255	58.5486	12.2700	0.0178	207.5297	
12/13	Medical Adjustment Rate		1.6084	1.1062				
14	Prospective Per Diem 11	51.5678	86.7339	59.6548	12.2700	0.0178	210.2443	
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 227765-00 - 2015/01

238.93

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

Park Meadows Health & Rehab Center

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:	3,659,683.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable	80% Capital(1):	3,205,560	5.7816
Indexed Asset Value	4,006,950	<60% of Base:	False	20% ROE(2):	801,390	0.2970
FRVS Base Asset:	2,058,220	Interest Rate:	8.5100%	Insurance Cost(3):	74,050	1.5944
Occup Adj Factor	0.9000	Chase Rate:	4.7500%	Taxes Cost(3):	39,622	0.8531
ROE Factor	0.018750	Amortization Rate:	6.7500%	Home Office(3):	36,158	0.7785
		Interest Only:	False	Replacement(3&4):	126,948	0.0000
		Yearly Payment:	292,487	Total FRVS PD:		9.3046

- (1) 80% Capital (\$3,205,560) amortized at 6.7500 % for 20 years Principal & Interest of \$292,487 divided by annual available days (56210) divided by Occup. Adj. (0.90) = \$5.7816
- (2) 20% ROE (\$801,390) times the ROE factor (0.018750) divided by annual available days (56210) divided by Occup. Adj. (0.90) = \$0.2970
- (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	179	Effective PBS Limitation	5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	86.7339	86.7339	1.5090	85.2249
Indirect Care	59.6548	59.6548	1.0379	58.6169
Property	12.2700	9.3046	0.2135	12.0565
ROE	0.0178	0.0175	0.0003	0.0175
ROE Adjustment	-0.0175	-0.0175	-0.0003	-0.0172
Quality Assess-Medicaid Share				22.4578
Supplemental Rate Add-on				9.9025
Totals	210.2268	207.2611	3.6576	238.9295

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 227765-00 - 2015/01

238.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1984/01	2,048,436	0.00	1.2952	1.2952		179	77.45	2,048,436	4,906,927	
1984/07		0.10	1.9179	1.9179		179	77.45	2,052,365	5,001,081	
1985/01		0.10	1.1471	1.1471		179	75.45	2,054,719	5,058,361	
1985/10		0.20	0.8522	0.8522		179	77.40	2,058,220	5,101,500	
1986/01		0.20	0.8299	0.8299		179	77.40	2,061,637	5,143,923	
1986/07		0.30	0.2974	0.2974		179	75.45	2,063,476	5,134,078	
1987/01		0.30	1.0091	1.0091		179	75.45	2,069,722	5,225,905	
1987/07		0.40	0.9007	0.9007		179	78.53	2,077,179	5,266,717	
1988/01	19,036	0.40	0.9007	0.9007		179	78.53	2,103,699	5,309,498	
1988/07		0.50	0.5899	0.5899		179	78.53	2,109,905	5,306,634	
1989/01		0.50	0.5899	0.5899		179	83.44	2,116,129	5,337,959	
1989/07		0.60	0.5899	0.5899		179	90.47	2,123,618	5,374,117	
1990/01		0.60	0.5899	0.5899		179	90.47	2,131,133	5,401,146	
1990/07		0.70	0.5899	0.5899		179	87.05	2,139,932	5,433,008	
1991/01		0.70	0.5899	0.5899		179	87.05	2,148,768	5,464,870	
1991/07		0.80	1.4932	1.4932		179	90.23	2,174,437	5,546,494	
1992/01		0.80	2.0117	2.0117		179	90.23	2,209,432	5,658,011	
1992/07		0.90	1.8152	1.8152		179	89.44	2,245,527	5,760,757	
1993/01		0.90	1.7710	1.7710		179	89.44	2,281,318	5,862,787	
1993/07		1.00	1.5329	1.5329		179	87.09	2,281,318	5,952,645	5
1994/01		1.00	1.6983	1.6983		179	87.09	2,355,626	6,053,780	
1994/07	39,929	1.00	1.5991	1.5991		179	87.78	2,433,224	6,150,619	
1995/01		1.00	1.5812	1.5812		179	87.78	2,471,698	6,247,816	
1995/07	97,533	1.00	1.5250	1.5250		179	85.39	2,606,924	6,343,044	
1996/01		1.00	1.7228	1.7228		179	85.39	2,606,924	6,452,413	5
1996/07	49,298	1.00	1.3294	1.3294		179	81.97	2,701,134	6,538,154	5
1997/01		1.00	1.4109	1.4109		179	81.97	2,736,388	6,630,339	5
1997/07	42,722	1.00	1.0917	1.0917		179	88.32	2,848,013	6,702,655	
1998/01		1.00	1.1663	1.1663		179	88.32	2,881,229	6,780,878	
1998/07	35,963	1.00	1.0794	1.0794		179	84.03	2,948,292	6,854,089	



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 227765-00 - 2015/01

238.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1999/01		1.00	1.4499	1.4499		179	84.03	2,991,039	6,953,434	
1999/07	61,643	1.00	1.2299	1.2299		179	82.72	3,089,469	7,038,996	
2000/01		1.00	1.3356	1.3356		179	82.72	3,130,732	7,132,971	
2000/07		1.00	1.1129	1.1129		179	80.56	3,165,574	7,212,268	
2001/01		1.00	1.2976	1.2976		179	80.56	3,206,650	7,305,885	
2001/07		1.00	0.9615	0.9615		179	80.56	3,237,482	7,376,053	
2002/01		1.00	1.0301	1.0301		179	80.56	3,270,831	7,451,949	
2002/07		1.00	0.8337	0.8337		179	80.56	3,298,100	7,514,062	
2003/01		1.00	1.3271	1.3271		179	75.24	3,341,869	7,613,765	
2003/07		1.00	1.1664	1.1664		179	75.24	3,380,849	7,702,549	
2004/01		1.00	1.1103	1.1103		179	75.24	3,418,387	7,788,111	
2004/07		0.95	0.8378	0.8378		179	75.56	3,445,594	7,853,446	
2005/01	(485,156)	0.95	0.8595	0.8595		154	74.27	2,988,571	6,814,654	
2005/07	31,120	0.90	0.7364	0.7364		154	70.91	3,039,499	6,864,858	
2006/01		0.90	0.9068	0.9068		154	70.91	3,064,304	6,927,074	
2006/07		0.85	0.8133	0.8133		154	70.91	3,085,488	6,983,438	
2007/01		0.85	1.0133	1.0133		154	77.20	3,112,063	7,054,124	
2007/07	24,208	0.80	1.1050	1.1050		154	80.74	3,163,782	7,132,048	
2008/01		0.80	0.8556	0.8556		154	80.74	3,185,438	7,193,032	
2008/07		0.75	0.6104	0.6104		154	80.74	3,200,021	7,236,922	
2009/01	244,288	0.75	1.3268	1.3268		154	77.35	3,476,152	7,333,018	
2009/07		0.70	0.6841	0.6841		154	77.35	3,492,799	7,383,222	
2010/01	58,266	0.70	0.8643	0.8643		154	75.76	3,572,196	7,446,978	
2010/07		0.65	0.7107	0.7107		154	75.76	3,588,700	7,499,954	
2011/01	71,423	0.65	0.9198	0.9198		154	76.87	3,681,580	7,568,946	
2011/07	33,923	0.60	0.9028	0.9028		154	75.45	3,735,446	7,637,322	
2012/01		0.60	0.3865	0.3865		154	75.45	3,744,108	7,666,890	
2012/07		0.55	0.9417	0.9417		154	75.45	3,763,499	7,739,116	
2013/01	75,896	0.55	0.4901	0.4901		154	74.29	3,849,541	7,777,000	
2013/07		0.50	0.6196	0.6196		154	74.29	3,861,467	7,825,202	



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 227765-00 - 2015/01

238.93

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2014/01	41,760	0.50	0.8564	0.8564		154	70.15	3,919,762	7,892,192	
2014/07		0.45	1.2383	1.2383		154	70.15	3,941,603	7,989,982	
2015/01	51,918	0.45	0.7571	0.7571		154	66.80	4,006,950	8,050,504	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 227765123120130101201306162014173940



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 227773-00 - 2015/01

252.12

The Lodge 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
635 SE 17TH STREET	1/1/2014-8/31/2014	Number of Beds: 99	Superior: 0
OCALA, FL 34471	Days in CR 243	Maximum: 24,057	Standard: 243
County: Marion [42]	First Used : 2015/01	Max Annualized: 36,135	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 22,656	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,416	Inflation
Current Class North Small	Initial CR? False	Medicaid: 11,587	FY Index: 1.33590225
Class at 1/94: North Small	Medical Utilization	51.14319%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	94.17633%	Cost: 1.02673601
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: 1.22633277
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	120.25893%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 220531			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	722,531	1,058,266	755,292	211,926	708	2,748,723	
1a	Audit Adjustments							
2	Cost Per Diem	62.3570	91.3322	65.1844	18.2900	0.0611	237.2247	
3	Cost Per Diem Inflated	64.0242	93.4296	66.9272				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	64.0242	93.4296	66.9272	18.2900	0.0611	242.7321	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.6847		70.9726				
7	Provider Target Rate	67.0535		73.5717				
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	55.8134	93.4296	66.9272	13.6500	0.0611	229.8813	
12/13	Medical Adjustment Rate		0.1202	0.0861				
14	Prospective Per Diem 11	55.8134	93.5498	67.0133	13.6500	0.0611	230.0876	
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 227773-00 - 2015/01

252.12

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

The Lodge Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:	Amount:	5,269,833.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type:	Variable	80% Capital(1):	4,140,259 14.9966
Indexed Asset Value 5,175,324	<60% of Base:	False	20% ROE(2):	1,035,065 0.7409
FRVS Base Asset: 1,178,042	Interest Rate:	11.7200%	Insurance Cost(3):	48,591 2.1447
Occup Adj Factor 0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	39,279 1.7337
ROE Factor 0.023280	Amortization Rate:	10.2500%	Home Office(3):	20,229 0.8929
	Interest Only:	False	Replacement(3&4):	188,552 0.0000
	Yearly Payment:	487,711	Total FRVS PD:	20.5088

- (1) 80% Capital (\$4,140,259) amortized at 10.2500 % for 20 years Principal & Interest of \$487,711 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$14.9966
- (2) 20% ROE (\$1,035,065) times the ROE factor (0.023280) divided by annual available days (36135) 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:	28,500
Comparison Date:	07/01/1985	Current RS PBS:	52,276
Comparison Bed	89	Effective PBS Limitation	2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.8134	55.8134	0.9710	54.8424
Direct Care	93.5498	93.5498	1.6275	91.9223
Indirect Care	67.0133	67.0133	1.1659	65.8474
Property	13.6500	20.5088	0.2375	13.4125
ROE	0.0611	0.0306	0.0011	0.0600
ROE Adjustment	-0.0306	-0.0306	-0.0005	-0.0301
Quality Assess-Medicaid Share				16.1676
Supplemental Rate Add-on				9.9025
Totals	230.0570	236.8853	4.0025	252.1246

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 227773-00 - 2015/01

252.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,145,544	0.00	2.6760	2.6760		89	59.26	1,145,544	2,206,844	
1982/07		0.10	2.2977	2.2977		89	59.26	1,148,176	2,257,485	
1983/04		0.10	2.6288	2.6288		89	59.26	1,151,195	2,316,848	
1983/07		0.20	3.9578	3.0000	0.9578	89	59.26	1,158,102	2,408,518	
1984/01		0.20	2.2530	2.2530		89	59.36	1,163,320	2,439,757	
1984/07		0.30	1.9179	1.9179		89	59.36	1,170,014	2,486,571	
1985/01		0.30	1.1471	1.1471		89	60.17	1,174,040	2,515,051	
1985/10		0.40	0.8522	0.8522		89	59.20	1,178,042	2,536,500	
1986/01		0.40	0.8299	0.8299		89	59.36	1,181,953	2,557,593	
1986/07		0.50	0.2974	0.2974		89	68.95	1,183,711	2,552,698	
1987/01		0.50	1.0091	1.0091		89	68.95	1,189,684	2,598,355	
1987/07		0.60	0.9007	0.9007		89	73.32	1,196,113	2,618,647	
1988/01		0.60	0.9007	0.9007		89	73.32	1,202,577	2,639,918	
1988/07	10,063	0.70	0.5899	0.5899		89	77.81	1,217,605	2,638,494	
1989/01		0.70	0.5899	0.5899		89	77.81	1,222,632	2,654,069	
1989/07		0.80	0.5899	0.5899		89	77.81	1,228,402	2,672,047	
1990/01		0.80	0.5899	0.5899		89	72.87	1,234,199	2,685,486	
1990/07		0.90	0.5899	0.5899		89	70.27	1,240,751	2,701,328	
1991/01		0.90	0.5899	0.5899		89	70.27	1,247,338	2,717,170	
1991/07		1.00	1.4932	1.4932		89	73.19	1,265,963	2,757,754	
1992/01		1.00	2.0117	2.0117		89	73.19	1,291,430	2,813,201	
1992/07		1.00	1.8152	1.8152		89	79.32	1,314,872	2,864,287	
1993/01		1.00	1.7710	1.7710		89	79.32	1,338,158	2,915,017	
1993/07		1.00	1.5329	1.5329		89	78.32	1,358,671	2,959,695	
1994/01		1.00	1.6983	1.6983		89	78.32	1,381,745	3,009,980	
1994/07	37,495	1.00	1.5991	1.5991		89	66.62	1,441,335	3,058,129	
1995/01		1.00	1.5812	1.5812		89	66.62	1,464,125	3,106,456	
1995/07	51,263	1.00	1.5250	1.5250		89	63.15	1,537,716	3,153,804	
1996/01		1.00	1.7228	1.7228		89	63.15	1,564,208	3,208,183	
1996/07	2,101,995	1.00	1.3294	1.3294		140	63.25	3,686,998	5,113,640	



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 227773-00 - 2015/01

252.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		140	63.25	3,739,018	5,185,740	
1997/07	328,500	1.00	1.0917	1.0917		140	52.36	4,106,378	5,242,300	
1998/01		1.00	1.1663	1.1663		140	52.36	4,151,972	5,303,480	
1998/07	28,188	1.00	1.0794	1.0794		140	54.17	4,224,300	5,360,740	
1999/01		1.00	1.4499	1.4499		140	54.17	4,284,624	5,438,440	
1999/07	38,570	1.00	1.2299	1.2299		140	55.89	4,375,891	5,505,360	
2000/01		1.00	1.3356	1.3356		140	55.89	4,434,335	5,578,860	
2000/07	727,529	1.00	1.1129	1.1129		159	47.94	5,204,879	6,406,428	
2001/01		1.00	1.2976	1.2976		159	47.94	5,263,748	6,489,585	
2001/07		1.00	0.9615	0.9615		159	47.94	5,307,862	6,551,913	
2002/01		1.00	1.0301	1.0301		159	47.94	5,355,520	6,619,329	
2002/07		0.95	0.8337	0.8337		159	47.94	5,392,491	6,674,502	
2003/01		0.95	1.3271	1.3271		159	56.69	5,460,474	6,763,065	
2003/07		0.90	1.1664	1.1664		159	56.69	5,517,798	6,841,929	
2004/01	33,374	0.90	1.1103	1.1103		159	54.87	5,606,181	6,917,931	
2004/07		0.85	0.8378	0.8378		159	54.87	5,646,008	6,975,966	
2005/01		0.85	0.8595	0.8595		159	54.87	5,687,160	7,035,909	
2005/07		0.80	0.7364	0.7364		159	50.73	5,718,062	7,087,743	
2006/01		0.80	0.9068	0.9068		159	50.73	5,756,321	7,151,979	
2006/07		0.75	0.8133	0.8133		159	57.48	5,791,435	7,210,173	
2007/01		0.75	1.0133	1.0133		159	57.48	5,835,450	7,283,154	
2007/07		0.70	1.1050	1.1050		159	57.48	5,880,587	7,363,608	
2008/01	78,647	0.70	0.8556	0.8556		159	59.70	5,994,453	7,426,572	
2008/07	133,148	0.65	0.6104	0.6104		159	60.89	6,151,387	7,471,887	
2009/01		0.65	1.3268	1.3268		159	60.89	6,204,437	7,571,103	
2009/07		0.60	0.6841	0.6841		159	60.89	6,229,906	7,622,937	
2010/01	75,839	0.60	0.8643	0.8643		159	62.42	6,338,053	7,688,763	
2010/07	34,958	0.55	0.7107	0.7107		159	66.74	6,397,786	7,743,459	
2011/01		0.55	0.9198	0.9198		159	66.74	6,430,152	7,814,691	
2011/07	47,009	0.50	0.9028	0.9028		159	64.91	6,506,187	7,885,287	



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 227773-00 - 2015/01

252.12

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		159	64.91	6,518,763	7,915,815	
2012/07	49,129	0.45	0.9417	0.9417		159	60.49	6,595,519	7,990,386	
2013/01	18,545	0.45	0.4901	0.4901		99	57.59	4,999,500	4,999,500	8
2013/07		0.40	0.6196	0.6196		99	57.59	5,011,889	5,030,487	
2014/01		0.40	0.8564	0.8564		99	57.59	5,029,060	5,073,552	
2014/07		0.35	1.2383	1.2383		99	57.59	5,050,856	5,136,417	
2015/01	245,388	0.35	0.7571	0.7571		99	51.14	5,175,324	5,175,324	8

Message Code:

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 227838-00 - 2015/01

221.47

First Coast Health and Rehabilitation 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
7723 JASPER AVENUE	7/1/2012-6/30/2013	Number of Beds: 100	Superior: 0
JACKSONVILLE , FL 32211	Days in CR 365	Maximum: 36,500	Standard: 243
County: Duval [16]	First Used : 2014/01	Max Annualized: 36,500	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 33,111	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,131	Inflation
Current Class North Small	Initial CR? False	Medicaid: 26,476	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	79.96134%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.71507%	Cost: 1.05607860
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: 1.20850000
Entered Medicaid 01/01/1984	Low Occupancy Adjustment Factor:	115.83906%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 221856			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,109,863	1,949,227	1,160,778	767,539		4,987,407	
1a	Audit Adjustments							
2	Cost Per Diem	41.9196	73.6224	43.8426	28.9900		188.3746	
3	Cost Per Diem Inflated	44.2704	76.4244	46.3012				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.2704	76.4244	46.3012	28.9900		195.9860	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.7799		59.6823				
7	Provider Target Rate	52.6395		61.8679				
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	44.2704	76.4244	46.3012	13.6500		180.6460	
12/13	Medical Adjustment Rate		2.5760	1.5607				
14	Prospective Per Diem 11	44.2704	79.0004	47.8619	13.6500		184.7827	
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 227838-00 - 2015/01

221.47

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

First Coast Health and Rehabilitation 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:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	None	80% Capital(1):	3,712,244	14.0497
Indexed Asset Value	4,640,305	<60% of Base:	True	20% ROE(2):	928,061	0.4063
FRVS Base Asset:	2,041,803	Interest Rate:	12.5000%	Insurance Cost(3):	128,765	3.8889
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	27,488	0.8302
ROE Factor	0.014380	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	649,770	0.0000
		Yearly Payment:	461,534	Total FRVS PD:		19.1751

(1) 80% Capital (\$3,712,244) amortized at 12.5000 % for 20 years Interest of \$461,534 divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$14.0497

(2) 20% ROE (\$928,061) times the ROE factor (0.014380) divided by annual available days (36500) divided by Occup. Adj. (0.90) = \$0.4063

(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	44.2704	44.2704	0.7702	43.5002
Direct Care	79.0004	79.0004	1.3744	77.6260
Indirect Care	47.8619	47.8619	0.8327	47.0292
Property	13.6500	19.1751	0.3336	18.8415
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.5704
Supplemental Rate Add-on				9.9025
Totals	184.7827	190.3078	3.3109	221.4698

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 227838-00 - 2015/01

221.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,025,209	0.00	3.9578	3.0000	0.9578	100	87.25	2,025,209	2,706,200	
1984/01		0.10	2.2530	2.2530		100	85.00	2,029,772	2,741,300	
1984/07		0.10	1.9179	1.9179		100	85.00	2,033,665	2,793,900	
1985/01		0.20	1.1471	1.1471		100	85.00	2,038,330	2,825,900	
1985/10		0.20	0.8522	0.8522		100	86.73	2,041,803	2,850,000	
1986/01		0.30	0.8299	0.8299		100	86.73	2,046,887	2,873,700	
1986/07		0.30	0.2974	0.2974		100	86.73	2,048,713	2,868,200	
1987/01		0.40	1.0091	1.0091		100	86.73	2,056,982	2,919,500	
1987/07		0.40	0.9007	0.9007		100	85.72	2,064,393	2,942,300	
1988/01	18,249	0.50	0.9007	0.9007		100	85.72	2,091,940	2,966,200	
1988/07		0.50	0.5899	0.5899		100	89.76	2,098,111	2,964,600	
1989/01	24,481	0.60	0.5899	0.5899		100	89.76	2,130,017	2,982,100	
1989/07		0.60	0.5899	0.5899		100	88.95	2,137,555	3,002,300	
1990/01		0.70	0.5899	0.5899		100	88.95	2,146,381	3,017,400	
1990/07		0.70	0.5899	0.5899		100	86.18	2,155,243	3,035,200	
1991/01		0.80	0.5899	0.5899		100	86.18	2,165,414	3,053,000	
1991/07		0.80	1.4932	1.4932		100	92.12	2,191,282	3,098,600	
1992/01		0.90	2.0117	2.0117		100	92.12	2,230,955	3,160,900	
1992/07		0.90	1.8152	1.8152		100	89.30	2,267,402	3,218,300	
1993/01		1.00	1.7710	1.7710		100	89.30	2,307,558	3,275,300	
1993/07		1.00	1.5329	1.5329		100	80.50	2,342,931	3,325,500	
1994/01		1.00	1.6983	1.6983		100	80.50	2,382,721	3,382,000	
1994/07	468,955	1.00	1.5991	1.5991		100	80.60	2,889,778	3,436,100	
1995/01		1.00	1.5812	1.5812		100	80.60	2,935,471	3,490,400	
1995/07	87,582	1.00	1.5250	1.5250		100	75.35	3,067,819	3,543,600	
1996/01		1.00	1.7228	1.7228		100	75.35	3,120,671	3,604,700	
1996/07	30,332	1.00	1.3294	1.3294		100	76.47	3,192,489	3,652,600	
1997/01		1.00	1.4109	1.4109		100	76.47	3,237,532	3,704,100	
1997/07		1.00	1.0917	1.0917		100	77.63	3,272,876	3,744,500	
1998/01		1.00	1.1663	1.1663		100	77.63	3,311,048	3,788,200	



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: 6/30/2013

0 227838-00 - 2015/01

221.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		100	77.56	3,346,787	3,829,100	
1999/01		1.00	1.4499	1.4499		100	77.56	3,346,787	3,884,600	5
1999/07	33,400	1.00	1.2299	1.2299		100	84.50	3,470,471	3,932,400	
2000/01		1.00	1.3356	1.3356		100	84.50	3,516,823	3,984,900	
2000/07		1.00	1.1129	1.1129		100	83.26	3,555,962	4,029,200	
2001/01		1.00	1.2976	1.2976		100	91.19	3,602,104	4,081,500	
2001/07		1.00	0.9615	0.9615		100	91.19	3,636,738	4,120,700	
2002/01		1.00	1.0301	1.0301		100	91.19	3,674,200	4,163,100	
2002/07		1.00	0.8337	0.8337		100	91.19	3,704,832	4,197,800	
2003/01		1.00	1.3271	1.3271		100	91.19	3,753,999	4,253,500	
2003/07		1.00	1.1664	1.1664		100	83.70	3,797,786	4,303,100	
2004/01		0.95	1.1103	1.1103		100	83.70	3,837,845	4,350,900	
2004/07		0.95	0.8378	0.8378		100	80.16	3,868,390	4,387,400	
2005/01		0.90	0.8595	0.8595		100	80.16	3,898,316	4,425,100	
2005/07		0.90	0.7364	0.7364		100	80.16	3,924,154	4,457,700	
2006/01	24,834	0.85	0.9068	0.9068		100	75.76	3,979,235	4,498,100	
2006/07		0.85	0.8133	0.8133		100	75.76	4,006,743	4,534,700	
2007/01		0.80	1.0133	1.0133		100	79.88	4,039,222	4,580,600	
2007/07		0.80	1.1050	1.1050		100	79.88	4,074,929	4,631,200	
2008/01		0.75	0.8556	0.8556		100	79.88	4,101,078	4,670,800	
2008/07		0.75	0.6104	0.6104		100	84.34	4,119,853	4,699,300	
2009/01		0.70	1.3268	1.3268		100	84.34	4,158,118	4,761,700	
2009/07	117,855	0.70	0.6841	0.6841		100	84.83	4,295,886	4,794,300	
2010/01		0.65	0.8643	0.8643		100	85.26	4,320,020	4,835,700	
2010/07		0.65	0.7107	0.7107		100	85.26	4,339,978	4,870,100	
2011/01		0.60	0.9198	0.9198		100	85.26	4,363,930	4,914,900	
2011/07	41,058	0.60	0.9028	0.9028		100	82.09	4,428,627	4,959,300	
2012/01		0.55	0.3865	0.3865		100	82.09	4,438,042	4,978,500	
2012/07		0.55	0.9417	0.9417		100	82.50	4,461,027	5,025,400	
2013/01		0.50	0.4901	0.4901		100	82.50	4,471,961	5,050,000	



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 227838-00 - 2015/01

221.47

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07	66,926	0.50	0.6196	0.6196		100	79.07	4,552,741	5,081,300	
2014/01	30,375	0.45	0.8564	0.8564		100	79.96	4,600,662	5,124,800	
2014/07		0.45	1.2383	1.2383		100	79.96	4,626,297	5,188,300	
2015/01		0.40	0.7571	0.7571		100	79.96	4,640,305	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: 227838063020130701201210212013150214



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 227871-00 - 2015/01

201.67

Ayers Health & Rehab 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
606 NE 7TH ST	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
TRENTON, FL 32693	Days in CR 365	Maximum: 43,800	Standard: 243
County: Gilchrist [21]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 41,905	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,713	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,578	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	63.42441%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.67352%	Cost: 1.03444406
Open Date: 03/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 03/01/1982	Low Occupancy Adjustment Factor:	122.17077%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 221619			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,081,410	1,972,054	1,033,900	316,278		4,403,642	
1a	Audit Adjustments							
2	Cost Per Diem	40.6882	74.1987	38.9006	11.9000		165.6875	
3	Cost Per Diem Inflated	42.0897	76.0577	40.2405				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.0897	76.0577	40.2405	11.9000		170.2879	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.2673		52.2722				
7	Provider Target Rate	46.9250		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	42.0897	76.0577	40.2405	11.9000		170.2879	
12/13	Medical Adjustment Rate		1.1487	0.6077				
14	Prospective Per Diem 11	42.0897	77.2064	40.8482	11.9000		172.0443	
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 227871-00 - 2015/01

201.67

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

Ayers Health & Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	6,621,085.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,308,734	10.7413
RS to Start Calcs:	1981/01	<60% of Base:	False	20% ROE(2):	827,183	0.4786
Indexed Asset Value	4,135,917	Interest Rate:	11.5000%	Insurance Cost(3):	48,099	1.1478
FRVS Base Asset:	2,024,739	Chase Rate:	8.5000%	Taxes Cost(3):	86,904	2.0738
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	113,398	0.0000
		Yearly Payment:	423,424	Total FRVS PD:		14.4415

(1) 80% Capital (\$3,308,734) amortized at 11.5000 % for 20 years Principal & Interest of \$423,424 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.7413

(2) 20% ROE (\$827,183) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4786

(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	42.0897	42.0897	0.7323	41.3574
Direct Care	77.2064	77.2064	1.3432	75.8632
Indirect Care	40.8482	40.8482	0.7107	40.1375
Property	11.9000	14.4415	0.2512	14.1903
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.2238
Supplemental Rate Add-on				9.9025
Totals	172.0443	174.5858	3.0374	201.6747

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: 7/31/2014

0 227871-00 - 2015/01

201.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	61,280	0.00	3.8241	3.0000	0.8241	120		61,280	2,824,800	
1981/07	5,901	0.10	3.4129	3.0000	0.4129	120		67,181	2,897,880	
1982/01	1,565,867	0.10	3.0888	3.0000	0.0888	120	81.19	1,633,250	2,975,520	
1982/07		0.20	2.3865	2.3865		120	81.19	1,641,046	3,043,800	
1983/04	8,227	0.20	2.6288	2.6288		120	81.19	1,657,902	3,123,840	
1983/07		0.30	3.9578	3.0000	0.9578	120	81.19	1,672,823	3,247,440	
1984/01	307,530	0.30	2.2530	2.2530		120	86.88	1,991,660	3,289,560	
1984/07		0.40	1.9179	1.9179		120	86.88	2,006,940	3,352,680	
1985/01		0.40	1.1471	1.1471		120	85.03	2,016,148	3,391,080	
1985/10		0.50	0.8522	0.8522		120	85.03	2,024,739	3,420,000	
1986/01		0.50	0.8299	0.8299		120	85.03	2,033,142	3,448,440	
1986/07		0.60	0.2974	0.2974		120	85.03	2,036,769	3,441,840	
1987/01	23,098	0.60	1.0091	1.0091		120	85.74	2,072,200	3,503,400	
1987/07		0.70	0.9007	0.9007		120	86.00	2,085,265	3,530,760	
1988/01	13,888	0.70	0.9007	0.9007		120	86.00	2,112,301	3,559,440	
1988/07		0.80	0.5899	0.5899		120	81.55	2,122,269	3,557,520	
1989/01	359,075	0.80	0.5899	0.5899		120	81.55	2,491,359	3,578,520	
1989/07		0.90	0.5899	0.5899		120	80.06	2,504,586	3,602,760	
1990/01		0.90	0.5899	0.5899		120	84.56	2,517,883	3,620,880	
1990/07		1.00	0.5899	0.5899		120	85.00	2,532,736	3,642,240	
1991/01		1.00	0.5899	0.5899		120	85.00	2,547,677	3,663,600	
1991/07		1.00	1.4932	1.4932		120	85.00	2,585,719	3,718,320	
1992/01		1.00	2.0117	2.0117		120	85.00	2,637,736	3,793,080	
1992/07		1.00	1.8152	1.8152		120	85.00	2,685,616	3,861,960	
1993/01		1.00	1.7710	1.7710		120	85.00	2,733,178	3,930,360	
1993/07		1.00	1.5329	1.5329		120	85.00	2,775,075	3,990,600	
1994/01		1.00	1.6983	1.6983		120	82.51	2,822,204	4,058,400	
1994/07		1.00	1.5991	1.5991		120	82.51	2,867,334	4,123,320	
1995/01		1.00	1.5812	1.5812		120	83.90	2,912,672	4,188,480	
1995/07		1.00	1.5250	1.5250		120	83.90	2,957,090	4,252,320	



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: 7/31/2014

0 227871-00 - 2015/01

201.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	30,196	1.00	1.7228	1.7228		120	82.66	3,038,231	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.66	3,078,621	4,383,120	
1997/01		1.00	1.4109	1.4109		120	81.07	3,122,057	4,444,920	
1997/07		1.00	1.0917	1.0917		120	81.07	3,156,140	4,493,400	
1998/01	42,535	1.00	1.1663	1.1663		120	77.50	3,235,485	4,545,840	
1998/07		1.00	1.0794	1.0794		120	77.50	3,270,409	4,594,920	
1999/01		1.00	1.4499	1.4499		120	77.50	3,317,827	4,661,520	
1999/07		1.00	1.2299	1.2299		120	74.81	3,358,633	4,718,880	
2000/01		1.00	1.3356	1.3356		120	66.88	3,403,491	4,781,880	
2000/07		1.00	1.1129	1.1129		120	66.88	3,441,368	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.88	3,486,023	4,897,800	
2001/07		0.95	0.9615	0.9615		120	66.88	3,517,864	4,944,840	
2002/01		0.95	1.0301	1.0301		120	69.39	3,552,290	4,995,720	
2002/07		0.90	0.8337	0.8337		120	69.39	3,578,943	5,037,360	
2003/01	24,111	0.90	1.3271	1.3271		120	71.42	3,645,801	5,104,200	
2003/07		0.85	1.1664	1.1664		120	71.42	3,681,945	5,163,720	
2004/01		0.85	1.1103	1.1103		120	69.29	3,716,695	5,221,080	
2004/07		0.80	0.8378	0.8378		120	69.29	3,741,604	5,264,880	
2005/01		0.80	0.8595	0.8595		120	59.95	3,767,331	5,310,120	
2005/07		0.75	0.7364	0.7364		120	59.95	3,788,138	5,349,240	
2006/01		0.75	0.9068	0.9068		120	55.55	3,813,901	5,397,720	
2006/07		0.70	0.8133	0.8133		120	55.55	3,835,614	5,441,640	
2007/01		0.70	1.0133	1.0133		120	55.55	3,862,820	5,496,720	
2007/07		0.65	1.1050	1.1050		120	53.63	3,889,875	5,557,440	
2008/01		0.65	0.8556	0.8556		120	57.47	3,911,507	5,604,960	
2008/07		0.60	0.6104	0.6104		120	57.47	3,925,831	5,639,160	
2009/01		0.60	1.3268	1.3268		120	57.47	3,957,085	5,714,040	
2009/07		0.55	0.6841	0.6841		120	59.14	3,971,976	5,753,160	
2010/01		0.55	0.8643	0.8643		120	59.14	3,990,859	5,802,840	
2010/07		0.50	0.7107	0.7107		120	63.42	4,005,043	5,844,120	



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: 7/31/2014

0 227871-00 - 2015/01

201.67

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		120	64.46	4,023,462	5,897,880	
2011/07		0.45	0.9028	0.9028		120	64.46	4,039,809	5,951,160	
2012/01		0.45	0.3865	0.3865		120	64.46	4,046,834	5,974,200	
2012/07	20,038	0.40	0.9417	0.9417		120	59.64	4,082,116	6,030,480	
2013/01		0.40	0.4901	0.4901		120	59.64	4,090,117	6,060,000	
2013/07		0.35	0.6196	0.6196		120	59.19	4,098,988	6,097,560	
2014/01		0.35	0.8564	0.8564		120	59.19	4,111,273	6,149,760	
2014/07		0.30	1.2383	1.2383		120	60.28	4,126,546	6,225,960	
2015/01		0.30	0.7571	0.7571		120	63.42	4,135,917	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 227871073120140801201310292014123423



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 228001-00 - 2015/01

272.14

North Beach Nursing & 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
2201 NE 170TH STREET	1/1/2014-8/31/2014	Number of Beds: 99	Superior: 0
NORTH MIAMI BEACH, FL 33160	Days in CR 243	Maximum: 24,057	Standard: 212
County: Dade [13]	First Used : 2015/01	Max Annualized: 36,135	Conditional: 31
Region: South Area: 11	Last Used: 2015/01	Total Patient: 21,977	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,409	Inflation
Current Class South Small	Initial CR? False	Medicaid: 11,784	FY Index: 1.33590225
Class at 1/94: South Small	Medical Utilization	53.61969%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.35387%	Cost: 1.02673601
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: 1.22633277
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	116.65477%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02296460
Previous Med # 225282			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	720,133	1,183,582	848,852	126,678	3,914	2,883,159	
1a	Audit Adjustments							
2	Cost Per Diem	61.1111	100.4398	72.0343	10.7500	0.3321	244.6673	
3	Cost Per Diem Inflated	62.7450	102.7464	73.9602				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	62.7450	102.7464	73.9602	10.7500	0.3321	250.5337	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.2842		69.1600				
7	Provider Target Rate	67.6750		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	102.7464	71.6927	10.7500	0.3321	247.6928	
12/13	Medical Adjustment Rate		0.3650	0.2547				
14	Prospective Per Diem 11	62.1716	103.1114	71.9474	10.7500	0.3321	248.3125	
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 228001-00 - 2015/01

272.14

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

North Beach Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,634,917.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Variable	80% Capital(1):	3,857,478	12.5784
Indexed Asset Value	4,821,848	<60% of Base:	False	20% ROE(2):	964,370	0.6903
FRVS Base Asset:	1,345,871	Interest Rate:	10.4900%	Insurance Cost(3):	36,349	1.6540
Occup Adj Factor	0.9000	Chase Rate:	6.7500%	Taxes Cost(3):	28,447	1.2944
ROE Factor	0.023280	Amortization Rate:	8.7500%	Home Office(3):	20,183	0.9184
		Interest Only:	False	Replacement(3&4):	51,570	0.0000
		Yearly Payment:	409,067	Total FRVS PD:		17.1355

- (1) 80% Capital (\$3,857,478) amortized at 8.7500 % for 20 years Principal & Interest of \$409,067 divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$12.5784
- (2) 20% ROE (\$964,370) times the ROE factor (0.023280) divided by annual available days (36135) divided by Occup. Adj. (0.90) = \$0.6903
- (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	99	Effective PBS Limitation	52,276
			2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	103.1114	103.1114	1.7939	101.3175
Indirect Care	71.9474	71.9474	1.2517	70.6957
Property	10.7500	17.1355	0.1870	10.5630
ROE	0.3321	0.1568	0.0058	0.3263
ROE Adjustment	-0.1568	-0.1568	-0.0027	-0.1541
Quality Assess-Medicaid Share				18.4007
Supplemental Rate Add-on				9.9025
Totals	248.1557	254.3659	4.3173	272.1416

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 228001-00 - 2015/01

272.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	1,308,743	0.00	2.6760	2.6760		99	73.90	1,308,743	2,454,804	
1982/07		0.10	2.2977	2.2977		99	73.90	1,311,750	2,511,135	
1983/04		0.10	2.6288	2.6288		99	73.90	1,315,199	2,577,168	
1983/07		0.20	3.9578	3.0000	0.9578	99	73.90	1,323,090	2,679,138	
1984/01		0.20	2.2530	2.2530		99	73.90	1,329,052	2,713,887	
1984/07		0.30	1.9179	1.9179		99	78.97	1,336,699	2,765,961	
1985/01		0.30	1.1471	1.1471		99	78.97	1,341,299	2,797,641	
1985/10		0.40	0.8522	0.8522		99	68.08	1,345,871	2,821,500	
1986/01		0.40	0.8299	0.8299		99	68.08	1,350,339	2,844,963	
1986/07		0.50	0.2974	0.2974		99	74.47	1,352,347	2,839,518	
1987/01		0.50	1.0091	1.0091		99	74.47	1,359,171	2,890,305	
1987/07		0.60	0.9007	0.9007		99	78.97	1,366,516	2,912,877	
1988/01		0.60	0.9007	0.9007		99	78.97	1,373,901	2,936,538	
1988/07	45,768	0.70	0.5899	0.5899		99	81.33	1,425,342	2,934,954	
1989/01		0.70	0.5899	0.5899		99	81.33	1,431,227	2,952,279	
1989/07		0.80	0.5899	0.5899		99	72.35	1,437,981	2,972,277	
1990/01		0.80	0.5899	0.5899		99	72.35	1,444,767	2,987,226	
1990/07		0.90	0.5899	0.5899		99	74.47	1,452,437	3,004,848	
1991/01		0.90	0.5899	0.5899		99	74.47	1,452,437	3,022,470	5
1991/07		1.00	1.4932	1.4932		99	74.74	1,460,148	3,067,614	5
1992/01		1.00	2.0117	2.0117		99	74.74	1,481,951	3,129,291	5
1992/07	14,859	1.00	1.8152	1.8152		99	76.66	1,526,622	3,186,117	5
1993/01		1.00	1.7710	1.7710		99	76.66	1,554,064	3,242,547	5
1993/07		1.00	1.5329	1.5329		99	71.87	1,581,586	3,292,245	5
1994/01		1.00	1.6983	1.6983		99	71.87	1,633,102	3,348,180	
1994/07	15,570	1.00	1.5991	1.5991		99	73.23	1,674,787	3,401,739	
1995/01		1.00	1.5812	1.5812		99	73.23	1,701,269	3,455,496	
1995/07	17,434	1.00	1.5250	1.5250		99	69.58	1,744,647	3,508,164	
1996/01		1.00	1.7228	1.7228		99	69.58	1,774,704	3,568,653	
1996/07	1,004,443	1.00	1.3294	1.3294		99	67.54	2,802,740	3,616,074	



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 228001-00 - 2015/01

272.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		99	67.54	2,842,284	3,667,059	
1997/07	25,719	1.00	1.0917	1.0917		99	69.70	2,899,032	3,707,055	
1998/01		1.00	1.1663	1.1663		99	69.70	2,932,843	3,750,318	
1998/07		1.00	1.0794	1.0794		99	74.80	2,964,500	3,790,809	
1999/01		1.00	1.4499	1.4499		99	74.80	3,007,482	3,845,754	
1999/07		1.00	1.2299	1.2299		99	71.62	3,044,471	3,893,076	
2000/01		1.00	1.3356	1.3356		99	71.62	3,085,133	3,945,051	
2000/07		1.00	1.1129	1.1129		99	75.25	3,119,467	3,988,908	
2001/01		1.00	1.2976	1.2976		99	75.25	3,159,945	4,040,685	
2001/07		1.00	0.9615	0.9615		99	75.25	3,190,328	4,079,493	
2002/01		1.00	1.0301	1.0301		99	75.25	3,223,192	4,121,469	
2002/07		0.95	0.8337	0.8337		99	75.25	3,248,720	4,155,822	
2003/01		0.95	1.3271	1.3271		99	74.94	3,289,677	4,210,965	
2003/07		0.90	1.1664	1.1664		99	74.94	3,324,212	4,260,069	
2004/01		0.90	1.1103	1.1103		99	69.75	3,357,431	4,307,391	
2004/07		0.85	0.8378	0.8378		99	69.75	3,381,339	4,343,526	
2005/01		0.85	0.8595	0.8595		99	66.11	3,406,043	4,380,849	
2005/07		0.80	0.7364	0.7364		99	61.74	3,426,108	4,413,123	
2006/01		0.80	0.9068	0.9068		99	61.74	3,450,961	4,453,119	
2006/07		0.75	0.8133	0.8133		99	61.74	3,472,012	4,489,353	
2007/01		0.75	1.0133	1.0133		99	63.76	3,498,399	4,534,794	
2007/07		0.70	1.1050	1.1050		99	64.03	3,525,459	4,584,888	
2008/01		0.70	0.8556	0.8556		99	64.03	3,546,573	4,624,092	
2008/07		0.65	0.6104	0.6104		99	64.03	3,560,646	4,652,307	
2009/01	122,093	0.65	1.3268	1.3268		99	60.73	3,713,446	4,714,083	
2009/07		0.60	0.6841	0.6841		99	60.73	3,728,690	4,746,357	
2010/01		0.60	0.8643	0.8643		99	60.98	3,748,027	4,787,343	
2010/07	18,229	0.55	0.7107	0.7107		99	63.72	3,780,907	4,821,399	
2011/01		0.55	0.9198	0.9198		99	63.72	3,800,035	4,865,751	
2011/07	675,114	0.50	0.9028	0.9028		99	58.96	4,492,302	4,909,707	



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 228001-00 - 2015/01

272.14

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		99	58.96	4,500,986	4,928,715	
2012/07		0.45	0.9417	0.9417		99	58.96	4,520,061	4,975,146	
2013/01	75,433	0.45	0.4901	0.4901		99	60.76	4,605,461	4,999,500	
2013/07		0.40	0.6196	0.6196		99	60.76	4,616,873	5,030,487	
2014/01	27,565	0.40	0.8564	0.8564		99	53.18	4,659,732	5,073,552	
2014/07	103,861	0.35	1.2383	1.2383		99	53.57	4,783,263	5,136,417	
2015/01	26,227	0.35	0.7571	0.7571		99	53.62	4,821,848	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: 228001083120140101201410032014092241



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 228320-00 - 2015/01

252.41

The Gardens Court

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
3803 PGA BOULEVARD	9/1/2012-8/31/2013	Number of Beds: 120	Superior: 0
PALM BEACH GARDENS, FL 33410	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: 33,301	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,342	Inflation
Current Class South Large	Initial CR? False	Medicaid: 14,303	FY Index: 1.30580299
Class at 1/94: South Large	Medical Utilization		Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	42.95066%	Cost: 1.05040266
Open Date: 07/25/1996	Statewide Low Occupancy Threshold:	76.02968%	Target: 1.02563464
Acquired Date: 03/13/1997	Medicaid Low Occupancy Threshold:	78.31130%	DC FY Index: 1.21049917
Entered Medicaid 03/13/1997	Low Occupancy Adjustment Factor:	41.41010%	DC Sem Index: 1.25449501
Med # Active Date: 05/01/2001	Weighted Low Occ Adjustment Factor:	97.08647%	DC Inflation: 1.03634520
Previous Med # 213713		100.00000%	PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	699,685	1,319,967	974,606	460,271		3,454,529	
1a	Audit Adjustments							
2	Cost Per Diem	48.9188	92.2860	68.1400	32.1800		241.5248	
3	Cost Per Diem Inflated	51.3844	95.6402	71.5744				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	51.3844	95.6402	71.5744	32.1800		250.7790	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	73.4505		68.6583				
7	Provider Target Rate	76.1403		71.1726				
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	51.3844	95.6402	65.5807	13.6500		226.2553	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	51.3844	95.6402	65.5807	13.6500		226.2553	
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 228320-00 - 2015/01

252.41

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

The Gardens Court

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/13/1997	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,200,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,467,592	10.8234
RS to Start Calcs:	1997/01	<60% of Base:	False	20% ROE(2):	1,116,898	0.4457
Indexed Asset Value	5,584,490	Interest Rate:	7.3400%	Insurance Cost(3):	33,146	0.9953
FRVS Base Asset:	4,325,640	Chase Rate:	8.2500%	Taxes Cost(3):	179,246	5.3826
Occup Adj Factor	0.9000	Amortization Rate:	7.3400%	Home Office(3):	36,574	1.0983
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	173,225	0.0000
		Yearly Payment:	426,658	Total FRVS PD:		18.7453

- (1) 80% Capital (\$4,467,592) amortized at 7.3400 % for 20 years Principal & Interest of \$426,658 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.8234
- (2) 20% ROE (\$1,116,898) times the ROE factor (0.015730) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4457
- (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	120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.3844	51.3844	0.8940	50.4904
Direct Care	95.6402	95.6402	1.6639	93.9763
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	18.7453	0.3261	18.4192
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.1834
Supplemental Rate Add-on				9.9025
Totals	226.2553	231.3506	4.0249	252.4116

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: 8/31/2013

0 228320-00 - 2015/01

252.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01	15,000,000	0.00	1.4109	1.4109		120	40.31	4,325,640	4,325,640	1
1997/07		0.10	1.0917	1.0917		120	40.31	4,329,102	4,493,400	
1998/01		0.10	1.1663	1.1663		120	40.31	4,332,802	4,545,840	
1998/07		0.20	1.0794	1.0794		120	40.31	4,339,658	4,594,920	
1999/01		0.20	1.4499	1.4499		120	40.31	4,348,882	4,661,520	
1999/07		0.30	1.2299	1.2299		120	40.31	4,360,643	4,718,880	
2000/01		0.30	1.3356	1.3356		120	40.31	4,373,449	4,781,880	
2000/07		0.40	1.1129	1.1129		120	40.31	4,387,719	4,835,040	
2001/01	14,181	0.40	1.2976	1.2976		120	33.31	4,415,692	4,897,800	
2001/07	17,432	0.50	0.9615	0.9615		120	33.31	4,445,982	4,944,840	
2002/01	51,151	0.50	1.0301	1.0301		120	33.31	4,511,003	4,995,720	
2002/07	3,384	0.60	0.8337	0.8337		120	33.31	4,528,053	5,037,360	
2003/01		0.60	1.3271	1.3271		120	33.31	4,549,890	5,104,200	
2003/07		0.70	1.1664	1.1664		120	33.31	4,549,890	5,163,720	5
2004/01	37,890	0.70	1.1103	1.1103		120	32.65	4,631,375	5,221,080	
2004/07		0.80	0.8378	0.8378		120	32.65	4,649,801	5,264,880	
2005/01		0.80	0.8595	0.8595		120	32.66	4,668,787	5,310,120	
2005/07		0.90	0.7364	0.7364		120	32.66	4,687,163	5,349,240	
2006/01		0.90	0.9068	0.9068		120	32.66	4,709,878	5,397,720	
2006/07		1.00	0.8133	0.8133		120	32.77	4,732,701	5,441,640	
2007/01	36,311	1.00	1.0133	1.0133		120	30.45	4,795,562	5,496,720	
2007/07		1.00	1.1050	1.1050		120	30.45	4,824,900	5,557,440	
2008/01		1.00	0.8556	0.8556		120	30.45	4,847,755	5,604,960	
2008/07		1.00	0.6104	0.6104		120	28.91	4,863,309	5,639,160	
2009/01	232,916	1.00	1.3268	1.3268		120	29.32	5,130,623	5,714,040	
2009/07		1.00	0.6841	0.6841		120	29.32	5,149,334	5,753,160	
2010/01	68,011	1.00	0.8643	0.8643		120	27.72	5,239,776	5,802,840	
2010/07		1.00	0.7107	0.7107		120	27.72	5,258,545	5,844,120	
2011/01		1.00	0.9198	0.9198		120	27.72	5,282,923	5,897,880	
2011/07	30,731	1.00	0.9028	0.9028		120	27.77	5,337,735	5,951,160	



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: 8/31/2013

0 228320-00 - 2015/01

252.41

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		1.00	0.3865	0.3865		120	36.52	5,351,434	5,974,200	
2012/07		1.00	0.9417	0.9417		120	36.52	5,384,896	6,030,480	
2013/01		1.00	0.4901	0.4901		120	36.52	5,402,420	6,060,000	
2013/07		1.00	0.6196	0.6196		120	44.56	5,429,540	6,097,560	
2014/01		1.00	0.8564	0.8564		120	44.56	5,467,212	6,149,760	
2014/07	31,587	1.00	1.2383	1.2383		120	42.95	5,551,667	6,225,960	
2015/01		1.00	0.7571	0.7571		120	42.95	5,584,490	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: 228320083120130901201210042013115624



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 228338-00 - 2015/01

217.00

Life Care Center 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
606 E SHERIDAN RD	3/1/2013-2/28/2014	Number of Beds: 120	Superior: 0
MELBOURNE, FL 32901	Days in CR 365	Maximum: 43,800	Standard: 243
County: Brevard [5]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 39,022	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 19,837	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 9,168	FY Index: 1.31461409
Class at 1/94: North Large	Medical Utilization	23.49444%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.09132%	Cost: 1.04336242
Open Date: 02/01/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/01/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21766521
Entered Medicaid 02/01/1990	Low Occupancy Adjustment Factor:	113.76560%	DC Sem Index: 1.25449501
Med # Active Date: 02/28/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03024624
Previous Med # 202088			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	357,095	761,598	563,841	125,418		1,807,952	
1a	Audit Adjustments							
2	Cost Per Diem	38.9502	83.0713	61.5010	13.6800		197.2025	
3	Cost Per Diem Inflated	40.6392	85.5839	64.1678				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.6392	85.5839	64.1678	13.6800		204.0709	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	62.4881		54.4474				
7	Provider Target Rate	64.7765		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	40.6392	85.5839	56.4413	13.6500		196.3144	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	40.6392	85.5839	56.4413	13.6500		196.3144	
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 228338-00 - 2015/01

217.00

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

Life Care Center of Melbourne

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,085,472.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed	80% Capital(1):	4,873,862	12.8756
Indexed Asset Value	6,092,328	<60% of Base:	False	20% ROE(2):	1,218,466	0.6213
FRVS Base Asset:	1,801,380	Interest Rate:	8.5000%	Insurance Cost(3):	14,218	0.3644
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	75,687	1.9396
ROE Factor	0.020100	Amortization Rate:	8.5000%	Home Office(3):	47,628	1.2205
		Interest Only:	False	Replacement(3&4):	172,275	0.0000
		Yearly Payment:	507,558	Total FRVS PD:		17.0214

- (1) 80% Capital (\$4,873,862) amortized at 8.5000 % for 20 years Principal & Interest of \$507,558 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.8756
- (2) 20% ROE (\$1,218,466) times the ROE factor (0.020100) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6213
- (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	60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	40.6392	40.6392	0.7070	39.9322
Direct Care	85.5839	85.5839	1.4890	84.0949
Indirect Care	56.4413	56.4413	0.9819	55.4594
Property	13.6500	17.0214	0.2961	16.7253
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				10.8858
Supplemental Rate Add-on				9.9025
Totals	196.3144	199.6858	3.4740	217.0001

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 228338-00 - 2015/01

217.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	2,732,776	0.00	0.5899	0.5899		60	43.23	1,801,380	1,801,380	1
1990/07		0.10	0.5899	0.5899		60	43.23	1,802,215	1,821,120	
1991/01		0.10	0.5899	0.5899		60	43.23	1,803,051	1,831,800	
1991/07		0.20	1.4932	1.4932		60	43.23	1,807,283	1,859,160	
1992/01		0.20	2.0117	2.0117		60	43.23	1,812,998	1,896,540	
1992/07		0.30	1.8152	1.8152		60	43.23	1,820,759	1,930,980	
1993/01	1,545,975	0.30	1.7710	1.7710		120	44.74	3,374,603	3,930,360	
1993/07	9,379	0.40	1.5329	1.5329		120	49.26	3,402,515	3,990,600	
1994/01		0.40	1.6983	1.6983		120	49.26	3,423,216	4,058,400	
1994/07		0.50	1.5991	1.5991		120	47.68	3,446,945	4,123,320	
1995/01		0.50	1.5812	1.5812		120	47.68	3,470,570	4,188,480	
1995/07	29,909	0.60	1.5250	1.5250		120	47.48	3,527,893	4,252,320	
1996/01		0.60	1.7228	1.7228		120	47.48	3,559,375	4,325,640	
1996/07		0.70	1.3294	1.3294		120	47.74	3,588,126	4,383,120	
1997/01		0.70	1.4109	1.4109		120	47.74	3,618,885	4,444,920	
1997/07		0.80	1.0917	1.0917		120	50.94	3,648,159	4,493,400	
1998/01		0.80	1.1663	1.1663		120	50.94	3,679,684	4,545,840	
1998/07		0.90	1.0794	1.0794		120	49.92	3,712,130	4,594,920	
1999/01		0.90	1.4499	1.4499		120	49.92	3,712,130	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	49.92	3,798,025	4,718,880	
2000/01	52,512	1.00	1.3356	1.3356		120	57.28	3,850,537	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	66.42	3,944,680	4,835,040	
2001/01	46,331	1.00	1.2976	1.2976		120	65.16	4,042,197	4,897,800	
2001/07	10,596	1.00	0.9615	0.9615		120	65.16	4,091,659	4,944,840	
2002/01	20,533	1.00	1.0301	1.0301		120	65.16	4,154,340	4,995,720	
2002/07		1.00	0.8337	0.8337		120	65.16	4,188,975	5,037,360	
2003/01		1.00	1.3271	1.3271		120	65.16	4,244,567	5,104,200	
2003/07		1.00	1.1664	1.1664		120	65.16	4,294,076	5,163,720	
2004/01	312,573	1.00	1.1103	1.1103		120	58.96	4,654,326	5,221,080	
2004/07	30,994	1.00	0.8378	0.8378		120	54.59	4,724,023	5,264,880	



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 228338-00 - 2015/01

217.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01		1.00	0.8595	0.8595		120	54.59	4,764,323	5,310,120	
2005/07	99,909	1.00	0.7364	0.7364		120	48.70	4,864,232	5,349,240	5
2006/01		1.00	0.9068	0.9068		120	48.70	4,934,604	5,397,720	
2006/07	90,290	1.00	0.8133	0.8133		120	48.23	5,060,087	5,441,640	
2007/01		1.00	1.0133	1.0133		120	48.23	5,105,050	5,496,720	
2007/07		1.00	1.1050	1.1050		120	48.23	5,154,517	5,557,440	
2008/01	169,577	1.00	0.8556	0.8556		120	39.01	5,355,374	5,604,960	
2008/07		1.00	0.6104	0.6104		120	39.01	5,378,560	5,639,160	
2009/01	21,291	1.00	1.3268	1.3268		120	38.28	5,449,519	5,714,040	
2009/07	132,304	1.00	0.6841	0.6841		120	32.40	5,603,784	5,753,160	
2010/01		1.00	0.8643	0.8643		120	32.40	5,632,316	5,802,840	
2010/07		0.95	0.7107	0.7107		120	31.82	5,654,318	5,844,120	
2011/01		0.95	0.9198	0.9198		120	31.82	5,682,902	5,897,880	
2011/07		0.90	0.9028	0.9028		120	31.82	5,709,616	5,951,160	
2012/01	209,156	0.90	0.3865	0.3865		120	33.02	5,930,697	5,974,200	
2012/07		0.85	0.9417	0.9417		120	33.02	5,959,196	6,030,480	
2013/01	24,497	0.85	0.4901	0.4901		120	30.94	5,997,659	6,060,000	
2013/07		0.80	0.6196	0.6196		120	30.94	6,014,384	6,097,560	
2014/01		0.80	0.8564	0.8564		120	26.10	6,033,937	6,149,760	
2014/07	58,391	0.75	1.2383	1.2383		120	23.49	6,092,328	6,225,960	
2015/01		0.75	0.7571	0.7571		120	23.49	6,092,328	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 228401-00 - 2015/01

213.71

Park Ridge Nursing 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
730 COLLEGE STREET	1/1/2013-12/31/2013	Number of Beds: 104	Superior: 0
JACKSONVILLE , FL 32204	Days in CR 365	Maximum: 37,960	Standard: 243
County: Duval [16]	First Used : 2014/07	Max Annualized: 37,960	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 29,677	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 3,427	Inflation
Current Class North Large	Initial CR? False	Medicaid: 21,031	FY Index: 1.31456505
Class at 1/94: North Large	Medical Utilization	70.86633%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	78.17966%	Cost: 1.04340134
Open Date: 04/01/1979	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1979	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 11/01/1980	Low Occupancy Adjustment Factor:	99.83190%	DC Sem Index: 1.25449501
Med # Active Date: 07/16/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 202908			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	894,239	1,634,190	917,995	159,625		3,606,049	
1a	Audit Adjustments							
2	Cost Per Diem	42.5200	77.7038	43.6496	7.5900		171.4634	
3	Cost Per Diem Inflated	44.3654	80.2297	45.5441				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	44.3654	80.2297	45.5441	7.5900		177.7292	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.2771		52.2722				
7	Provider Target Rate	52.1183		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	44.3654	80.2297	45.5441	7.5900		177.7292	
12/13	Medical Adjustment Rate		1.8834	1.0691				
14	Prospective Per Diem 11	44.3654	82.1131	46.6132	7.5900		180.6817	
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 228401-00 - 2015/01

213.71

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

Park Ridge Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1987	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	1,230,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,076,139 7.0373
RS to Start Calcs:	1979/01	<60% of Base:	False	20% ROE(2):	519,035 0.2849
Indexed Asset Value	2,595,174	Interest Rate:	10.0000%	Insurance Cost(3):	19,900 0.6706
FRVS Base Asset:	1,293,889	Chase Rate:	9.5000%	Taxes Cost(3):	37,519 1.2642
Occup Adj Factor	0.9000	Amortization Rate:	10.0000%	Home Office(3):	11,625 0.3917
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	35,365 0.0000
		Yearly Payment:	240,422	Total FRVS PD:	9.6487

(1) 80% Capital (\$2,076,139) amortized at 10.0000 % for 20 years Principal & Interest of \$240,422 divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$7.0373

(2) 20% ROE (\$519,035) times the ROE factor (0.018750) divided by annual available days (37960) divided by Occup. Adj. (0.90) = \$0.2849

(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	44.3654	44.3654	0.7719	43.5935
Direct Care	82.1131	82.1131	1.4286	80.6845
Indirect Care	46.6132	46.6132	0.8110	45.8022
Property	7.5900	9.6487	0.1679	9.4808
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				24.2424
Supplemental Rate Add-on				9.9025
Totals	180.6817	182.7404	3.1794	213.7059

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 228401-00 - 2015/01

213.71

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	1,059,622	0.00	5.1272	3.0000	2.1272	104	100.00	1,059,622	2,053,272	
1979/07		0.10	6.3255	3.0000	3.3255	104	100.00	1,062,801	2,139,488	
1980/01		0.10	9.4912	3.0000	6.4912	104	62.21	1,065,989	2,271,464	
1980/07	9,707	0.20	10.3018	3.0000	7.3018	104	62.21	1,082,092	2,357,992	
1981/01	6,139	0.20	11.1259	3.0000	8.1259	104	65.97	1,094,724	2,448,160	
1981/07		0.30	10.7147	3.0000	7.7147	104	65.97	1,104,577	2,511,496	
1982/01		0.30	10.3907	3.0000	7.3907	104	67.80	1,114,518	2,578,784	
1982/07	10,397	0.40	9.6883	3.0000	6.6883	104	67.80	1,138,289	2,637,960	
1983/04	616	0.40	9.3172	3.0000	6.3172	104	75.66	1,152,564	2,707,328	
1983/07	14,823	0.50	10.2750	3.0000	7.2750	104	75.66	1,184,675	2,814,448	
1984/01	9,144	0.50	8.5701	3.0000	5.5701	104	77.18	1,211,589	2,850,952	
1984/07		0.60	7.4880	3.0000	4.4880	104	77.18	1,233,398	2,905,656	
1985/01		0.60	5.6351	3.0000	2.6351	104	77.54	1,255,599	2,938,936	
1985/10	11,922	0.70	3.4873	3.0000	0.4873	104	77.54	1,293,889	2,964,000	
1986/01		0.70	1.3172	1.3172		104	77.54	1,305,819	2,988,648	
1986/07		0.80	0.2974	0.2974		104	77.54	1,308,926	2,982,928	
1987/01		0.80	1.0091	1.0091		104	76.00	1,319,493	3,036,280	
1987/07		0.90	0.9007	0.9007		104	76.00	1,330,189	3,059,992	
1988/01	11,088	0.90	0.9007	0.9007		104	79.82	1,352,060	3,084,848	
1988/07		1.00	0.5899	0.5899		104	79.82	1,360,036	3,083,184	
1989/01		1.00	0.5899	0.5899		104	85.84	1,368,059	3,101,384	
1989/07		1.00	0.5899	0.5899		104	85.84	1,376,129	3,122,392	
1990/01		1.00	0.5899	0.5899		104	73.88	1,384,247	3,138,096	
1990/07	16,896	1.00	0.5899	0.5899		104	95.29	1,409,309	3,156,608	
1991/01		1.00	0.5899	0.5899		104	95.29	1,417,623	3,175,120	
1991/07		1.00	1.4932	1.4932		104	95.29	1,438,791	3,222,544	
1992/01		1.00	2.0117	2.0117		104	95.29	1,467,735	3,287,336	
1992/07		1.00	1.8152	1.8152		104	95.29	1,494,377	3,347,032	
1993/01		1.00	1.7710	1.7710		104	95.29	1,520,842	3,406,312	
1993/07		1.00	1.5329	1.5329		104	95.29	1,544,155	3,458,520	



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 228401-00 - 2015/01

213.71

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	96.73	1,570,379	3,517,280	
1994/07		1.00	1.5991	1.5991		104	96.73	1,595,491	3,573,544	
1995/01		1.00	1.5812	1.5812		104	89.65	1,620,719	3,630,016	
1995/07		1.00	1.5250	1.5250		104	89.65	1,645,435	3,685,344	
1996/01		1.00	1.7228	1.7228		104	91.41	1,673,783	3,748,888	
1996/07		1.00	1.3294	1.3294		104	91.21	1,696,034	3,798,704	
1997/01		1.00	1.4109	1.4109		104	92.19	1,719,963	3,852,264	
1997/07		1.00	1.0917	1.0917		104	92.19	1,738,740	3,894,280	
1998/01		1.00	1.1663	1.1663		104	91.66	1,759,019	3,939,728	
1998/07		1.00	1.0794	1.0794		104	91.66	1,778,006	3,982,264	
1999/01		1.00	1.4499	1.4499		104	89.75	1,803,785	4,039,984	
1999/07		0.95	1.2299	1.2299		104	89.75	1,803,785	4,089,696	5
2000/01		0.95	1.3356	1.3356		104	92.92	1,848,014	4,144,296	
2000/07		0.90	1.1129	1.1129		104	92.92	1,866,524	4,190,368	
2001/01		0.90	1.2976	1.2976		104	91.16	1,888,321	4,244,760	
2001/07	69,550	0.85	0.9615	0.9615		104	85.90	1,973,304	4,285,528	
2002/01		0.85	1.0301	1.0301		104	85.90	1,990,582	4,329,624	
2002/07		0.80	0.8337	0.8337		104	85.90	2,003,859	4,365,712	
2003/01		0.80	1.3271	1.3271		104	85.90	2,025,134	4,423,640	
2003/07		0.75	1.1664	1.1664		104	85.90	2,042,850	4,475,224	
2004/01		0.75	1.1103	1.1103		104	79.21	2,059,861	4,524,936	
2004/07		0.70	0.8378	0.8378		104	79.21	2,071,942	4,562,896	
2005/01		0.70	0.8595	0.8595		104	72.02	2,084,409	4,602,104	
2005/07		0.65	0.7364	0.7364		104	72.02	2,094,387	4,636,008	
2006/01	77,526	0.65	0.9068	0.9068		104	78.87	2,184,257	4,678,024	
2006/07		0.60	0.8133	0.8133		104	78.87	2,194,916	4,716,088	
2007/01	67,757	0.60	1.0133	1.0133		104	81.56	2,276,018	4,763,824	
2007/07		0.55	1.1050	1.1050		104	81.56	2,289,852	4,816,448	
2008/01	84,197	0.55	0.8556	0.8556		104	76.79	2,384,825	4,857,632	
2008/07		0.50	0.6104	0.6104		104	76.41	2,392,103	4,887,272	



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 228401-00 - 2015/01

213.71

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	76.41	2,407,972	4,952,168	
2009/07		0.45	0.6841	0.6841		104	76.41	2,415,384	4,986,072	
2010/01		0.45	0.8643	0.8643		104	75.69	2,424,777	5,029,128	
2010/07	16,333	0.40	0.7107	0.7107		104	76.49	2,448,004	5,064,904	
2011/01		0.40	0.9198	0.9198		104	76.49	2,457,010	5,111,496	
2011/07		0.35	0.9028	0.9028		104	76.49	2,464,774	5,157,672	
2012/01		0.35	0.3865	0.3865		104	75.82	2,468,109	5,177,640	
2012/07		0.30	0.9417	0.9417		104	75.82	2,475,081	5,226,416	
2013/01		0.30	0.4901	0.4901		104	72.60	2,478,719	5,252,000	
2013/07		0.25	0.6196	0.6196		104	72.60	2,482,559	5,284,552	
2014/01	26,549	0.25	0.8564	0.8564		104	71.33	2,514,423	5,329,792	
2014/07	70,600	0.20	1.2383	1.2383		104	70.87	2,591,251	5,395,832	
2015/01		0.20	0.7571	0.7571		104	70.87	2,595,174	5,436,704	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 228401123120130101201305082014095142



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 228567-00 - 2015/01

196.21

Bear Creek Nursing 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
8041 STATE RD 52 E	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 243
HUDSON, FL 34667	Days in CR 365	Maximum: 43,800	Standard: 0
County: Pasco [51]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 39,915	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 10,394	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 22,286	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	55.83365%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.13014%	Cost: 1.05323681
Open Date: 09/01/1981	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 09/01/1981	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 09/01/1981	Low Occupancy Adjustment Factor:	116.36908%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 222461			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	810,577	1,697,358	945,746	324,707		3,778,388	
1a	Audit Adjustments							
2	Cost Per Diem	36.3716	76.1625	42.4368	14.5700		169.5409	
3	Cost Per Diem Inflated	38.3079	78.9959	44.6960				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.3079	78.9959	44.6960	14.5700		176.5698	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.1478		54.4474				
7	Provider Target Rate	46.8012		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	38.3079	78.9959	44.6960	13.6500		175.6498	
12/13	Medical Adjustment Rate		0.5184	0.2933				
14	Prospective Per Diem 11	38.3079	79.5143	44.9893	13.6500		176.4615	
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 228567-00 - 2015/01

196.21

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

Bear Creek Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	4,286,753.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,392,007 7.7653
RS to Start Calcs:	1981/07	<60% of Base:	False	20% ROE(2):	598,002 0.2276
Indexed Asset Value	2,990,009	Interest Rate:	11.5000%	Insurance Cost(3):	49,373 1.2370
FRVS Base Asset:	1,625,865	Chase Rate:	8.5000%	Taxes Cost(3):	38,769 0.9713
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0 0.0000
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	15,925 0.0000
		Yearly Payment:	306,109	Total FRVS PD:	10.2012

(1) 80% Capital (\$2,392,007) amortized at 11.5000 % for 20 years Principal & Interest of \$306,109 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.7653

(2) 20% ROE (\$598,002) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2276

(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	38.3079	38.3079	0.6665	37.6414
Direct Care	79.5143	79.5143	1.3834	78.1309
Indirect Care	44.9893	44.9893	0.7827	44.2066
Property	13.6500	10.2012	0.1775	10.0237
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.3017
Supplemental Rate Add-on				9.9025
Totals	176.4615	173.0127	3.0101	196.2068

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: 7/31/2013

0 228567-00 - 2015/01

196.21

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	1,553,173	0.00	2.5888	2.5888		120	52.54	1,553,173	2,897,880	
1982/01		0.10	2.6760	2.6760		120	45.91	1,556,642	2,975,520	
1982/07		0.10	2.2977	2.2977		120	45.91	1,559,628	3,043,800	
1983/04		0.20	2.6288	2.6288		120	53.78	1,567,647	3,123,840	
1983/07		0.20	3.9578	3.0000	0.9578	120	53.78	1,576,844	3,247,440	
1984/01	1,978	0.30	2.2530	2.2530		120	56.24	1,589,480	3,289,560	
1984/07	2,103	0.30	1.9179	1.9179		120	56.24	1,600,729	3,352,680	
1985/01	12,452	0.40	1.1471	1.1471		120	54.21	1,620,420	3,391,080	
1985/10		0.40	0.8522	0.8522		120	54.21	1,625,865	3,420,000	
1986/01		0.50	0.8299	0.8299		120	54.21	1,632,515	3,448,440	
1986/07		0.50	0.2974	0.2974		120	54.21	1,634,908	3,441,840	
1987/01		0.60	1.0091	1.0091		120	54.21	1,644,665	3,503,400	
1987/07		0.60	0.9007	0.9007		120	59.45	1,653,553	3,530,760	
1988/01		0.70	0.9007	0.9007		120	67.44	1,663,979	3,559,440	
1988/07		0.70	0.5899	0.5899		120	67.44	1,670,850	3,557,520	
1989/01	15,145	0.80	0.5899	0.5899		120	67.44	1,693,880	3,578,520	
1989/07		0.80	0.5899	0.5899		120	67.44	1,701,873	3,602,760	
1990/01		0.90	0.5899	0.5899		120	67.44	1,710,908	3,620,880	
1990/07		0.90	0.5899	0.5899		120	64.58	1,719,991	3,642,240	
1991/01		1.00	0.5899	0.5899		120	64.58	1,730,137	3,663,600	
1991/07		1.00	1.4932	1.4932		120	64.58	1,755,971	3,718,320	
1992/01		1.00	2.0117	2.0117		120	64.58	1,791,296	3,793,080	
1992/07		1.00	1.8152	1.8152		120	64.58	1,823,812	3,861,960	
1993/01		1.00	1.7710	1.7710		120	64.58	1,856,112	3,930,360	
1993/07		1.00	1.5329	1.5329		120	64.58	1,884,564	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.11	1,916,570	4,058,400	
1994/07		1.00	1.5991	1.5991		120	71.11	1,947,218	4,123,320	
1995/01		1.00	1.5812	1.5812		120	70.08	1,978,007	4,188,480	
1995/07		1.00	1.5250	1.5250		120	70.08	2,008,172	4,252,320	
1996/01	22,492	1.00	1.7228	1.7228		120	69.71	2,030,664	4,325,640	5



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: 7/31/2013

0 228567-00 - 2015/01

196.21

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		120	69.71	2,065,261	4,383,120	5
1997/01	24,431	1.00	1.4109	1.4109		120	68.17	2,146,674	4,444,920	
1997/07		1.00	1.0917	1.0917		120	68.17	2,170,109	4,493,400	
1998/01		1.00	1.1663	1.1663		120	66.68	2,195,419	4,545,840	
1998/07		1.00	1.0794	1.0794		120	66.68	2,219,116	4,594,920	
1999/01		1.00	1.4499	1.4499		120	66.68	2,251,291	4,661,520	
1999/07		1.00	1.2299	1.2299		120	77.83	2,278,980	4,718,880	
2000/01		1.00	1.3356	1.3356		120	71.02	2,309,418	4,781,880	
2000/07		1.00	1.1129	1.1129		120	71.02	2,335,120	4,835,040	
2001/01		1.00	1.2976	1.2976		120	71.02	2,365,421	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.02	2,388,165	4,944,840	
2002/01		0.95	1.0301	1.0301		120	71.58	2,411,536	4,995,720	
2002/07		0.95	0.8337	0.8337		120	71.58	2,430,635	5,037,360	
2003/01		0.90	1.3271	1.3271		120	67.37	2,459,667	5,104,200	
2003/07		0.90	1.1664	1.1664		120	67.37	2,485,489	5,163,720	
2004/01		0.85	1.1103	1.1103		120	64.52	2,508,947	5,221,080	
2004/07		0.85	0.8378	0.8378		120	64.52	2,526,813	5,264,880	
2005/01		0.80	0.8595	0.8595		120	64.52	2,544,187	5,310,120	
2005/07		0.80	0.7364	0.7364		120	65.04	2,559,175	5,349,240	
2006/01		0.75	0.9068	0.9068		120	65.04	2,576,580	5,397,720	
2006/07		0.75	0.8133	0.8133		120	55.75	2,592,297	5,441,640	
2007/01		0.70	1.0133	1.0133		120	55.75	2,610,684	5,496,720	
2007/07		0.70	1.1050	1.1050		120	50.45	2,629,207	5,557,440	
2008/01		0.65	0.8556	0.8556		120	50.45	2,642,618	5,604,960	
2008/07	51,713	0.65	0.6104	0.6104		120	49.02	2,703,677	5,639,160	
2009/01		0.60	1.3268	1.3268		120	49.02	2,722,861	5,714,040	
2009/07		0.60	0.6841	0.6841		120	46.87	2,732,386	5,753,160	
2010/01		0.55	0.8643	0.8643		120	46.87	2,743,456	5,802,840	
2010/07		0.55	0.7107	0.7107		120	55.53	2,754,180	5,844,120	
2011/01		0.50	0.9198	0.9198		120	55.53	2,766,846	5,897,880	



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: 7/31/2013

0 228567-00 - 2015/01

196.21

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	17,999	0.50	0.9028	0.9028		120	55.78	2,797,335	5,951,160	
2012/01	101,965	0.45	0.3865	0.3865		120	56.34	2,904,165	5,974,200	
2012/07		0.45	0.9417	0.9417		120	56.34	2,916,473	6,030,480	
2013/01		0.40	0.4901	0.4901		120	56.34	2,922,189	6,060,000	
2013/07	32,150	0.40	0.6196	0.6196		120	54.27	2,961,484	6,097,560	
2014/01		0.35	0.8564	0.8564		120	55.83	2,970,360	6,149,760	
2014/07		0.35	1.2383	1.2383		120	55.83	2,983,234	6,225,960	
2015/01		0.30	0.7571	0.7571		120	55.83	2,990,009	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: 228567073120130801201210302013160338



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 228575-00 - 2015/01

208.28

Royal Oak Nursing 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
37300 ROYAL OAK LANE	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
DADE CITY , FL 33525	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: 39,069	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 4,744	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 27,226	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	69.68696%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.19863%	Cost: 1.03444406
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: 1.22383277
Entered Medicaid 05/01/1981	Low Occupancy Adjustment Factor:	113.90263%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 222542			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,063,203	2,055,890	1,172,660	393,143		4,684,896	
1a	Audit Adjustments							
2	Cost Per Diem	39.0510	75.5120	43.0713	14.4400		172.0743	
3	Cost Per Diem Inflated	40.3961	77.4039	44.5549				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.3961	77.4039	44.5549	14.4400		176.7949	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.9775		54.4474				
7	Provider Target Rate	48.6979		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	40.3961	77.4039	44.5549	13.6500		176.0049	
12/13	Medical Adjustment Rate		1.7143	0.9868				
14	Prospective Per Diem 11	40.3961	79.1182	45.5417	13.6500		178.7060	
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 228575-00 - 2015/01

208.28

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

Royal Oak Nursing Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	4,458,223.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,380,808	10.9753
RS to Start Calcs:	1981/01	<60% of Base:	False	20% ROE(2):	845,202	0.4891
Indexed Asset Value	4,226,010	Interest Rate:	11.5000%	Insurance Cost(3):	47,205	1.2082
FRVS Base Asset:	2,272,819	Chase Rate:	8.5000%	Taxes Cost(3):	61,331	1.5698
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	14,505	0.0000
		Yearly Payment:	432,647	Total FRVS PD:		14.2424

(1) 80% Capital (\$3,380,808) amortized at 11.5000 % for 20 years Principal & Interest of \$432,647 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9753

(2) 20% ROE (\$845,202) times the ROE factor (0.022810) 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:	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	40.3961	40.3961	0.7028	39.6933
Direct Care	79.1182	79.1182	1.3765	77.7417
Indirect Care	45.5417	45.5417	0.7923	44.7494
Property	13.6500	14.2424	0.2478	13.9946
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1961
Supplemental Rate Add-on				9.9025
Totals	178.7060	179.2984	3.1194	208.2776

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: 7/31/2014

0 228575-00 - 2015/01

208.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1981/01	2,157,345	0.00	3.8241	3.0000	0.8241	120	55.03	2,157,345	2,824,800	
1981/07	5,872	0.10	3.4129	3.0000	0.4129	120	55.03	2,169,689	2,897,880	
1982/01		0.10	3.0888	3.0000	0.0888	120	46.80	2,175,228	2,975,520	
1982/07		0.20	2.3865	2.3865		120	46.80	2,184,062	3,043,800	
1983/04		0.20	2.6288	2.6288		120	51.90	2,194,899	3,123,840	
1983/07	2,698	0.30	3.9578	3.0000	0.9578	120	51.90	2,216,238	3,247,440	
1984/01	2,709	0.30	2.2530	2.2530		120	60.97	2,233,927	3,289,560	
1984/07	1,774	0.40	1.9179	1.9179		120	60.97	2,252,840	3,352,680	
1985/01		0.40	1.1471	1.1471		120	60.45	2,263,176	3,391,080	
1985/10		0.50	0.8522	0.8522		120	60.45	2,272,819	3,420,000	
1986/01		0.50	0.8299	0.8299		120	60.45	2,282,251	3,448,440	
1986/07		0.60	0.2974	0.2974		120	60.45	2,286,323	3,441,840	
1987/01	23,638	0.60	1.0091	1.0091		120	65.00	2,323,805	3,503,400	
1987/07	66,539	0.70	0.9007	0.9007		120	65.00	2,404,996	3,530,760	
1988/01		0.70	0.9007	0.9007		120	64.00	2,420,159	3,559,440	
1988/07		0.80	0.5899	0.5899		120	64.00	2,431,580	3,557,520	
1989/01	25,068	0.80	0.5899	0.5899		120	63.83	2,468,123	3,578,520	
1989/07		0.90	0.5899	0.5899		120	63.83	2,481,226	3,602,760	
1990/01		0.90	0.5899	0.5899		120	72.66	2,494,399	3,620,880	
1990/07		1.00	0.5899	0.5899		120	76.72	2,509,113	3,642,240	
1991/01		1.00	0.5899	0.5899		120	76.72	2,523,914	3,663,600	
1991/07		1.00	1.4932	1.4932		120	76.72	2,561,601	3,718,320	
1992/01		1.00	2.0117	2.0117		120	76.72	2,613,133	3,793,080	
1992/07		1.00	1.8152	1.8152		120	76.72	2,660,567	3,861,960	
1993/01		1.00	1.7710	1.7710		120	76.72	2,707,686	3,930,360	
1993/07		1.00	1.5329	1.5329		120	76.72	2,749,192	3,990,600	
1994/01		1.00	1.6983	1.6983		120	82.49	2,795,882	4,058,400	
1994/07		1.00	1.5991	1.5991		120	82.49	2,840,591	4,123,320	
1995/01		1.00	1.5812	1.5812		120	85.04	2,885,506	4,188,480	
1995/07		1.00	1.5250	1.5250		120	85.04	2,929,510	4,252,320	



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: 7/31/2014

0 228575-00 - 2015/01

208.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1996/01	48,425	1.00	1.7228	1.7228		120	82.69	3,028,405	4,325,640	
1996/07		1.00	1.3294	1.3294		120	82.69	3,068,665	4,383,120	
1997/01	29,438	1.00	1.4109	1.4109		120	81.26	3,141,399	4,444,920	
1997/07		1.00	1.0917	1.0917		120	81.26	3,175,694	4,493,400	
1998/01		1.00	1.1663	1.1663		120	78.98	3,212,732	4,545,840	
1998/07		1.00	1.0794	1.0794		120	78.98	3,247,410	4,594,920	
1999/01		1.00	1.4499	1.4499		120	79.98	3,294,494	4,661,520	
1999/07		1.00	1.2299	1.2299		120	79.98	3,335,013	4,718,880	
2000/01		1.00	1.3356	1.3356		120	86.42	3,379,555	4,781,880	
2000/07		1.00	1.1129	1.1129		120	86.42	3,417,166	4,835,040	
2001/01		1.00	1.2976	1.2976		120	86.42	3,461,507	4,897,800	
2001/07		0.95	0.9615	0.9615		120	86.42	3,493,124	4,944,840	
2002/01		0.95	1.0301	1.0301		120	86.34	3,527,308	4,995,720	
2002/07		0.90	0.8337	0.8337		120	86.34	3,553,773	5,037,360	
2003/01		0.90	1.3271	1.3271		120	78.90	3,596,219	5,104,200	
2003/07		0.85	1.1664	1.1664		120	78.90	3,631,872	5,163,720	
2004/01		0.85	1.1103	1.1103		120	77.81	3,666,150	5,221,080	
2004/07		0.80	0.8378	0.8378		120	77.81	3,690,721	5,264,880	
2005/01		0.80	0.8595	0.8595		120	77.81	3,716,098	5,310,120	
2005/07		0.75	0.7364	0.7364		120	81.81	3,736,622	5,349,240	
2006/01		0.75	0.9068	0.9068		120	81.81	3,762,035	5,397,720	
2006/07		0.70	0.8133	0.8133		120	79.30	3,783,452	5,441,640	
2007/01		0.70	1.0133	1.0133		120	79.30	3,810,288	5,496,720	
2007/07		0.65	1.1050	1.1050		120	74.33	3,837,657	5,557,440	
2008/01		0.65	0.8556	0.8556		120	74.33	3,858,998	5,604,960	
2008/07	74,940	0.60	0.6104	0.6104		120	71.29	3,948,070	5,639,160	
2009/01		0.60	1.3268	1.3268		120	71.29	3,979,501	5,714,040	
2009/07	47,943	0.55	0.6841	0.6841		120	64.99	4,042,419	5,753,160	
2010/01	18,177	0.55	0.8643	0.8643		120	65.10	4,079,814	5,802,840	
2010/07		0.50	0.7107	0.7107		120	65.10	4,094,314	5,844,120	



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: 7/31/2014

0 228575-00 - 2015/01

208.28

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2011/01		0.50	0.9198	0.9198		120	63.22	4,113,144	5,897,880	
2011/07		0.45	0.9028	0.9028		120	63.22	4,113,144	5,951,160	5
2012/01	18,345	0.45	0.3865	0.3865		120	71.15	4,155,383	5,974,200	
2012/07		0.40	0.9417	0.9417		120	71.15	4,171,036	6,030,480	
2013/01		0.40	0.4901	0.4901		120	71.15	4,179,211	6,060,000	
2013/07		0.35	0.6196	0.6196		120	67.77	4,188,276	6,097,560	
2014/01		0.35	0.8564	0.8564		120	70.11	4,200,828	6,149,760	
2014/07		0.30	1.2383	1.2383		120	70.11	4,216,434	6,225,960	
2015/01		0.30	0.7571	0.7571		120	69.69	4,226,010	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: 228575073120140801201310292014152142



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 228591-00 - 2015/01

208.29

Heather Hill Nursing Home

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
6630 KENTUCKY AVE	8/1/2013-7/31/2014	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: 34,800	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 3,978	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,827	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	74.21552%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.45205%	Cost: 1.03444406
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: 1.22383277
Entered Medicaid 05/01/1979	Low Occupancy Adjustment Factor:	101.45669%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 222372			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,123,852	1,826,165	1,170,186	313,798		4,434,001	
1a	Audit Adjustments							
2	Cost Per Diem	43.5146	70.7076	45.3086	12.1500		171.6808	
3	Cost Per Diem Inflated	45.0134	72.4791	46.8692				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	45.0134	72.4791	46.8692	12.1500		176.5117	
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	45.0134	72.4791	46.8692	12.1500		176.5117	
12/13	Medical Adjustment Rate		1.9745	1.2768				
14	Prospective Per Diem 11	45.0134	74.4536	48.1460	12.1500		179.7630	
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 228591-00 - 2015/01

208.29

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

Heather Hill Nursing Home

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:	4,091,900.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed	80% Capital(1):	2,369,159	7.6911
Indexed Asset Value	2,961,449	<60% of Base:	False	20% ROE(2):	592,290	0.3427
FRVS Base Asset:	1,706,576	Interest Rate:	11.5000%	Insurance Cost(3):	37,258	1.0706
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	58,380	1.6776
ROE Factor	0.022810	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	249,411	0.0000
		Yearly Payment:	303,185	Total FRVS PD:		10.7820

(1) 80% Capital (\$2,369,159) amortized at 11.5000 % for 20 years Principal & Interest of \$303,185 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.6911

(2) 20% ROE (\$592,290) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3427

(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	45.0134	45.0134	0.7831	44.2303
Direct Care	74.4536	74.4536	1.2953	73.1583
Indirect Care	48.1460	48.1460	0.8376	47.3084
Property	12.1500	10.7820	0.1876	10.5944
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.0954
Supplemental Rate Add-on				9.9025
Totals	179.7630	178.3950	3.1036	208.2893

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: 7/31/2014

0 228591-00 - 2015/01

208.29

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	1,384,809	0.00	5.1272	3.0000	2.1272	120	100.00	1,384,809	2,369,160	
1979/07		0.10	6.3255	3.0000	3.3255	120	100.00	1,388,963	2,468,640	
1980/01	71,968	0.10	9.4912	3.0000	6.4912	120	45.39	1,464,370	2,620,920	
1980/07		0.20	10.3018	3.0000	7.3018	120	45.39	1,471,621	2,720,760	
1981/01	4,126	0.20	11.1259	3.0000	8.1259	120	44.67	1,482,918	2,824,800	
1981/07		0.30	10.7147	3.0000	7.7147	120	44.67	1,493,758	2,897,880	
1982/01		0.30	10.3907	3.0000	7.3907	120	56.17	1,507,202	2,975,520	
1982/07		0.40	9.6883	3.0000	6.6883	120	56.17	1,525,288	3,043,800	
1983/04	630	0.40	9.3172	3.0000	6.3172	120	65.58	1,544,221	3,123,840	
1983/07		0.50	10.2750	3.0000	7.2750	120	65.58	1,567,384	3,247,440	
1984/01	23,585	0.50	8.5701	3.0000	5.5701	120	63.89	1,614,480	3,289,560	
1984/07		0.60	7.4880	3.0000	4.4880	120	63.89	1,643,541	3,352,680	
1985/01		0.60	5.6351	3.0000	2.6351	120	53.06	1,672,081	3,391,080	
1985/10	620	0.70	3.4873	3.0000	0.4873	120	53.06	1,706,576	3,420,000	
1986/01		0.70	1.3172	1.3172		120	53.06	1,721,756	3,448,440	
1986/07		0.80	0.2974	0.2974		120	53.06	1,725,708	3,441,840	
1987/01	25,748	0.80	1.0091	1.0091		120	53.06	1,764,896	3,503,400	
1987/07	12,673	0.90	0.9007	0.9007		120	51.83	1,791,051	3,530,760	
1988/01		0.90	0.9007	0.9007		120	57.64	1,805,569	3,559,440	
1988/07		1.00	0.5899	0.5899		120	57.64	1,816,220	3,557,520	
1989/01	20,603	1.00	0.5899	0.5899		120	57.64	1,847,537	3,578,520	
1989/07		1.00	0.5899	0.5899		120	53.57	1,858,152	3,602,760	
1990/01		1.00	0.5899	0.5899		120	53.57	1,868,828	3,620,880	
1990/07		1.00	0.5899	0.5899		120	63.65	1,879,852	3,642,240	
1991/01		1.00	0.5899	0.5899		120	63.65	1,890,941	3,663,600	
1991/07		1.00	1.4932	1.4932		120	63.65	1,919,177	3,718,320	
1992/01		1.00	2.0117	2.0117		120	63.65	1,957,785	3,793,080	
1992/07		1.00	1.8152	1.8152		120	63.65	1,993,323	3,861,960	
1993/01		1.00	1.7710	1.7710		120	63.65	2,028,625	3,930,360	
1993/07		1.00	1.5329	1.5329		120	63.65	2,059,722	3,990,600	



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: 7/31/2014

0 228591-00 - 2015/01

208.29

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		120	66.91	2,094,702	4,058,400	
1994/07		1.00	1.5991	1.5991		120	66.91	2,128,198	4,123,320	
1995/01		1.00	1.5812	1.5812		120	64.18	2,161,849	4,188,480	
1995/07		1.00	1.5250	1.5250		120	64.18	2,161,849	4,252,320	5
1996/01	35,708	1.00	1.7228	1.7228		120	66.73	2,230,525	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	66.73	2,298,492	4,383,120	
1997/01		1.00	1.4109	1.4109		120	62.81	2,330,921	4,444,920	
1997/07		1.00	1.0917	1.0917		120	62.81	2,356,368	4,493,400	
1998/01		1.00	1.1663	1.1663		120	62.60	2,383,850	4,545,840	
1998/07		1.00	1.0794	1.0794		120	62.60	2,409,581	4,594,920	
1999/01		1.00	1.4499	1.4499		120	62.60	2,444,518	4,661,520	
1999/07	27,807	0.95	1.2299	1.2299		120	66.12	2,500,887	4,718,880	
2000/01		0.95	1.3356	1.3356		120	77.46	2,532,618	4,781,880	
2000/07		0.90	1.1129	1.1129		120	77.46	2,557,985	4,835,040	
2001/01		0.90	1.2976	1.2976		120	77.46	2,587,857	4,897,800	
2001/07		0.85	0.9615	0.9615		120	77.46	2,609,008	4,944,840	
2002/01		0.85	1.0301	1.0301		120	79.22	2,631,852	4,995,720	
2002/07		0.80	0.8337	0.8337		120	79.22	2,649,406	5,037,360	
2003/01		0.80	1.3271	1.3271		120	84.73	2,677,535	5,104,200	
2003/07		0.75	1.1664	1.1664		120	84.73	2,700,958	5,163,720	
2004/01		0.75	1.1103	1.1103		120	79.64	2,723,449	5,221,080	
2004/07		0.70	0.8378	0.8378		120	79.64	2,739,422	5,264,880	
2005/01		0.70	0.8595	0.8595		120	80.05	2,755,905	5,310,120	
2005/07		0.65	0.7364	0.7364		120	80.05	2,769,098	5,349,240	
2006/01		0.65	0.9068	0.9068		120	80.05	2,785,419	5,397,720	
2006/07		0.60	0.8133	0.8133		120	79.46	2,799,012	5,441,640	
2007/01		0.60	1.0133	1.0133		120	79.46	2,816,030	5,496,720	
2007/07		0.55	1.1050	1.1050		120	78.73	2,833,146	5,557,440	
2008/01		0.55	0.8556	0.8556		120	74.42	2,846,479	5,604,960	
2008/07		0.50	0.6104	0.6104		120	74.42	2,855,166	5,639,160	



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: 7/31/2014

0 228591-00 - 2015/01

208.29

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		120	74.42	2,874,107	5,714,040	
2009/07		0.45	0.6841	0.6841		120	65.30	2,882,954	5,753,160	
2010/01		0.45	0.8643	0.8643		120	64.67	2,894,166	5,802,840	
2010/07		0.40	0.7107	0.7107		120	64.67	2,902,394	5,844,120	
2011/01		0.40	0.9198	0.9198		120	71.28	2,913,072	5,897,880	
2011/07		0.35	0.9028	0.9028		120	71.28	2,922,277	5,951,160	
2012/01		0.35	0.3865	0.3865		120	71.19	2,926,231	5,974,200	
2012/07		0.30	0.9417	0.9417		120	71.19	2,934,498	6,030,480	
2013/01		0.30	0.4901	0.4901		120	71.19	2,938,812	6,060,000	
2013/07		0.25	0.6196	0.6196		120	75.76	2,943,364	6,097,560	
2014/01		0.25	0.8564	0.8564		120	75.76	2,949,666	6,149,760	
2014/07		0.20	1.2383	1.2383		120	73.62	2,956,972	6,225,960	
2015/01		0.20	0.7571	0.7571		120	74.22	2,961,449	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: 228591073120140801201310292014133050



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 228621-00 - 2015/01

287.80

Inn at Sarasota Bay Club

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
1303 NORTH TAMiami TRAIL	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
SARASOTA, FL 34236	Days in CR 365	Maximum: 21,900	Standard: 243
County: Sarasota [58]	First Used : 2015/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 18,114	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,640	Inflation
Current Class South Small	Initial CR? False	Medicaid: 1,726	FY Index: 1.31456505
Class at 1/94: South Small	Medical Utilization	9.52854%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.71233%	Cost: 1.04340134
Open Date: 02/22/2001	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 02/22/2001	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 06/20/2001	Low Occupancy Adjustment Factor:	105.61992%	DC Sem Index: 1.25449501
Med # Active Date: 06/20/2001	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	143,293	213,707	150,105	50,779		557,884	
1a	Audit Adjustments							
2	Cost Per Diem	83.0203	123.8161	86.9670	29.4200		323.2234	
3	Cost Per Diem Inflated	86.6235	127.8409	90.7415				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	86.6235	127.8409	90.7415	29.4200		334.6259	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	65.9565		108.0536				
7	Provider Target Rate	68.3719		112.0106				
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	107.6155	82.3953	13.6500		265.8324	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	107.6155	82.3953	13.6500		265.8324	
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 228621-00 - 2015/01

287.80

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

Inn at Sarasota Bay Club

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	06/20/2001	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	5,453,000.00	Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	Variable	80% Capital(1):	2,075,714 6.5499
Indexed Asset Value	2,594,642	<60% of Base:	False	20% ROE(2):	518,928 0.4937
FRVS Base Asset:	2,417,520	Interest Rate:	2.2600%	Insurance Cost(3):	77,478 4.2772
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	105,278 5.8120
ROE Factor	0.018750	Amortization Rate:	2.2600%	Home Office(3):	0 0.0000
		Interest Only:	False	Replacement(3&4):	89,086 0.0000
		Yearly Payment:	129,098	Total FRVS PD:	17.1328

- (1) 80% Capital (\$2,075,714) amortized at 2.2600 % for 20 years Principal & Interest of \$129,098 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$6.5499
- (2) 20% ROE (\$518,928) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4937
- (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:	40,292
Comparison Date:	07/01/2000	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	2,417,520

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	82.3953	82.3953	1.4335	80.9618
Property	13.6500	17.1328	0.2981	16.8347
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				13.2697
Supplemental Rate Add-on				9.9025
Totals	265.8324	269.3152	4.6855	287.8019

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 228621-00 - 2015/01

287.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	5,921,970	0.00	1.2976	1.2976		60	6.28	2,417,520	2,417,520	1
2001/07		0.10	0.9615	0.9615		60	6.28	2,417,520	2,472,420	
2002/01		0.10	1.0301	1.0301		60	6.28	2,417,520	2,497,860	
2002/07		0.20	0.8337	0.8337		60	6.28	2,417,520	2,518,680	
2003/01		0.20	1.3271	1.3271		60	6.28	2,417,520	2,552,100	
2003/07	37,725	0.30	1.1664	1.1664		60	7.25	2,455,245	2,581,860	
2004/01		0.30	1.1103	1.1103		60	7.25	2,455,245	2,610,540	
2004/07	13,717	0.40	0.8378	0.8378		60	10.82	2,468,962	2,632,440	
2005/01		0.40	0.8595	0.8595		60	10.82	2,468,962	2,655,060	
2005/07		0.50	0.7364	0.7364		60	10.82	2,468,962	2,674,620	
2006/01		0.50	0.9068	0.9068		60	15.15	2,468,962	2,698,860	
2006/07		0.60	0.8133	0.8133		60	15.15	2,468,962	2,720,820	
2007/01	70,678	0.60	1.0133	1.0133		60	24.13	2,539,640	2,748,360	
2007/07		0.70	1.1050	1.1050		60	24.13	2,539,640	2,778,720	
2008/01	10,328	0.70	0.8556	0.8556		60	23.64	2,549,968	2,802,480	
2008/07	44,674	0.80	0.6104	0.6104		60	19.03	2,594,642	2,819,580	
2009/01		0.80	1.3268	1.3268		60	19.03	2,594,642	2,857,020	
2009/07		0.90	0.6841	0.6841		60	19.03	2,594,642	2,876,580	
2010/01		0.90	0.8643	0.8643		60	15.54	2,594,642	2,901,420	
2010/07		1.00	0.7107	0.7107		60	15.54	2,594,642	2,922,060	
2011/01		1.00	0.9198	0.9198		60	15.29	2,594,642	2,948,940	
2011/07		1.00	0.9028	0.9028		60	15.29	2,594,642	2,975,580	
2012/01		1.00	0.3865	0.3865		60	16.75	2,594,642	2,987,100	
2012/07		1.00	0.9417	0.9417		60	16.75	2,594,642	3,015,240	
2013/01		1.00	0.4901	0.4901		60	16.90	2,594,642	3,030,000	
2013/07		1.00	0.6196	0.6196		60	16.90	2,594,642	3,048,780	
2014/01		1.00	0.8564	0.8564		60	15.52	2,594,642	3,074,880	
2014/07		1.00	1.2383	1.2383		60	15.52	2,594,642	3,112,980	
2015/01		1.00	0.7571	0.7571		60	9.53	2,594,642	3,136,560	

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 228702-00 - 2015/01

208.98

Winter Haven Health and Rehab 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
202 AVE O NE	7/1/2012-6/30/2013	Number of Beds: 144	Superior: 0
WINTER HAVEN, FL 33881	Days in CR 365	Maximum: 52,560	Standard: 243
County: Polk [53]	First Used : 2014/01	Max Annualized: 52,560	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 47,117	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 6,812	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 37,659	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	79.92657%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.64422%	Cost: 1.05607860
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: 1.20850000
Entered Medicaid 06/01/1982	Low Occupancy Adjustment Factor:	114.47163%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 220825			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,484,651	2,432,156	1,861,563	983,653		6,762,023	
1a	Audit Adjustments							
2	Cost Per Diem	39.4235	64.5837	49.4321	26.1200		179.5593	
3	Cost Per Diem Inflated	41.6343	67.0417	52.2042				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.6343	67.0417	52.2042	26.1200		187.0002	
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	41.6343	67.0417	52.2042	13.6500		174.5302	
12/13	Medical Adjustment Rate		2.2571	1.7576				
14	Prospective Per Diem 11	41.6343	69.2988	53.9618	13.6500		178.5449	
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 228702-00 - 2015/01

208.98

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

Winter Haven Health and Rehab Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	2,000,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,471,774 9.0906
RS to Start Calcs:	1982/01	<60% of Base:	False	20% ROE(2):	867,944 0.2638
Indexed Asset Value	4,339,718	Interest Rate:	11.0000%	Insurance Cost(3):	190,304 4.0390
FRVS Base Asset:	1,887,440	Chase Rate:	13.0000%	Taxes Cost(3):	29,329 0.6225
Occup Adj Factor	0.9000	Amortization Rate:	11.0000%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	363,941 0.0000
		Yearly Payment:	430,023	Total FRVS PD:	14.0159

(1) 80% Capital (\$3,471,774) amortized at 11.0000 % for 20 years Principal & Interest of \$430,023 divided by annual available days (52560) divided by Occup. Adj. (0.90) = \$9.0906

(2) 20% ROE (\$867,944) times the ROE factor (0.014380) divided by annual available days (52560) divided by Occup. Adj. (0.90) = \$0.2638

(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 144	Effective PBS Limitation	4,104,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	41.6343	41.6343	0.7243	40.9100
Direct Care	69.2988	69.2988	1.2056	68.0932
Indirect Care	53.9618	53.9618	0.9388	53.0230
Property	13.6500	14.0159	0.2438	13.7721
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.2817
Supplemental Rate Add-on				9.9025
Totals	178.5449	178.9108	3.1125	208.9825

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 228702-00 - 2015/01

208.98

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	1,839,082	0.00	2.6760	2.6760		144	62.55	1,839,082	3,570,624	
1982/07		0.10	2.2977	2.2977		144	62.55	1,843,308	3,652,560	
1983/04		0.10	2.6288	2.6288		144	42.07	1,847,015	3,748,608	
1983/07		0.20	3.9578	3.0000	0.9578	144	42.07	1,855,492	3,896,928	
1984/01		0.20	2.2530	2.2530		144	68.89	1,863,853	3,947,472	
1984/07		0.30	1.9179	1.9179		144	63.07	1,874,578	4,023,216	
1985/01		0.30	1.1471	1.1471		144	63.07	1,881,028	4,069,296	
1985/10		0.40	0.8522	0.8522		144	69.89	1,887,440	4,104,000	
1986/01		0.40	0.8299	0.8299		144	69.89	1,893,706	4,138,128	
1986/07		0.50	0.2974	0.2974		144	76.68	1,896,522	4,130,208	
1987/01		0.50	1.0091	1.0091		144	76.68	1,906,092	4,204,080	
1987/07		0.60	0.9007	0.9007		144	82.04	1,916,393	4,236,912	
1988/01		0.60	0.9007	0.9007		144	82.04	1,926,749	4,271,328	
1988/07	15,150	0.70	0.5899	0.5899		144	86.84	1,949,855	4,269,024	
1989/01		0.70	0.5899	0.5899		144	86.84	1,957,906	4,294,224	
1989/07		0.80	0.5899	0.5899		144	86.84	1,967,145	4,323,312	
1990/01	18,813	0.80	0.5899	0.5899		144	89.22	1,995,241	4,345,056	
1990/07		0.90	0.5899	0.5899		144	87.40	2,005,834	4,370,688	
1991/01		0.90	0.5899	0.5899		144	87.40	2,016,483	4,396,320	
1991/07		1.00	1.4932	1.4932		144	94.24	2,046,593	4,461,984	
1992/01		1.00	2.0117	2.0117		144	94.24	2,087,764	4,551,696	
1992/07		1.00	1.8152	1.8152		144	90.14	2,125,661	4,634,352	
1993/01		1.00	1.7710	1.7710		144	90.14	2,163,306	4,716,432	
1993/07		1.00	1.5329	1.5329		144	86.41	2,196,467	4,788,720	
1994/01		1.00	1.6983	1.6983		144	86.41	2,233,770	4,870,080	
1994/07	22,362	1.00	1.5991	1.5991		144	90.24	2,291,852	4,947,984	
1995/01		1.00	1.5812	1.5812		144	90.24	2,328,091	5,026,176	
1995/07	95,166	1.00	1.5250	1.5250		144	83.92	2,458,760	5,102,784	
1996/01		1.00	1.7228	1.7228		144	83.92	2,501,120	5,190,768	
1996/07	59,480	1.00	1.3294	1.3294		144	79.04	2,560,600	5,259,744	5



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 228702-00 - 2015/01

208.98

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		144	79.04	2,593,850	5,333,904	5
1997/07	43,610	1.00	1.0917	1.0917		144	80.51	2,702,774	5,392,080	
1998/01		1.00	1.1663	1.1663		144	80.51	2,734,296	5,455,008	
1998/07	493,436	1.00	1.0794	1.0794		144	79.78	3,257,246	5,513,904	
1999/01		1.00	1.4499	1.4499		144	79.78	3,257,246	5,593,824	5
1999/07		1.00	1.2299	1.2299		144	82.43	3,345,115	5,662,656	
2000/01		1.00	1.3356	1.3356		144	82.43	3,389,792	5,738,256	
2000/07		1.00	1.1129	1.1129		144	92.81	3,427,517	5,802,048	
2001/01		1.00	1.2976	1.2976		144	89.13	3,471,992	5,877,360	
2001/07		1.00	0.9615	0.9615		144	89.13	3,505,375	5,933,808	
2002/01		1.00	1.0301	1.0301		144	89.13	3,541,484	5,994,864	
2002/07		0.95	0.8337	0.8337		144	89.13	3,569,533	6,044,832	
2003/01		0.95	1.3271	1.3271		144	89.13	3,614,534	6,125,040	
2003/07		0.90	1.1664	1.1664		144	87.98	3,652,479	6,196,464	
2004/01		0.90	1.1103	1.1103		144	87.98	3,688,978	6,265,296	
2004/07		0.85	0.8378	0.8378		144	84.95	3,715,247	6,317,856	
2005/01		0.85	0.8595	0.8595		144	84.95	3,742,391	6,372,144	
2005/07		0.80	0.7364	0.7364		144	84.95	3,764,437	6,419,088	
2006/01		0.80	0.9068	0.9068		144	81.60	3,791,744	6,477,264	
2006/07		0.75	0.8133	0.8133		144	81.60	3,814,874	6,529,968	
2007/01		0.75	1.0133	1.0133		144	75.19	3,843,867	6,596,064	
2007/07		0.70	1.1050	1.1050		144	75.19	3,873,599	6,668,928	
2008/01		0.70	0.8556	0.8556		144	75.19	3,896,798	6,725,952	
2008/07		0.65	0.6104	0.6104		144	68.80	3,912,260	6,766,992	
2009/01		0.65	1.3268	1.3268		144	68.80	3,945,999	6,856,848	
2009/07	71,965	0.60	0.6841	0.6841		144	69.40	4,034,162	6,903,792	
2010/01		0.60	0.8643	0.8643		144	68.68	4,055,083	6,963,408	
2010/07		0.55	0.7107	0.7107		144	68.68	4,070,934	7,012,944	
2011/01		0.55	0.9198	0.9198		144	68.68	4,091,529	7,077,456	
2011/07		0.50	0.9028	0.9028		144	73.41	4,109,998	7,141,392	



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 228702-00 - 2015/01

208.98

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		0.50	0.3865	0.3865		144	73.41	4,117,943	7,169,040	
2012/07		0.45	0.9417	0.9417		144	77.68	4,135,395	7,236,576	
2013/01		0.45	0.4901	0.4901		144	77.68	4,144,514	7,272,000	
2013/07	25,363	0.40	0.6196	0.6196		144	79.63	4,180,147	7,317,072	
2014/01	115,102	0.40	0.8564	0.8564		144	79.93	4,309,570	7,379,712	
2014/07		0.35	1.2383	1.2383		144	79.93	4,328,248	7,471,152	
2015/01		0.35	0.7571	0.7571		144	79.93	4,339,718	7,527,744	

Message Code:

5 Uncorrected Licensure Deficiency

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

Report Printed: 12/23/2014 ID: 228702063020130701201210212013214139



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 228711-00 - 2015/01

181.55

Woodland Terrace of Citrus County

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
124 W NORVELL BRYANT HWY	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
HERNANDO, FL 34442	Days in CR 366	Maximum: 43,920	Standard: 243
County: Citrus [9]	First Used : 2013/07	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 43,625	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,971	Inflation
Current Class North Large	Initial CR? False	Medicaid: 25,695	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	58.89971%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.32832%	Cost: 1.06877567
Open Date: 05/10/2001	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/10/2001	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20250000
Entered Medicaid 07/12/2001	Low Occupancy Adjustment Factor:	126.83779%	DC Sem Index: 1.25449501
Med # Active Date: 07/12/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04323909
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	905,848	1,651,306	849,488	695,050		4,101,692	
1a	Audit Adjustments							
2	Cost Per Diem	35.2539	64.2656	33.0604	27.0500		159.6299	
3	Cost Per Diem Inflated	37.6785	67.0444	35.3342				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.6785	67.0444	35.3342	27.0500		167.1071	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.3033		52.2722				
7	Provider Target Rate	54.2187		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	37.6785	67.0444	35.3342	13.6500		153.7071	
12/13	Medical Adjustment Rate		0.6713	0.3538				
14	Prospective Per Diem 11	37.6785	67.7157	35.6880	13.6500		154.7322	
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 228711-00 - 2015/01

181.55

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

Woodland Terrace of Citrus County

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/12/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	6,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	Variable	80% Capital(1):	4,512,093	8.0581
Indexed Asset Value	5,640,116	<60% of Base:	False	20% ROE(2):	1,128,023	0.4172
FRVS Base Asset:	0	Interest Rate:	3.6300%	Insurance Cost(3):	44,297	1.0154
Occup Adj Factor	0.9000	Chase Rate:	3.2500%	Taxes Cost(3):	99,062	2.2708
ROE Factor	0.014580	Amortization Rate:	3.6300%	Home Office(3):	10,469	0.2400
		Interest Only:	False	Replacement(3&4):	46,299	0.0000
		Yearly Payment:	317,649	Total FRVS PD:		12.0015

- (1) 80% Capital (\$4,512,093) amortized at 3.6300 % for 20 years Principal & Interest of \$317,649 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.0581
- (2) 20% ROE (\$1,128,023) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4172
- (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:	40,292
Comparison Date:	07/01/2000	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	37.6785	37.6785	0.6555	37.0230
Direct Care	67.7157	67.7157	1.1781	66.5376
Indirect Care	35.6880	35.6880	0.6209	35.0671
Property	13.6500	12.0015	0.2088	11.7927
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.2303
Supplemental Rate Add-on				9.9025
Totals	154.7322	153.0837	2.6633	181.5532

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 228711-00 - 2015/01

181.55

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07	7,967,549	0.00	0.9615	0.9615		120	40.29	4,835,040	4,835,040	1
2002/01		0.10	1.0301	1.0301		120	40.29	4,838,688	4,995,720	
2002/07		0.10	0.8337	0.8337		120	40.29	4,841,644	5,037,360	
2003/01		0.20	1.3271	1.3271		120	40.29	4,851,057	5,104,200	
2003/07		0.20	1.1664	1.1664		120	40.29	4,859,348	5,163,720	
2004/01		0.30	1.1103	1.1103		120	53.24	4,875,017	5,221,080	
2004/07		0.30	0.8378	0.8378		120	53.24	4,886,876	5,264,880	
2005/01		0.40	0.8595	0.8595		120	53.83	4,903,320	5,310,120	
2005/07		0.40	0.7364	0.7364		120	53.83	4,917,458	5,349,240	
2006/01		0.50	0.9068	0.9068		120	58.22	4,939,754	5,397,720	
2006/07		0.50	0.8133	0.8133		120	58.22	4,959,844	5,441,640	
2007/01		0.60	1.0133	1.0133		120	58.66	4,990,000	5,496,720	
2007/07		0.60	1.1050	1.1050		120	61.74	5,023,084	5,557,440	
2008/01		0.70	0.8556	0.8556		120	61.74	5,053,167	5,604,960	
2008/07		0.70	0.6104	0.6104		120	61.74	5,074,759	5,639,160	
2009/01		0.80	1.3268	1.3268		120	59.95	5,128,622	5,714,040	
2009/07		0.80	0.6841	0.6841		120	59.95	5,156,691	5,753,160	
2010/01		0.90	0.8643	0.8643		120	63.76	5,196,805	5,802,840	
2010/07		0.90	0.7107	0.7107		120	63.76	5,230,044	5,844,120	
2011/01		1.00	0.9198	0.9198		120	61.61	5,278,150	5,897,880	
2011/07		1.00	0.9028	0.9028		120	63.01	5,325,801	5,951,160	
2012/01		1.00	0.3865	0.3865		120	63.01	5,346,385	5,974,200	
2012/07		1.00	0.9417	0.9417		120	63.01	5,396,732	6,030,480	
2013/01		1.00	0.4901	0.4901		120	58.65	5,423,181	6,060,000	
2013/07	25,533	1.00	0.6196	0.6196		120	58.90	5,482,316	6,097,560	
2014/01		1.00	0.8564	0.8564		120	58.90	5,529,267	6,149,760	
2014/07		1.00	1.2383	1.2383		120	58.90	5,597,736	6,225,960	
2015/01		1.00	0.7571	0.7571		120	58.90	5,640,116	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 228788-00 - 2015/01

243.34

East Ridge Retirement Village, Inc.

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			
19301 SW 87TH AVENUE	1/1/2013-12/31/2013	Number of Beds:	60	Superior:	0		
MIAMI, FL 33157	Days in CR 365	Maximum:	21,900	Standard:	213		
County: Dade [13]	First Used : 2015/01	Max Annualized:	21,900	Conditional:	30		
Region: South Area: 11	Last Used: 2015/01	Total Patient:	19,984	Total:	243		
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare:	3,178	Inflation			
Current Class South Small	Initial CR? False	Medicaid:	4,080	FY Index:	1.31456505		
Class at 1/94: South Small	Medical Utilization		20.41633%	Semester Index:	1.37161894		
Operating Ex > 18 months	Occupancy:		91.25114%	Cost:	1.04340134		
Open Date: 03/15/1962	Statewide Low Occupancy Threshold:		78.31130%	Target:	1.02563464		
Acquired Date: 10/15/1976	Medicaid Low Occupancy Threshold:		41.41010%	DC FY Index:	1.21500000		
Entered Medicaid 07/12/2001	Low Occupancy Adjustment Factor:		116.52359%	DC Sem Index:	1.25449501		
Med # Active Date: 07/12/2001	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	260,747	343,264	398,635	34,109		1,036,755	
1a	Audit Adjustments							
2	Cost Per Diem	63.9086	84.1334	97.7047	8.3600		254.1067	
3	Cost Per Diem Inflated	66.6823	86.8683	101.9452				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	66.6823	86.8683	101.9452	8.3600		263.8558	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	67.4860		87.2587				
7	Provider Target Rate	69.9574		90.4542				
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	86.8683	82.3953	8.3600		239.7952	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	62.1716	86.8683	82.3953	8.3600		239.7952	
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 228788-00 - 2015/01

243.34

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

East Ridge Retirement Village, Inc.

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/12/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	1,517,232 5.1384
RS to Start Calcs:	1976/07	<60% of Base:	True	20% ROE(2):	379,308 0.3608
Indexed Asset Value	1,896,540	Interest Rate:	6.7500%	Insurance Cost(3):	11,676 0.5843
FRVS Base Asset:	0	Chase Rate:	6.7500%	Taxes Cost(3):	1,101 0.0551
Occup Adj Factor	0.9000	Amortization Rate:	6.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	True	Replacement(3&4):	4,116,728 0.0000
		Yearly Payment:	101,278	Total FRVS PD:	6.1386

(1) 80% Capital (\$1,517,232) amortized at 6.7500 % for 20 years Interest of \$101,278 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$5.1384

(2) 20% ROE (\$379,308) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3608

(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	60	Effective PBS Limitation	1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	62.1716	62.1716	1.0816	61.0900
Direct Care	86.8683	86.8683	1.5113	85.3570
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	8.3600	6.1386	0.1068	6.0318
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	239.7952	237.5738	4.1332	243.3431

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 228788-00 - 2015/01

243.34

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	2,324,205	0.00	0.9615	0.9615		60	3.06	1,896,540	1,896,540	1
2002/01		0.10	1.0301	1.0301		60	3.06	1,896,540	2,497,860	
2002/07		0.10	0.8337	0.8337		60	3.06	1,896,540	2,518,680	
2003/01		0.20	1.3271	1.3271		60	3.06	1,896,540	2,552,100	
2003/07		0.20	1.1664	1.1664		60	3.06	1,896,540	2,581,860	
2004/01		0.30	1.1103	1.1103		60	3.06	1,896,540	2,610,540	
2004/07		0.30	0.8378	0.8378		60	3.06	1,896,540	2,632,440	
2005/01		0.40	0.8595	0.8595		60	2.74	1,896,540	2,655,060	
2005/07		0.40	0.7364	0.7364		60	2.74	1,896,540	2,674,620	
2006/01		0.50	0.9068	0.9068		60	5.34	1,896,540	2,698,860	
2006/07		0.50	0.8133	0.8133		60	5.34	1,896,540	2,720,820	
2007/01		0.60	1.0133	1.0133		60	6.56	1,896,540	2,748,360	
2007/07		0.60	1.1050	1.1050		60	6.56	1,896,540	2,778,720	
2008/01		0.70	0.8556	0.8556		60	8.17	1,896,540	2,802,480	
2008/07		0.70	0.6104	0.6104		60	8.17	1,896,540	2,819,580	
2009/01		0.80	1.3268	1.3268		60	12.62	1,896,540	2,857,020	
2009/07		0.80	0.6841	0.6841		60	12.62	1,896,540	2,876,580	
2010/01		0.90	0.8643	0.8643		60	17.20	1,896,540	2,901,420	
2010/07		0.90	0.7107	0.7107		60	17.20	1,896,540	2,922,060	
2011/01		1.00	0.9198	0.9198		60	6.31	1,896,540	2,948,940	
2011/07		1.00	0.9028	0.9028		60	6.31	1,896,540	2,975,580	
2012/01		1.00	0.3865	0.3865		60	13.24	1,896,540	2,987,100	
2012/07		1.00	0.9417	0.9417		60	13.24	1,896,540	3,015,240	
2013/01		1.00	0.4901	0.4901		60	19.41	1,896,540	3,030,000	
2013/07		1.00	0.6196	0.6196		60	19.41	1,896,540	3,048,780	
2014/01		1.00	0.8564	0.8564		60	19.51	1,896,540	3,074,880	
2014/07		1.00	1.2383	1.2383		60	19.51	1,896,540	3,112,980	
2015/01		1.00	0.7571	0.7571		60	20.42	1,896,540	3,136,560	

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 228940-00 - 2015/01

209.25

Cypress Cove Care 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
700 SE 8TH AVE	8/1/2013-7/31/2014	Number of Beds: 120	Superior: 0
CRYSTAL RIVER, FL 34429	Days in CR 365	Maximum: 43,800	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: 38,446	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 7,314	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,021	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	52.07564%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.77626%	Cost: 1.03444406
Open Date: 05/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 05/01/1983	Low Occupancy Adjustment Factor:	112.08633%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 222313			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	837,727	1,484,043	914,007	348,766		3,584,543	
1a	Audit Adjustments							
2	Cost Per Diem	41.8424	74.1243	45.6524	17.4200		179.0391	
3	Cost Per Diem Inflated	43.2836	75.9814	47.2249				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.2836	75.9814	47.2249	17.4200		183.9099	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.2965		52.2722				
7	Provider Target Rate	49.0285		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	43.2836	75.9814	47.2249	13.6500		180.1399	
12/13	Medical Adjustment Rate		0.1774	0.1103				
14	Prospective Per Diem 11	43.2836	76.1588	47.3352	13.6500		180.4276	
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 228940-00 - 2015/01

209.25

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

Cypress Cove Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,794,096.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	3,787,543 12.2957
RS to Start Calcs:	1983/04	<60% of Base:	False	20% ROE(2):	946,886 0.5479
Indexed Asset Value	4,734,429	Interest Rate:	11.5000%	Insurance Cost(3):	51,772 1.3466
FRVS Base Asset:	2,736,744	Chase Rate:	8.5000%	Taxes Cost(3):	41,269 1.0734
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	0 0.0000
ROE Factor	0.022810	Interest Only:	False	Replacement(3&4):	18,554 0.0000
		Yearly Payment:	484,698	Total FRVS PD:	15.2636

(1) 80% Capital (\$3,787,543) amortized at 11.5000 % for 20 years Principal & Interest of \$484,698 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$12.2957

(2) 20% ROE (\$946,886) times the ROE factor (0.022810) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5479

(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	43.2836	43.2836	0.7530	42.5306
Direct Care	76.1588	76.1588	1.3250	74.8338
Indirect Care	47.3352	47.3352	0.8235	46.5117
Property	13.6500	15.2636	0.2656	14.9980
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.4750
Supplemental Rate Add-on				9.9025
Totals	180.4276	182.0412	3.1671	209.2516

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: 7/31/2014

0 228940-00 - 2015/01

209.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,663,156	0.00	2.6288	2.6288		120	64.13	2,663,156	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	64.13	2,671,145	3,247,440	
1984/01	3,713	0.10	2.2530	2.2530		120	64.13	2,680,876	3,289,560	
1984/07	19,800	0.20	1.9179	1.9179		120	64.13	2,710,960	3,352,680	
1985/01	12,585	0.20	1.1471	1.1471		120	64.13	2,729,764	3,391,080	
1985/10		0.30	0.8522	0.8522		120	64.13	2,736,744	3,420,000	
1986/01		0.30	0.8299	0.8299		120	64.13	2,743,558	3,448,440	
1986/07		0.40	0.2974	0.2974		120	71.48	2,746,823	3,441,840	
1987/01		0.40	1.0091	1.0091		120	71.48	2,757,909	3,503,400	
1987/07		0.50	0.9007	0.9007		120	77.96	2,770,331	3,530,760	
1988/01		0.50	0.9007	0.9007		120	77.96	2,782,809	3,559,440	
1988/07		0.60	0.5899	0.5899		120	77.24	2,792,657	3,557,520	
1989/01		0.60	0.5899	0.5899		120	79.58	2,802,540	3,578,520	
1989/07		0.70	0.5899	0.5899		120	79.58	2,814,112	3,602,760	
1990/01		0.70	0.5899	0.5899		120	79.58	2,825,731	3,620,880	
1990/07		0.80	0.5899	0.5899		120	78.81	2,839,066	3,642,240	
1991/01		0.80	0.5899	0.5899		120	78.81	2,852,464	3,663,600	
1991/07		0.90	1.4932	1.4932		120	78.81	2,890,798	3,718,320	
1992/01		0.90	2.0117	2.0117		120	78.81	2,943,136	3,793,080	
1992/07		1.00	1.8152	1.8152		120	78.81	2,996,560	3,861,960	
1993/01		1.00	1.7710	1.7710		120	78.81	3,049,629	3,930,360	
1993/07		1.00	1.5329	1.5329		120	78.81	3,096,377	3,990,600	
1994/01		1.00	1.6983	1.6983		120	78.07	3,148,963	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.07	3,199,318	4,123,320	
1995/01		1.00	1.5812	1.5812		120	79.11	3,249,906	4,188,480	
1995/07		1.00	1.5250	1.5250		120	79.11	3,299,467	4,252,320	
1996/01	26,225	1.00	1.7228	1.7228		120	73.06	3,382,535	4,325,640	
1996/07		1.00	1.3294	1.3294		120	73.06	3,427,502	4,383,120	
1997/01	23,734	1.00	1.4109	1.4109		120	76.25	3,499,595	4,444,920	
1997/07		1.00	1.0917	1.0917		120	76.25	3,537,800	4,493,400	



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: 7/31/2014

0 228940-00 - 2015/01

209.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	74.16	3,579,061	4,545,840	
1998/07		1.00	1.0794	1.0794		120	74.16	3,617,693	4,594,920	
1999/01		1.00	1.4499	1.4499		120	71.32	3,670,146	4,661,520	
1999/07		1.00	1.2299	1.2299		120	71.32	3,715,285	4,718,880	
2000/01		1.00	1.3356	1.3356		120	71.02	3,764,906	4,781,880	
2000/07		1.00	1.1129	1.1129		120	71.02	3,806,806	4,835,040	
2001/01		1.00	1.2976	1.2976		120	71.02	3,856,203	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.02	3,893,280	4,944,840	
2002/01		1.00	1.0301	1.0301		120	66.18	3,933,385	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.18	3,966,178	5,037,360	
2003/01		1.00	1.3271	1.3271		120	63.78	4,018,813	5,104,200	
2003/07		0.95	1.1664	1.1664		120	63.78	4,063,345	5,163,720	
2004/01		0.95	1.1103	1.1103		120	62.21	4,106,205	5,221,080	
2004/07		0.90	0.8378	0.8378		120	62.21	4,137,166	5,264,880	
2005/01		0.90	0.8595	0.8595		120	62.52	4,169,171	5,310,120	
2005/07		0.85	0.7364	0.7364		120	62.52	4,195,266	5,349,240	
2006/01		0.85	0.9068	0.9068		120	62.52	4,227,603	5,397,720	
2006/07		0.80	0.8133	0.8133		120	63.17	4,255,108	5,441,640	
2007/01		0.80	1.0133	1.0133		120	63.17	4,289,600	5,496,720	
2007/07		0.75	1.1050	1.1050		120	58.23	4,325,152	5,557,440	
2008/01		0.75	0.8556	0.8556		120	56.84	4,352,907	5,604,960	
2008/07		0.70	0.6104	0.6104		120	56.84	4,371,507	5,639,160	
2009/01		0.70	1.3268	1.3268		120	56.84	4,412,110	5,714,040	
2009/07		0.65	0.6841	0.6841		120	56.22	4,431,731	5,753,160	
2010/01	17,675	0.65	0.8643	0.8643		120	52.97	4,473,385	5,802,840	
2010/07		0.60	0.7107	0.7107		120	52.97	4,491,755	5,844,120	
2011/01	57,901	0.60	0.9198	0.9198		120	53.14	4,573,608	5,897,880	
2011/07		0.55	0.9028	0.9028		120	53.14	4,595,548	5,951,160	
2012/01		0.55	0.3865	0.3865		120	53.14	4,604,988	5,974,200	
2012/07		0.50	0.9417	0.9417		120	51.13	4,625,147	6,030,480	



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: 7/31/2014

0 228940-00 - 2015/01

209.25

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	51.13	4,635,686	6,060,000	
2013/07	31,592	0.45	0.6196	0.6196		120	54.77	4,680,148	6,097,560	
2014/01		0.45	0.8564	0.8564		120	54.77	4,698,110	6,149,760	
2014/07		0.40	1.2383	1.2383		120	53.85	4,720,893	6,225,960	
2015/01		0.40	0.7571	0.7571		120	52.08	4,734,429	6,273,120	

Message Code:

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

Report Printed: 12/23/2014 ID: 228940073120140801201310292014122822



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 228958-00 - 2015/01

194.99

Brooksville Healthcare 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
1114 CHATMAN BLVD	8/1/2013-7/31/2014	Number of Beds: 180	Superior: 0
BROOKSVILLE, FL 34601	Days in CR 365	Maximum: 65,700	Standard: 243
County: Hernando [27]	First Used : 2015/01	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 56,172	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 9,220	Inflation
Current Class North Large	Initial CR? False	Medicaid: 39,900	FY Index: 1.32594791
Class at 1/94: North Large	Medical Utilization	71.03183%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	85.49772%	Cost: 1.03444406
Open Date: 10/01/1976	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/1976	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22383277
Entered Medicaid 10/01/1976	Low Occupancy Adjustment Factor:	109.17673%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02505427
Previous Med # 221627			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,436,320	2,826,945	1,663,387	556,605		6,483,257	
1a	Audit Adjustments							
2	Cost Per Diem	35.9980	70.8507	41.6889	13.9500		162.4876	
3	Cost Per Diem Inflated	37.2379	72.6258	43.1248				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.2379	72.6258	43.1248	13.9500		166.9385	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.0117		52.2722				
7	Provider Target Rate	44.5868		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	37.2379	72.6258	43.1248	13.6500		166.6385	
12/13	Medical Adjustment Rate		1.7184	1.0204				
14	Prospective Per Diem 11	37.2379	74.3442	44.1452	13.6500		169.3773	
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 228958-00 - 2015/01

194.99

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

Brooksville Healthcare Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	5,455,867.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Fixed	80% Capital(1):	4,210,392	9.1123
Indexed Asset Value	5,262,990	<60% of Base:	False	20% ROE(2):	1,052,598	0.4061
FRVS Base Asset:	2,777,784	Interest Rate:	11.5000%	Insurance Cost(3):	67,232	1.1969
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	58,563	1.0426
ROE Factor	0.022810	Amortization Rate:	11.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	76,047	0.0000
		Yearly Payment:	538,810	Total FRVS PD:		11.7579

- (1) 80% Capital (\$4,210,392) amortized at 11.5000 % for 20 years Principal & Interest of \$538,810 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$9.1123
- (2) 20% ROE (\$1,052,598) times the ROE factor (0.022810) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4061
- (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	37.2379	37.2379	0.6479	36.5900
Direct Care	74.3442	74.3442	1.2934	73.0508
Indirect Care	44.1452	44.1452	0.7680	43.3772
Property	13.6500	11.7579	0.2046	11.5533
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.5113
Supplemental Rate Add-on				9.9025
Totals	169.3773	167.4852	2.9139	194.9851

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: 7/31/2014

0 228958-00 - 2015/01

194.99

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1976/07	90,898	0.00	3.4853	3.0000	0.4853	180	100.00	90,898	2,805,660	
1977/01	1,142,451	0.10	4.2359	3.0000	1.2359	180	100.00	1,233,622	2,910,960	
1977/07	36,423	0.10	6.2934	3.0000	3.2934	180	100.00	1,273,746	3,058,020	
1978/01	2,756	0.20	8.0331	3.0000	5.0331	180	100.00	1,284,144	3,203,100	
1978/07	6,684	0.20	10.5726	3.0000	7.5726	180	100.00	1,298,533	3,380,400	
1979/01	1,578	0.30	12.6998	3.0000	9.6998	180	100.00	1,311,798	3,553,740	
1979/07	2,635	0.30	13.8980	3.0000	10.8980	180	100.00	1,326,239	3,702,960	
1980/01	4,310	0.40	17.0638	3.0000	14.0638	180	55.00	1,346,464	3,931,380	
1980/07		0.40	17.8744	3.0000	14.8744	180	55.00	1,362,622	4,081,140	
1981/01	4,706	0.50	18.6984	3.0000	15.6984	180	55.00	1,387,767	4,237,200	
1981/07	6,654	0.50	18.2872	3.0000	15.2872	180	55.00	1,415,238	4,346,820	
1982/01	45,704	0.60	17.9632	3.0000	14.9632	180	69.90	1,486,416	4,463,280	
1982/07	838,129	0.60	17.2609	3.0000	14.2609	180	69.90	2,351,300	4,565,700	
1983/04	58,873	0.70	16.8897	3.0000	13.8897	180	73.36	2,459,550	4,685,760	
1983/07		0.70	17.8475	3.0000	14.8475	180	73.36	2,511,201	4,871,160	
1984/01	452	0.80	16.1427	3.0000	13.1427	180	73.25	2,571,922	4,934,340	
1984/07		0.80	15.0606	3.0000	12.0606	180	73.25	2,633,648	5,029,020	
1985/01		0.90	13.2077	3.0000	10.2077	180	75.67	2,704,756	5,086,620	
1985/10		0.90	11.0599	3.0000	8.0599	180	75.67	2,777,784	5,130,000	
1986/01		1.00	8.8898	3.0000	5.8898	180	75.67	2,861,118	5,172,660	
1986/07		1.00	6.1872	3.0000	3.1872	180	75.67	2,946,952	5,162,760	
1987/01	160,093	1.00	4.1963	3.0000	1.1963	180	74.00	3,195,454	5,255,100	
1987/07		1.00	2.0970	2.0970		180	74.00	3,262,463	5,296,140	
1988/01		1.00	0.9007	0.9007		180	74.00	3,291,848	5,339,160	
1988/07		1.00	0.5899	0.5899		180	75.87	3,311,267	5,336,280	
1989/01		1.00	0.5899	0.5899		180	71.92	3,330,800	5,367,780	
1989/07		1.00	0.5899	0.5899		180	71.91	3,350,448	5,404,140	
1990/01		1.00	0.5899	0.5899		180	76.01	3,370,212	5,431,320	
1990/07		1.00	0.5899	0.5899		180	80.79	3,390,093	5,463,360	
1991/01		1.00	0.5899	0.5899		180	80.79	3,410,091	5,495,400	



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: 7/31/2014

0 228958-00 - 2015/01

194.99

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		1.00	1.4932	1.4932		180	80.79	3,461,010	5,577,480	
1992/01		1.00	2.0117	2.0117		180	80.79	3,530,635	5,689,620	
1992/07		1.00	1.8152	1.8152		180	80.79	3,594,723	5,792,940	
1993/01		1.00	1.7710	1.7710		180	80.79	3,658,386	5,895,540	
1993/07		1.00	1.5329	1.5329		180	80.79	3,714,465	5,985,900	
1994/01		1.00	1.6983	1.6983		180	83.19	3,777,548	6,087,600	
1994/07		1.00	1.5991	1.5991		180	83.19	3,837,955	6,184,980	
1995/01		1.00	1.5812	1.5812		180	85.20	3,898,641	6,282,720	
1995/07		1.00	1.5250	1.5250		180	85.20	3,958,095	6,378,480	
1996/01		1.00	1.7228	1.7228		180	79.92	4,026,285	6,488,460	
1996/07		1.00	1.3294	1.3294		180	79.92	4,079,810	6,574,680	
1997/01		0.95	1.4109	1.4109		180	77.79	4,134,496	6,667,380	
1997/07		0.95	1.0917	1.0917		180	77.79	4,177,375	6,740,100	
1998/01		0.90	1.1663	1.1663		180	75.41	4,221,225	6,818,760	
1998/07		0.90	1.0794	1.0794		180	75.41	4,262,234	6,892,380	
1999/01		0.85	1.4499	1.4499		180	74.65	4,314,762	6,992,280	
1999/07		0.85	1.2299	1.2299		180	74.65	4,359,869	7,078,320	
2000/01		0.80	1.3356	1.3356		180	73.22	4,406,454	7,172,820	
2000/07		0.80	1.1129	1.1129		180	73.22	4,445,685	7,252,560	
2001/01		0.75	1.2976	1.2976		180	73.22	4,488,950	7,346,700	
2001/07		0.75	0.9615	0.9615		180	73.22	4,521,320	7,417,260	
2002/01		0.70	1.0301	1.0301		180	67.27	4,553,923	7,493,580	
2002/07		0.70	0.8337	0.8337		180	67.27	4,580,500	7,556,040	
2003/01	69,613	0.65	1.3271	1.3271		180	68.93	4,689,624	7,656,300	
2003/07		0.65	1.1664	1.1664		180	68.93	4,725,181	7,745,580	
2004/01		0.60	1.1103	1.1103		180	67.86	4,756,660	7,831,620	
2004/07		0.60	0.8378	0.8378		180	67.86	4,780,572	7,897,320	
2005/01		0.55	0.8595	0.8595		180	67.86	4,803,170	7,965,180	
2005/07		0.55	0.7364	0.7364		180	66.19	4,822,623	8,023,860	
2006/01		0.50	0.9068	0.9068		180	66.19	4,844,489	8,096,580	



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: 7/31/2014

0 228958-00 - 2015/01

194.99

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		0.50	0.8133	0.8133		180	63.37	4,864,192	8,162,460	
2007/01		0.45	1.0133	1.0133		180	63.37	4,886,373	8,245,080	
2007/07	108,948	0.45	1.1050	1.1050		180	63.57	5,019,621	8,336,160	
2008/01		0.40	0.8556	0.8556		180	63.57	5,036,798	8,407,440	
2008/07		0.40	0.6104	0.6104		180	60.57	5,049,098	8,458,740	
2009/01		0.35	1.3268	1.3268		180	60.57	5,072,546	8,571,060	
2009/07	65,246	0.35	0.6841	0.6841		180	60.84	5,149,936	8,629,740	
2010/01		0.30	0.8643	0.8643		180	60.84	5,163,290	8,704,260	
2010/07	29,342	0.30	0.7107	0.7107		180	64.57	5,203,640	8,766,180	
2011/01		0.25	0.9198	0.9198		180	64.57	5,215,608	8,846,820	
2011/07		0.25	0.9028	0.9028		180	62.92	5,227,380	8,926,740	
2012/01		0.20	0.3865	0.3865		180	64.88	5,231,421	8,961,300	
2012/07		0.20	0.9417	0.9417		180	64.88	5,241,272	9,045,720	
2013/01		0.15	0.4901	0.4901		180	64.88	5,245,124	9,090,000	
2013/07		0.15	0.6196	0.6196		180	62.51	5,249,997	9,146,340	
2014/01		0.10	0.8564	0.8564		180	62.51	5,254,491	9,224,640	
2014/07		0.10	1.2383	1.2383		180	65.97	5,260,996	9,338,940	
2015/01		0.05	0.7571	0.7571		180	71.03	5,262,990	9,409,680	

Message Code:

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

Report Printed: 12/23/2014 ID: 228958073120140801201310292014101359



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 228966-00 - 2015/01

213.45

Lake Harris 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
701 LAKE PORT BLVD	1/1/2012-12/31/2012	Number of Beds: 120	Superior: 0
LEESBURG, FL 34748	Days in CR 366	Maximum: 43,920	Standard: 243
County: Lake [35]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 38,983	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 13,762	Inflation
Current Class North Large	Initial CR? False	Medicaid: 14,926	FY Index: 1.28335532
Class at 1/94: North Large	Medical Utilization	38.28848%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	88.75911%	Cost: 1.06877567
Open Date: 08/16/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/16/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20250000
Entered Medicaid 08/17/1990	Low Occupancy Adjustment Factor:	113.34138%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.04323909
Previous Med # 202452			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,114	1,144,090	1,037,586	207,621		3,178,411
1a	Audit Adjustments						
2	Cost Per Diem	52.8684	76.6508	69.5153	13.9100		212.9445
3	Cost Per Diem Inflated	56.5045	79.9651	74.2963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.5045	79.9651	74.2963	13.9100		224.6759
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6745		64.5047			
7	Provider Target Rate	53.5669		66.8669			
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	79.9651	61.6580	13.6500		206.8409
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	51.5678	79.9651	61.6580	13.6500		206.8409
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 228966-00 - 2015/01

213.45

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

Lake Harris Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 08/17/1990		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,317,013.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable	80% Capital(1):	4,326,400	10.6098
Indexed Asset Value	5,408,000	<60% of Base:	False	20% ROE(2):	1,081,600	0.4000
FRVS Base Asset:	1,810,440	Interest Rate:	7.5000%	Insurance Cost(3):	39,457	1.0122
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	75,661	1.9409
ROE Factor	0.014580	Amortization Rate:	7.5000%	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	448,590	0.0000
		Yearly Payment:	418,238	Total FRVS PD:		13.9629

- (1) 80% Capital (\$4,326,400) amortized at 7.5000 % for 20 years Principal & Interest of \$418,238 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.6098
- (2) 20% ROE (\$1,081,600) times the ROE factor (0.014580) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.4000
- (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:	01/01/1990	Current RS PBS:	52,276
Comparison Bed	60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	51.5678	51.5678	0.8972	50.6706
Direct Care	79.9651	79.9651	1.3912	78.5739
Indirect Care	61.6580	61.6580	1.0727	60.5853
Property	13.6500	13.9629	0.2429	13.7200
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	206.8409	207.1538	3.6040	213.4523

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 228966-00 - 2015/01

213.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/07	2,678,000	0.00	0.5899	0.5899		60	28.88	1,810,440	1,810,440	1
1991/01		0.10	0.5899	0.5899		60	28.88	1,811,001	1,831,800	
1991/07		0.10	1.4932	1.4932		60	28.88	1,812,421	1,859,160	
1992/01		0.20	2.0117	2.0117		60	28.88	1,816,250	1,896,540	
1992/07		0.20	1.8152	1.8152		60	28.88	1,819,712	1,930,980	
1993/01		0.30	1.7710	1.7710		60	28.88	1,824,789	1,965,180	
1993/07		0.30	1.5329	1.5329		60	32.35	1,829,725	1,995,300	
1994/01		0.40	1.6983	1.6983		60	32.35	1,837,036	2,029,200	
1994/07		0.40	1.5991	1.5991		60	30.00	1,843,445	2,061,660	
1995/01		0.50	1.5812	1.5812		60	30.00	1,851,395	2,094,240	
1995/07		0.50	1.5250	1.5250		60	36.32	1,860,717	2,126,160	
1996/01		0.60	1.7228	1.7228		60	36.32	1,873,419	2,162,820	
1996/07		0.60	1.3294	1.3294		60	33.35	1,882,480	2,191,560	
1997/01		0.70	1.4109	1.4109		60	33.35	1,893,753	2,222,460	
1997/07		0.70	1.0917	1.0917		60	32.99	1,902,434	2,246,700	
1998/01		0.80	1.1663	1.1663		60	32.99	1,913,081	2,272,920	
1998/07		0.80	1.0794	1.0794		60	31.63	1,922,581	2,297,460	
1999/01		0.90	1.4499	1.4499		60	31.63	1,937,009	2,330,760	
1999/07		0.90	1.2299	1.2299		60	31.63	1,949,339	2,359,440	
2000/01		1.00	1.3356	1.3356		60	31.63	1,964,312	2,390,940	
2000/07	2,246,700	1.00	1.1129	1.1129		120	19.42	4,211,012	4,835,040	
2001/01		1.00	1.2976	1.2976		120	19.42	4,211,012	4,897,800	
2001/07		1.00	0.9615	0.9615		120	37.24	4,238,427	4,944,840	
2002/01		1.00	1.0301	1.0301		120	37.24	4,267,989	4,995,720	
2002/07		1.00	0.8337	0.8337		120	46.64	4,298,163	5,037,360	
2003/01		1.00	1.3271	1.3271		120	46.64	4,346,534	5,104,200	
2003/07	162,787	1.00	1.1664	1.1664		120	42.59	4,548,580	5,163,720	
2004/01		1.00	1.1103	1.1103		120	42.59	4,587,688	5,221,080	
2004/07		1.00	0.8378	0.8378		120	45.61	4,619,562	5,264,880	
2005/01		1.00	0.8595	0.8595		120	45.61	4,652,488	5,310,120	



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 228966-00 - 2015/01

213.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/07		1.00	0.7364	0.7364		120	50.29	4,683,815	5,349,240	
2006/01		1.00	0.9068	0.9068		120	50.29	4,722,651	5,397,720	
2006/07		1.00	0.8133	0.8133		120	50.29	4,757,771	5,441,640	
2007/01		1.00	1.0133	1.0133		120	47.36	4,799,285	5,496,720	
2007/07		1.00	1.1050	1.1050		120	47.36	4,844,950	5,557,440	
2008/01		1.00	0.8556	0.8556		120	42.08	4,876,666	5,604,960	
2008/07		1.00	0.6104	0.6104		120	42.08	4,899,441	5,639,160	
2009/01	58,833	1.00	1.3268	1.3268		120	43.94	5,010,208	5,714,040	
2009/07	27,339	1.00	0.6841	0.6841		120	42.80	5,064,219	5,753,160	
2010/01		1.00	0.8643	0.8643		120	42.80	5,098,280	5,802,840	
2010/07		1.00	0.7107	0.7107		120	42.80	5,126,476	5,844,120	
2011/01		0.95	0.9198	0.9198		120	39.12	5,158,338	5,897,880	
2011/07		0.95	0.9028	0.9028		120	39.80	5,190,354	5,951,160	
2012/01		0.90	0.3865	0.3865		120	39.80	5,203,421	5,974,200	
2012/07	51,239	0.90	0.9417	0.9417		120	40.79	5,287,365	6,030,480	
2013/01		0.85	0.4901	0.4901		120	40.79	5,303,701	6,060,000	
2013/07		0.85	0.6196	0.6196		120	40.79	5,324,418	6,097,560	
2014/01		0.80	0.8564	0.8564		120	38.29	5,349,813	6,149,760	
2014/07		0.80	1.2383	1.2383		120	38.29	5,386,707	6,225,960	
2015/01		0.75	0.7571	0.7571		120	38.29	5,408,000	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 229164-00 - 2015/01

231.84

Sylvan 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
2770 REGENCY OAKS BLVD	1/1/2013-12/31/2013	Number of Beds: 60	Superior: 0
CLEARWATER , FL 33759	Days in CR 365	Maximum: 21,900	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 21,900	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 20,555	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,212	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 3,899	FY Index: 1.31456505
Class at 1/94: North Small	Medical Utilization	18.96862%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	93.85845%	Cost: 1.04340134
Open Date: 08/30/1991	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 08/30/1991	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 10/07/1991	Low Occupancy Adjustment Factor:	119.85301%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 203971			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	212,268	333,090	260,455	54,313		860,126	
1a	Audit Adjustments							
2	Cost Per Diem	54.4417	85.4296	66.8005	13.9300		220.6018	
3	Cost Per Diem Inflated	56.8045	88.2066	69.6997				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	56.8045	88.2066	69.6997	13.9300		228.6408	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.3589		63.3459				
7	Provider Target Rate	58.4228		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	56.8045	88.2066	65.6657	13.6500		224.3268	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	56.8045	88.2066	65.6657	13.6500		224.3268	
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 229164-00 - 2015/01

231.84

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

Sylvan Health Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/07/1991	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,798,444.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	1,910,829	10.6549
RS to Start Calcs:	1991/07	<60% of Base:	False	20% ROE(2):	477,707	0.4544
Indexed Asset Value	2,388,536	Interest Rate:	9.2500%	Insurance Cost(3):	37,694	1.8338
FRVS Base Asset:	1,831,800	Chase Rate:	10.0000%	Taxes Cost(3):	46,104	2.2430
Occup Adj Factor	0.9000	Amortization Rate:	9.2500%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	487,567	0.0000
		Yearly Payment:	210,008	Total FRVS PD:		15.1861

- (1) 80% Capital (\$1,910,829) amortized at 9.2500 % for 20 years Principal & Interest of \$210,008 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$10.6549
- (2) 20% ROE (\$477,707) times the ROE factor (0.018750) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.4544
- (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	60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	56.8045	56.8045	0.9883	55.8162
Direct Care	88.2066	88.2066	1.5346	86.6720
Indirect Care	65.6657	65.6657	1.1424	64.5233
Property	13.6500	15.1861	0.2642	14.9219
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	224.3268	225.8629	3.9295	231.8359

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 229164-00 - 2015/01

231.84

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	3,031,063	0.00	1.4932	1.4932		60	26.52	1,831,800	1,831,800	1
1992/01		0.10	2.0117	2.0117		60	26.52	1,833,577	1,896,540	
1992/07		0.10	1.8152	1.8152		60	26.52	1,835,182	1,930,980	
1993/01		0.20	1.7710	1.7710		60	26.52	1,838,316	1,965,180	
1993/07		0.20	1.5329	1.5329		60	26.52	1,841,034	1,995,300	
1994/01		0.30	1.6983	1.6983		60	26.52	1,845,557	2,029,200	
1994/07		0.30	1.5991	1.5991		60	26.52	1,849,826	2,061,660	
1995/01		0.40	1.5812	1.5812		60	37.95	1,857,899	2,094,240	
1995/07		0.40	1.5250	1.5250		60	37.95	1,865,719	2,126,160	
1996/01		0.50	1.7228	1.7228		60	42.11	1,878,024	2,162,820	
1996/07	8,641	0.50	1.3294	1.3294		60	49.91	1,897,993	2,191,560	
1997/01		0.60	1.4109	1.4109		60	49.91	1,912,573	2,222,460	
1997/07		0.60	1.0917	1.0917		60	51.24	1,924,244	2,246,700	
1998/01		0.70	1.1663	1.1663		60	51.24	1,938,880	2,272,920	
1998/07		0.70	1.0794	1.0794		60	45.46	1,950,989	2,297,460	
1999/01		0.80	1.4499	1.4499		60	45.46	1,969,693	2,330,760	
1999/07		0.80	1.2299	1.2299		60	45.46	1,985,711	2,359,440	
2000/01		0.90	1.3356	1.3356		60	39.85	2,003,005	2,390,940	
2000/07		0.90	1.1129	1.1129		60	40.71	2,017,855	2,417,520	
2001/01		1.00	1.2976	1.2976		60	40.71	2,037,236	2,448,900	
2001/07	16,157	1.00	0.9615	0.9615		60	36.36	2,066,342	2,472,420	
2002/01		1.00	1.0301	1.0301		60	36.36	2,080,414	2,497,860	
2002/07		1.00	0.8337	0.8337		60	34.57	2,091,316	2,518,680	
2003/01		1.00	1.3271	1.3271		60	34.57	2,108,761	2,552,100	
2003/07	102,725	1.00	1.1664	1.1664		60	33.90	2,226,646	2,581,860	
2004/01		1.00	1.1103	1.1103		60	33.90	2,241,884	2,610,540	
2004/07	9,468	1.00	0.8378	0.8378		60	35.96	2,263,632	2,632,440	
2005/01		1.00	0.8595	0.8595		60	35.96	2,276,353	2,655,060	
2005/07		1.00	0.7364	0.7364		60	35.96	2,287,313	2,674,620	
2006/01		1.00	0.9068	0.9068		60	42.66	2,303,401	2,698,860	



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 229164-00 - 2015/01

231.84

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	9,229	1.00	0.8133	0.8133		60	41.73	2,326,844	2,720,820	
2007/01		1.00	1.0133	1.0133		60	41.73	2,344,733	2,748,360	
2007/07		1.00	1.1050	1.1050		60	41.73	2,364,391	2,778,720	
2008/01		1.00	0.8556	0.8556		60	34.93	2,377,239	2,802,480	
2008/07	11,297	1.00	0.6104	0.6104		60	24.42	2,388,536	2,819,580	
2009/01		1.00	1.3268	1.3268		60	24.42	2,388,536	2,857,020	
2009/07		1.00	0.6841	0.6841		60	20.18	2,388,536	2,876,580	
2010/01		1.00	0.8643	0.8643		60	20.18	2,388,536	2,901,420	
2010/07		1.00	0.7107	0.7107		60	20.18	2,388,536	2,922,060	
2011/01		1.00	0.9198	0.9198		60	19.66	2,388,536	2,948,940	
2011/07		1.00	0.9028	0.9028		60	19.66	2,388,536	2,975,580	
2012/01		0.95	0.3865	0.3865		60	20.97	2,388,536	2,987,100	
2012/07		0.95	0.9417	0.9417		60	20.83	2,388,536	3,015,240	
2013/01		0.90	0.4901	0.4901		60	20.83	2,388,536	3,030,000	
2013/07		0.90	0.6196	0.6196		60	20.83	2,388,536	3,048,780	
2014/01		0.85	0.8564	0.8564		60	20.74	2,388,536	3,074,880	
2014/07		0.85	1.2383	1.2383		60	18.97	2,388,536	3,112,980	
2015/01		0.80	0.7571	0.7571		60	18.97	2,388,536	3,136,560	

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 229202-00 - 2015/01

224.53

Shell Point Pavilion

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
15071 SHELL POINT BLVD	7/1/2012-6/30/2013	Number of Beds: 219	Superior: 0
FORT MYERS, FL 33908	Days in CR 365	Maximum: 79,935	Standard: 243
County: Lee [36]	First Used : 2014/07	Max Annualized: 79,935	Conditional: 0
Region: South Area: 8	Last Used: 2015/01	Total Patient: 66,262	Total: 243
Control: Nonprofit : Church	Unaudited	Medicare: 11,789	Inflation
Current Class South Large	Initial CR? False	Medicaid: 7,868	FY Index: 1.29878490
Class at 1/94: South Large	Medical Utilization	11.87408%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.89485%	Cost: 1.05607860
Open Date: 12/01/1971	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1971	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 03/28/2001	Low Occupancy Adjustment Factor:	105.85299%	DC Sem Index: 1.25449501
Med # Active Date: 03/28/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med #			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	326,499	754,408	545,045	307,324		1,933,276	
1a	Audit Adjustments							
2	Cost Per Diem	41.4971	95.8830	69.2736	39.0600		245.7137	
3	Cost Per Diem Inflated	43.8242	99.5323	73.1584				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.8242	99.5323	73.1584	39.0600		255.5749	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	55.4017		86.0023				
7	Provider Target Rate	57.4306		89.1518				
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	43.8242	99.5323	65.5807	13.6500		222.5872	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.8242	99.5323	65.5807	13.6500		222.5872	
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 229202-00 - 2015/01

224.53

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

Shell Point Pavilion

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/28/2001	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	7,441,914.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,620,872 5.3457
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	1,155,218 0.2309
Indexed Asset Value	5,776,090	Interest Rate:	5.6000%	Insurance Cost(3):	259,000 3.9087
FRVS Base Asset:	0	Chase Rate:	4.7500%	Taxes Cost(3):	0 0.0000
Occup Adj Factor	0.9000	Amortization Rate:	5.6000%	Home Office(3):	0 0.0000
ROE Factor	0.014380	Interest Only:	False	Replacement(3&4):	127,983 0.0000
		Yearly Payment:	384,575	Total FRVS PD:	9.4853

- (1) 80% Capital (\$4,620,872) amortized at 5.6000 % for 20 years Principal & Interest of \$384,575 divided by annual available days (79935) divided by Occup. Adj. (0.90) = \$5.3457
- (2) 20% ROE (\$1,155,218) times the ROE factor (0.014380) divided by annual available days (79935) divided by Occup. Adj. (0.90) = \$0.2309
- (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:	10,261
Comparison Date:	07/01/1971	Current RS PBS:	52,276
Comparison Bed	180	Effective PBS Limitation	1,846,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8242	43.8242	0.7624	43.0618
Direct Care	99.5323	99.5323	1.7316	97.8007
Indirect Care	65.5807	65.5807	1.1409	64.4398
Property	13.6500	9.4853	0.1650	9.3203
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	222.5872	218.4225	3.7999	224.5251

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 229202-00 - 2015/01

224.53

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	4,000,000	0.00	1.2976	1.2976		180	0.08	1,846,980	1,846,980	1
2001/07		0.10	0.9615	0.9615		180	0.08	1,846,980	7,417,260	
2002/01		0.10	1.0301	1.0301		180	0.08	1,846,980	7,493,580	
2002/07		0.20	0.8337	0.8337		180	0.08	1,846,980	7,556,040	
2003/01		0.20	1.3271	1.3271		180	0.08	1,846,980	7,656,300	5
2003/07		0.30	1.1664	1.1664		180	0.08	1,846,980	7,745,580	
2004/01	1,623,609	0.30	1.1103	1.1103		219	4.59	3,470,589	9,528,471	
2004/07		0.40	0.8378	0.8378		219	5.81	3,470,589	9,608,406	
2005/01		0.40	0.8595	0.8595		219	5.81	3,470,589	9,690,969	5
2005/07		0.50	0.7364	0.7364		219	8.25	3,470,589	9,762,363	
2006/01	51,561	0.50	0.9068	0.9068		219	8.43	3,522,150	9,850,839	
2006/07		0.60	0.8133	0.8133		219	8.43	3,522,150	9,930,993	
2007/01		0.60	1.0133	1.0133		219	8.43	3,522,150	10,031,514	
2007/07		0.70	1.1050	1.1050		219	8.66	3,522,150	10,142,328	
2008/01		0.70	0.8556	0.8556		219	8.66	3,522,150	10,229,052	
2008/07	111,102	0.80	0.6104	0.6104		219	9.01	3,633,252	10,291,467	
2009/01		0.80	1.3268	1.3268		219	9.01	3,633,252	10,428,123	
2009/07	33,086	0.90	0.6841	0.6841		219	8.39	3,666,338	10,499,517	
2010/01		0.90	0.8643	0.8643		219	8.39	3,666,338	10,590,183	
2010/07		1.00	0.7107	0.7107		219	9.28	3,666,338	10,665,519	
2011/01		1.00	0.9198	0.9198		219	9.28	3,666,338	10,763,631	
2011/07		1.00	0.9028	0.9028		219	6.36	3,666,338	10,860,867	
2012/01	2,073,250	1.00	0.3865	0.3865		219	2.95	5,739,588	10,902,915	
2012/07		1.00	0.9417	0.9417		219	2.95	5,739,588	11,005,626	
2013/01		1.00	0.4901	0.4901		219	9.47	5,739,588	11,059,500	
2013/07		1.00	0.6196	0.6196		219	9.47	5,739,588	11,128,047	
2014/01		1.00	0.8564	0.8564		219	9.47	5,739,588	11,223,312	
2014/07	36,502	1.00	1.2383	1.2383		219	11.87	5,776,090	11,362,377	
2015/01		1.00	0.7571	0.7571		219	11.87	5,776,090	11,448,444	

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 229288-00 - 2015/01

228.45

Gainesville Health Care 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
1311 SW 16TH STREET	9/1/2012-8/31/2013	Number of Beds: 180	Superior: 0
GAINESVILLE, FL 32608	Days in CR 365	Maximum: 65,700	Standard: 243
County: Alachua [1]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 62,525	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 8,814	Inflation
Current Class North Large	Initial CR? False	Medicaid: 43,231	FY Index: 1.30580299
Class at 1/94: North Large	Medical Utilization	69.14194%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.16743%	Cost: 1.05040266
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: 1.21049917
Entered Medicaid 07/01/1983	Low Occupancy Adjustment Factor:	121.52452%	DC Sem Index: 1.25449501
Med # Active Date: 03/07/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03634520
Previous Med # 212776			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,799,298	3,405,540	2,056,874	1,007,715		8,269,427	
1a	Audit Adjustments							
2	Cost Per Diem	41.6206	78.7754	47.5787	23.3100		191.2847	
3	Cost Per Diem Inflated	43.7184	81.6385	49.9768				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.7184	81.6385	49.9768	23.3100		198.6437	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.9010		52.2722				
7	Provider Target Rate	54.8383		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	43.7184	81.6385	49.9768	13.6500		188.9837	
12/13	Medical Adjustment Rate		1.7581	1.0762				
14	Prospective Per Diem 11	43.7184	83.3966	51.0530	13.6500		191.8180	
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 229288-00 - 2015/01

228.45

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

Gainesville Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	07/01/1989	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	7,400,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	7,082,222	18.9260
RS to Start Calcs:	1983/07	<60% of Base:	False	20% ROE(2):	1,770,555	0.4710
Indexed Asset Value	8,852,777	Interest Rate:	15.1230%	Insurance Cost(3):	61,943	0.9907
FRVS Base Asset:	5,130,000	Chase Rate:	13.0000%	Taxes Cost(3):	2,054	0.0329
Occup Adj Factor	0.9000	Amortization Rate:	15.0000%	Home Office(3):	1,269	0.0203
ROE Factor	0.015730	Interest Only:	False	Replacement(3&4):	23,012	0.0000
		Yearly Payment:	1,119,096	Total FRVS PD:		20.4409

- (1) 80% Capital (\$7,082,222) amortized at 15.0000 % for 20 years Principal & Interest of \$1,119,096 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$18.9260
- (2) 20% ROE (\$1,770,555) times the ROE factor (0.015730) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.4710
- (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	43.7184	43.7184	0.7606	42.9578
Direct Care	83.3966	83.3966	1.4509	81.9457
Indirect Care	51.0530	51.0530	0.8882	50.1648
Property	13.6500	20.4409	0.3556	20.0853
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.3923
Supplemental Rate Add-on				9.9025
Totals	191.8180	198.6089	3.4553	228.4484

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: 8/31/2013

0 229288-00 - 2015/01

228.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	6,478,802	0.00	3.9578	3.0000	0.9578	180	55.00	6,478,802	4,871,160	
1984/01	12,381	0.10	2.2530	2.2530		180	82.03	6,505,780	4,934,340	
1984/07		0.10	1.9179	1.9179		180	82.03	6,518,258	5,029,020	
1985/01	75,005	0.20	1.1471	1.1471		180	87.19	6,608,216	5,086,620	
1985/10		0.20	0.8522	0.8522		180	87.19	5,130,000	5,130,000	1
1986/01		0.30	0.8299	0.8299		180	87.19	5,142,774	5,172,660	
1986/07		0.30	0.2974	0.2974		180	87.19	5,147,361	5,162,760	
1987/01		0.40	1.0091	1.0091		180	87.19	5,168,136	5,255,100	
1987/07		0.40	0.9007	0.9007		180	93.44	5,186,757	5,296,140	
1988/01		0.50	0.9007	0.9007		180	93.44	5,210,118	5,339,160	
1988/07		0.50	0.5899	0.5899		180	93.44	5,225,488	5,336,280	
1989/01		0.60	0.5899	0.5899		180	91.63	5,243,981	5,367,780	
1989/07		0.60	0.5899	0.5899		180	91.63	5,262,539	5,404,140	
1990/01	20,864	0.70	0.5899	0.5899		180	91.63	5,283,403	5,431,320	5
1990/07		0.70	0.5899	0.5899		180	88.71	5,305,132	5,463,360	5
1991/01		0.80	0.5899	0.5899		180	84.17	5,352,175	5,495,400	
1991/07		0.80	1.4932	1.4932		180	90.49	5,416,112	5,577,480	
1992/01		0.90	2.0117	2.0117		180	90.49	5,514,171	5,689,620	
1992/07		0.90	1.8152	1.8152		180	87.82	5,604,256	5,792,940	
1993/01		1.00	1.7710	1.7710		180	87.82	5,703,507	5,895,540	
1993/07		1.00	1.5329	1.5329		180	85.58	5,790,936	5,985,900	
1994/01		1.00	1.6983	1.6983		180	85.58	5,889,283	6,087,600	
1994/07		1.00	1.5991	1.5991		180	85.58	5,983,459	6,184,980	
1995/01		1.00	1.5812	1.5812		180	85.50	6,078,069	6,282,720	
1995/07		1.00	1.5250	1.5250		180	85.50	6,170,760	6,378,480	
1996/01		1.00	1.7228	1.7228		180	86.72	6,277,070	6,488,460	
1996/07		1.00	1.3294	1.3294		180	87.51	6,360,517	6,574,680	
1997/01		1.00	1.4109	1.4109		180	87.51	6,450,258	6,667,380	
1997/07		1.00	1.0917	1.0917		180	87.51	6,450,258	6,740,100	5
1998/01		1.00	1.1663	1.1663		180	87.51	6,520,675	6,818,760	5



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: 8/31/2013

0 229288-00 - 2015/01

228.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		180	87.51	6,667,931	6,892,380	
1999/01		1.00	1.4499	1.4499		180	87.51	6,764,609	6,992,280	
1999/07		1.00	1.2299	1.2299		180	87.51	6,847,807	7,078,320	
2000/01		1.00	1.3356	1.3356		180	87.51	6,939,266	7,172,820	
2000/07	93,695	1.00	1.1129	1.1129		180	85.98	7,110,188	7,252,560	
2001/01	47,580	1.00	1.2976	1.2976		180	79.71	7,250,030	7,346,700	
2001/07	5,688	1.00	0.9615	0.9615		180	79.71	7,325,427	7,417,260	
2002/01	7,955	1.00	1.0301	1.0301		180	79.71	7,408,841	7,493,580	
2002/07	10,654	1.00	0.8337	0.8337		180	79.71	7,481,263	7,556,040	
2003/01		1.00	1.3271	1.3271		180	79.71	7,580,547	7,656,300	
2003/07		1.00	1.1664	1.1664		180	79.71	7,668,967	7,745,580	
2004/01		0.95	1.1103	1.1103		180	79.71	7,749,859	7,831,620	
2004/07		0.95	0.8378	0.8378		180	73.87	7,811,540	7,897,320	
2005/01	27,526	0.90	0.8595	0.8595		180	73.30	7,899,496	7,965,180	
2005/07		0.90	0.7364	0.7364		180	73.30	7,951,854	8,023,860	
2006/01		0.85	0.9068	0.9068		180	73.30	8,013,147	8,096,580	
2006/07		0.85	0.8133	0.8133		180	73.13	8,068,542	8,162,460	
2007/01		0.80	1.0133	1.0133		180	73.13	8,133,946	8,245,080	
2007/07		0.80	1.1050	1.1050		180	73.36	8,205,850	8,336,160	
2008/01		0.75	0.8556	0.8556		180	73.36	8,258,507	8,407,440	
2008/07		0.75	0.6104	0.6104		180	72.17	8,296,314	8,458,740	
2009/01		0.70	1.3268	1.3268		180	72.17	8,373,370	8,571,060	
2009/07		0.70	0.6841	0.6841		180	74.49	8,413,470	8,629,740	
2010/01		0.65	0.8643	0.8643		180	71.28	8,460,737	8,704,260	
2010/07		0.65	0.7107	0.7107		180	71.28	8,499,826	8,766,180	
2011/01		0.60	0.9198	0.9198		180	71.28	8,546,737	8,846,820	
2011/07	38,946	0.60	0.9028	0.9028		180	69.86	8,631,981	8,926,740	
2012/01		0.55	0.3865	0.3865		180	69.86	8,650,333	8,961,300	
2012/07		0.55	0.9417	0.9417		180	69.86	8,695,133	9,045,720	
2013/01		0.50	0.4901	0.4901		180	68.65	8,716,445	9,090,000	



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: 8/31/2013

0 229288-00 - 2015/01

228.45

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		180	68.65	8,743,449	9,146,340	
2014/01		0.45	0.8564	0.8564		180	68.65	8,777,146	9,224,640	
2014/07		0.45	1.2383	1.2383		180	69.14	8,826,052	9,338,940	
2015/01		0.40	0.7571	0.7571		180	69.14	8,852,777	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: 229288083120130901201204282014154838



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 229610-00 - 2015/01

235.60

Lake View Care Center at Delray

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
5430 LINTON BLVD	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
DELRAY BEACH, FL 33484	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: 39,040	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 14,875	Inflation
Current Class South Large	Initial CR? False	Medicaid: 15,654	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	40.09734%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	89.13242%	Cost: 1.04340134
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: 1.21500000
Entered Medicaid 09/01/1984	Low Occupancy Adjustment Factor:	113.81808%	DC Sem Index: 1.25449501
Med # Active Date: 09/20/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 208124			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	646,910	1,369,235	1,120,285	180,334		3,316,764	
1a	Audit Adjustments							
2	Cost Per Diem	41.3255	87.4687	71.5654	11.5200		211.8796	
3	Cost Per Diem Inflated	43.1191	90.3120	74.6714				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.1191	90.3120	74.6714	11.5200		219.6225	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.2574		57.2437				
7	Provider Target Rate	50.0246		59.3400				
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	43.1191	90.3120	59.3400	11.5200		204.2911	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	43.1191	90.3120	59.3400	11.5200		204.2911	
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 229610-00 - 2015/01

235.60

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

Lake View Care Center at Delray

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/01/2000	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	3,596,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,615,430 16.2111
RS to Start Calcs:	1984/07	<60% of Base:	False	20% ROE(2):	1,153,857 0.5488
Indexed Asset Value	5,769,287	Interest Rate:	12.7500%	Insurance Cost(3):	65,559 1.6793
FRVS Base Asset:	3,420,000	Chase Rate:	13.0000%	Taxes Cost(3):	106,567 2.7297
Occup Adj Factor	0.9000	Amortization Rate:	12.7500%	Home Office(3):	0 0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	0 0.0000
		Yearly Payment:	639,040	Total FRVS PD:	21.1689

- (1) 80% Capital (\$4,615,430) amortized at 12.7500 % for 20 years Principal & Interest of \$639,040 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$16.2111
- (2) 20% ROE (\$1,153,857) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5488
- (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	43.1191	43.1191	0.7502	42.3689
Direct Care	90.3120	90.3120	1.5712	88.7408
Indirect Care	59.3400	59.3400	1.0324	58.3076
Property	11.5200	21.1689	0.3683	20.8006
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.4818
Supplemental Rate Add-on				9.9025
Totals	204.2911	213.9400	3.7221	235.6022

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 229610-00 - 2015/01

235.60

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	4,156,280	0.00	1.9179	1.9179		120	7.30	4,156,280	3,352,680	
1985/01	888,255	0.10	1.1471	1.1471		120	7.30	5,044,535	3,391,080	
1985/10		0.10	0.8522	0.8522		120	7.30	3,420,000	3,420,000	1
1986/01		0.20	0.8299	0.8299		120	7.30	3,420,000	3,448,440	
1986/07		0.20	0.2974	0.2974		120	7.30	3,420,000	3,441,840	
1987/01		0.30	1.0091	1.0091		120	58.80	3,430,352	3,503,400	
1987/07		0.30	0.9007	0.9007		120	58.80	3,439,621	3,530,760	
1988/01		0.40	0.9007	0.9007		120	71.16	3,452,014	3,559,440	
1988/07		0.40	0.5899	0.5899		120	71.16	3,460,161	3,557,520	
1989/01	53,029	0.50	0.5899	0.5899		120	75.74	3,523,397	3,578,520	
1989/07		0.50	0.5899	0.5899		120	75.74	3,533,791	3,602,760	
1990/01		0.60	0.5899	0.5899		120	70.15	3,546,297	3,620,880	
1990/07		0.60	0.5899	0.5899		120	70.15	3,558,847	3,642,240	
1991/01		0.70	0.5899	0.5899		120	66.79	3,573,541	3,663,600	
1991/07		0.70	1.4932	1.4932		120	66.79	3,573,541	3,718,320	5
1992/01		0.80	2.0117	2.0117		120	67.76	3,669,006	3,793,080	
1992/07		0.80	1.8152	1.8152		120	67.76	3,722,287	3,861,960	
1993/01		0.90	1.7710	1.7710		120	66.71	3,781,617	3,930,360	
1993/07		0.90	1.5329	1.5329		120	66.71	3,833,788	3,990,600	
1994/01		1.00	1.6983	1.6983		120	63.94	3,898,897	4,058,400	
1994/07		1.00	1.5991	1.5991		120	63.94	3,961,244	4,123,320	
1995/01		1.00	1.5812	1.5812		120	62.05	4,023,879	4,188,480	
1995/07		1.00	1.5250	1.5250		120	62.05	4,085,243	4,252,320	
1996/01		1.00	1.7228	1.7228		120	58.38	4,155,624	4,325,640	
1996/07		1.00	1.3294	1.3294		120	58.38	4,210,869	4,383,120	
1997/01		1.00	1.4109	1.4109		120	51.17	4,210,869	4,444,920	5
1997/07		1.00	1.0917	1.0917		120	51.17	4,309,473	4,493,400	
1998/01		1.00	1.1663	1.1663		120	49.14	4,354,379	4,545,840	
1998/07		1.00	1.0794	1.0794		120	49.14	4,396,372	4,594,920	
1999/01		1.00	1.4499	1.4499		120	46.35	4,450,090	4,661,520	



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 229610-00 - 2015/01

235.60

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	46.35	4,496,214	4,718,880	
2000/01		1.00	1.3356	1.3356		120	53.29	4,496,214	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	53.29	4,603,508	4,835,040	
2001/01		1.00	1.2976	1.2976		120	57.33	4,603,508	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	51.56	4,705,276	4,944,840	
2002/01		1.00	1.0301	1.0301		120	51.56	4,705,276	4,995,720	5
2002/07		1.00	0.8337	0.8337		120	51.56	4,787,843	5,037,360	
2003/01		1.00	1.3271	1.3271		120	51.56	4,847,408	5,104,200	
2003/07		1.00	1.1664	1.1664		120	51.56	4,900,412	5,163,720	
2004/01		1.00	1.1103	1.1103		120	53.31	4,953,149	5,221,080	
2004/07		1.00	0.8378	0.8378		120	53.31	4,993,371	5,264,880	
2005/01		0.95	0.8595	0.8595		120	62.36	5,034,142	5,310,120	
2005/07		0.95	0.7364	0.7364		120	62.36	5,069,361	5,349,240	
2006/01		0.90	0.9068	0.9068		120	59.11	5,110,732	5,397,720	
2006/07		0.90	0.8133	0.8133		120	59.11	5,148,143	5,441,640	
2007/01		0.85	1.0133	1.0133		120	57.51	5,192,484	5,496,720	
2007/07		0.85	1.1050	1.1050		120	57.51	5,192,484	5,557,440	5
2008/01		0.80	0.8556	0.8556		120	48.53	5,272,913	5,604,960	
2008/07		0.80	0.6104	0.6104		120	43.62	5,293,333	5,639,160	
2009/01		0.75	1.3268	1.3268		120	43.62	5,335,108	5,714,040	
2009/07	100,226	0.75	0.6841	0.6841		120	44.18	5,457,323	5,753,160	
2010/01		0.70	0.8643	0.8643		120	44.18	5,483,844	5,802,840	
2010/07		0.70	0.7107	0.7107		120	44.18	5,505,759	5,844,120	
2011/01		0.65	0.9198	0.9198		120	42.47	5,531,178	5,897,880	
2011/07	52,604	0.65	0.9028	0.9028		120	43.55	5,609,482	5,951,160	
2012/01		0.60	0.3865	0.3865		120	43.55	5,619,782	5,974,200	
2012/07	16,679	0.60	0.9417	0.9417		120	41.27	5,660,286	6,030,480	
2013/01		0.55	0.4901	0.4901		120	41.27	5,671,737	6,060,000	
2013/07	17,796	0.55	0.6196	0.6196		120	45.45	5,705,506	6,097,560	
2014/01		0.50	0.8564	0.8564		120	45.45	5,725,695	6,149,760	



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 229610-00 - 2015/01

235.60

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	45.45	5,754,992	6,225,960	
2015/01		0.45	0.7571	0.7571		120	40.10	5,769,287	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: 229610123120130101201307282014092121



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 229628-00 - 2015/01

235.84

Menorah House

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
9945 CENTRAL PARK BLVD NORTH BOCA RATON, FL 33428	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
County: Palm Beach [50]	Days in CR 365	Maximum: 43,800	Standard: 243
Region: South Area: 9	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Control: Proprietary : Corporation	Last Used: 2015/01	Total Patient: 39,156	Total: 243
Current Class South Large	Unaudited	Medicare: 6,001	Inflation
Class at 1/94: South Large	Initial CR? False	Medicaid: 24,736	FY Index: 1.31456505
Operating Ex > 18 months	Medical Utilization	63.17295%	Semester Index: 1.37161894
Open Date: 12/14/1989	Occupancy:	89.39726%	Cost: 1.04340134
Acquired Date: 12/14/1989	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Entered Medicaid 10/01/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Med # Active Date: 09/20/2001	Low Occupancy Adjustment Factor:	114.15627%	DC Sem Index: 1.25449501
Previous Med # 201413	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,004,072	2,024,807	1,413,037	457,616		4,899,532	
1a	Audit Adjustments							
2	Cost Per Diem	40.5915	81.8567	57.1247	18.5000		198.0729	
3	Cost Per Diem Inflated	42.3532	84.5175	59.6040				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.3532	84.5175	59.6040	18.5000		204.9747	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.0691		59.7619				
7	Provider Target Rate	49.8294		61.9504				
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	42.3532	84.5175	59.6040	13.6500		200.1247	
12/13	Medical Adjustment Rate		1.2525	0.8833				
14	Prospective Per Diem 11	42.3532	85.7700	60.4873	13.6500		202.2605	
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 229628-00 - 2015/01

235.84

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

Menorah House

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1990	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,900,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	4,936,777	14.0083
RS to Start Calcs:	1989/07	<60% of Base:	False	20% ROE(2):	1,234,194	0.5870
Indexed Asset Value	6,170,971	Interest Rate:	15.0000%	Insurance Cost(3):	63,803	1.6295
FRVS Base Asset:	3,578,520	Chase Rate:	6.5000%	Taxes Cost(3):	88,865	2.2695
Occup Adj Factor	0.9000	Amortization Rate:	9.5000%	Home Office(3):	0	0.0000
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	66,340	0.0000
		Yearly Payment:	552,207	Total FRVS PD:		18.4943

- (1) 80% Capital (\$4,936,777) amortized at 9.5000 % for 20 years Principal & Interest of \$552,207 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$14.0083
- (2) 20% ROE (\$1,234,194) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.5870
- (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	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	42.3532	42.3532	0.7368	41.6164
Direct Care	85.7700	85.7700	1.4922	84.2778
Indirect Care	60.4873	60.4873	1.0523	59.4350
Property	13.6500	18.4943	0.3218	18.1725
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.4366
Supplemental Rate Add-on				9.9025
Totals	202.2605	207.1048	3.6031	235.8408

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 229628-00 - 2015/01

235.84

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	4,272,092	0.00	0.5899	0.5899		120		3,578,520	3,578,520	1
1990/01		0.10	0.5899	0.5899		120		3,578,520	3,620,880	
1990/07		0.10	0.5899	0.5899		120	25.37	3,579,494	3,642,240	
1991/01		0.20	0.5899	0.5899		120	25.37	3,581,442	3,663,600	
1991/07		0.20	1.4932	1.4932		120	25.37	3,586,375	3,718,320	
1992/01		0.30	2.0117	2.0117		120	25.37	3,596,359	3,793,080	
1992/07		0.30	1.8152	1.8152		120	25.37	3,605,393	3,861,960	
1993/01		0.40	1.7710	1.7710		120	39.22	3,623,606	3,930,360	
1993/07		0.40	1.5329	1.5329		120	39.22	3,639,451	3,990,600	
1994/01		0.50	1.6983	1.6983		120	47.90	3,666,368	4,058,400	
1994/07		0.50	1.5991	1.5991		120	47.90	3,691,900	4,123,320	
1995/01		0.60	1.5812	1.5812		120	57.92	3,726,925	4,188,480	
1995/07		0.60	1.5250	1.5250		120	57.92	3,761,026	4,252,320	
1996/01		0.70	1.7228	1.7228		120	64.39	3,806,384	4,325,640	
1996/07		0.70	1.3294	1.3294		120	64.39	3,841,806	4,383,120	
1997/01		0.80	1.4109	1.4109		120	61.74	3,885,168	4,444,920	
1997/07		0.80	1.0917	1.0917		120	61.74	3,919,101	4,493,400	
1998/01		0.90	1.1663	1.1663		120	66.17	3,919,101	4,545,840	5
1998/07		0.90	1.0794	1.0794		120	66.17	3,998,714	4,594,920	
1999/01		1.00	1.4499	1.4499		120	65.91	4,056,691	4,661,520	
1999/07		1.00	1.2299	1.2299		120	65.91	4,106,584	4,718,880	
2000/01		1.00	1.3356	1.3356		120	72.40	4,161,432	4,781,880	
2000/07		1.00	1.1129	1.1129		120	72.40	4,207,745	4,835,040	
2001/01		1.00	1.2976	1.2976		120	73.05	4,262,345	4,897,800	
2001/07		1.00	0.9615	0.9615		120	66.47	4,303,327	4,944,840	
2002/01	595,058	1.00	1.0301	1.0301		120	66.47	4,942,714	4,995,720	
2002/07		1.00	0.8337	0.8337		120	66.47	4,983,921	5,037,360	
2003/01		1.00	1.3271	1.3271		120	66.47	5,050,063	5,104,200	
2003/07		1.00	1.1664	1.1664		120	66.47	5,108,967	5,163,720	
2004/01		1.00	1.1103	1.1103		120	66.32	5,165,692	5,221,080	



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 229628-00 - 2015/01

235.84

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		120	66.32	5,208,970	5,264,880	
2005/01		1.00	0.8595	0.8595		120	70.85	5,253,741	5,310,120	
2005/07		1.00	0.7364	0.7364		120	68.05	5,292,430	5,349,240	
2006/01		1.00	0.9068	0.9068		120	68.05	5,340,422	5,397,720	
2006/07		1.00	0.8133	0.8133		120	68.05	5,383,856	5,441,640	
2007/01		1.00	1.0133	1.0133		120	59.95	5,438,411	5,496,720	
2007/07		1.00	1.1050	1.1050		120	59.95	5,498,505	5,557,440	
2008/01		1.00	0.8556	0.8556		120	63.15	5,545,550	5,604,960	
2008/07		1.00	0.6104	0.6104		120	68.35	5,579,400	5,639,160	
2009/01		1.00	1.3268	1.3268		120	68.35	5,653,427	5,714,040	
2009/07		1.00	0.6841	0.6841		120	68.35	5,692,102	5,753,160	
2010/01		0.95	0.8643	0.8643		120	66.52	5,738,840	5,802,840	
2010/07		0.95	0.7107	0.7107		120	66.32	5,777,589	5,844,120	
2011/01		0.90	0.9198	0.9198		120	66.32	5,825,416	5,897,880	
2011/07		0.90	0.9028	0.9028		120	66.32	5,872,748	5,951,160	
2012/01		0.85	0.3865	0.3865		120	69.59	5,892,040	5,974,200	
2012/07	21,160	0.85	0.9417	0.9417		120	65.91	5,960,360	6,030,480	
2013/01		0.80	0.4901	0.4901		120	65.91	5,983,731	6,060,000	
2013/07		0.80	0.6196	0.6196		120	65.91	6,013,392	6,097,560	
2014/01		0.75	0.8564	0.8564		120	65.24	6,052,016	6,149,760	
2014/07		0.75	1.2383	1.2383		120	65.24	6,108,221	6,225,960	
2015/01	30,376	0.70	0.7571	0.7571		120	63.17	6,170,971	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 229849-00 - 2015/01

247.86

Alexander Nininger 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
8401 W CYPRESS DR	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
PEMBROKE PINES, FL 33025	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: 43,378	Total: 243
Control: Government	Unaudited	Medicare: 1,598	Inflation
Current Class South Large	Initial CR? False	Medicaid: 15,797	FY Index: 1.32215372
Class at 1/94: South Large	Medical Utilization	36.41708%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	99.03653%	Cost: 1.03741261
Open Date: 06/18/2001	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/18/2001	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 09/06/2001	Low Occupancy Adjustment Factor:	126.46518%	DC Sem Index: 1.25449501
Med # Active Date: 09/06/2001	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	774,281	1,983,131	846,929	269,655		3,873,996
1a	Audit Adjustments						
2	Cost Per Diem	49.0144	125.5385	53.6133	17.0700		245.2362
3	Cost Per Diem Inflated	50.8482	128.7714	55.6191			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8482	128.7714	55.6191	17.0700		252.3087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4732		65.2658			
7	Provider Target Rate	66.8343		67.6559			
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	50.8482	99.8648	55.6191	13.6500		219.9821
12/13	Medical Adjustment Rate						
14	Prospective Per Diem 11	50.8482	99.8648	55.6191	13.6500		219.9821
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 229849-00 - 2015/01

247.86

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

Alexander Nininger State Veterans' Nursing Home

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	09/06/2001	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/Full:		Amount:	0.00	Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	None	80% Capital(1):	4,427,664 7.2175
Indexed Asset Value	5,534,580	<60% of Base:	True	20% ROE(2):	1,106,916 0.6377
FRVS Base Asset:	0	Interest Rate:	6.5000%	Insurance Cost(3):	8,430 0.1943
Occup Adj Factor	0.9000	Chase Rate:	6.5000%	Taxes Cost(3):	0 0.0000
ROE Factor	0.022710	Amortization Rate:	6.5000%	Home Office(3):	46,751 1.0778
		Interest Only:	True	Replacement(3&4):	24,786 0.0000
		Yearly Payment:	284,512	Total FRVS PD:	9.1273

- (1) 80% Capital (\$4,427,664) amortized at 6.5000 % for 20 years Interest of \$284,512 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.2175
- (2) 20% ROE (\$1,106,916) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6377
- (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:	40,292
Comparison Date:	07/01/2000	Current RS PBS:	52,276
Comparison Bed	120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	50.8482	50.8482	0.8846	49.9636
Direct Care	99.8648	99.8648	1.7374	98.1274
Indirect Care	55.6191	55.6191	0.9676	54.6515
Property	13.6500	9.1273	0.1588	8.9685
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				26.2483
Supplemental Rate Add-on				9.9025
Totals	219.9821	215.4594	3.7484	247.8618

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 229849-00 - 2015/01

247.86

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	23,016,141	0.00	0.9615	0.9615		120	27.94	4,835,040	4,835,040	1
2002/01		0.10	1.0301	1.0301		120	27.94	4,837,570	4,995,720	
2002/07		0.10	0.8337	0.8337		120	27.94	4,839,620	5,037,360	
2003/01		0.20	1.3271	1.3271		120	27.94	4,839,620	5,104,200	5
2003/07		0.20	1.1664	1.1664		120	27.94	4,851,888	5,163,720	
2004/01	26,798	0.30	1.1103	1.1103		120	47.91	4,892,764	5,221,080	
2004/07		0.30	0.8378	0.8378		120	47.91	4,903,475	5,264,880	
2005/01		0.40	0.8595	0.8595		120	61.16	4,920,333	5,310,120	
2005/07		0.40	0.7364	0.7364		120	61.16	4,934,828	5,349,240	
2006/01		0.50	0.9068	0.9068		120	61.16	4,957,203	5,397,720	
2006/07		0.50	0.8133	0.8133		120	62.63	4,977,364	5,441,640	
2007/01		0.60	1.0133	1.0133		120	62.63	5,007,626	5,496,720	
2007/07		0.60	1.1050	1.1050		120	58.06	5,040,827	5,557,440	
2008/01		0.70	0.8556	0.8556		120	48.89	5,067,663	5,604,960	
2008/07		0.70	0.6104	0.6104		120	48.89	5,086,912	5,639,160	
2009/01		0.80	1.3268	1.3268		120	48.89	5,134,906	5,714,040	
2009/07		0.80	0.6841	0.6841		120	48.62	5,159,749	5,753,160	
2010/01		0.90	0.8643	0.8643		120	48.62	5,195,231	5,802,840	
2010/07		0.90	0.7107	0.7107		120	43.67	5,221,615	5,844,120	
2011/01		1.00	0.9198	0.9198		120	43.67	5,259,750	5,897,880	
2011/07		1.00	0.9028	0.9028		120	40.48	5,294,699	5,951,160	
2012/01		1.00	0.3865	0.3865		120	40.48	5,309,761	5,974,200	
2012/07	27,695	1.00	0.9417	0.9417		120	37.68	5,371,712	6,030,480	
2013/01		1.00	0.4901	0.4901		120	37.68	5,389,748	6,060,000	
2013/07		1.00	0.6196	0.6196		120	35.70	5,411,424	6,097,560	
2014/01		1.00	0.8564	0.8564		120	35.70	5,441,505	6,149,760	
2014/07		1.00	1.2383	1.2383		120	33.37	5,482,388	6,225,960	
2015/01	24,707	1.00	0.7571	0.7571		120	36.42	5,534,580	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 250988-00 - 2015/01

257.80

HIALEAH SHORES NURSING 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
8785 NW 32ND AVENUE	9/1/2013-8/31/2014	Number of Beds: 120	Superior: 0
MIAMI , FL 33147	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: 36,337	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,023	Inflation
Current Class South Large	Initial CR? False	Medicaid: 24,183	FY Index: 1.32975299
Class at 1/94: South Large	Medical Utilization	66.55200%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	82.96119%	Cost: 1.03148401
Open Date: 03/20/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/20/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22466610
Entered Medicaid 03/20/1985	Low Occupancy Adjustment Factor:	105.93770%	DC Sem Index: 1.25449501
Med # Active Date: 02/25/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02435677
Previous Med # 210722			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,243,093	2,352,430	1,510,152	368,307		5,473,982	
1a	Audit Adjustments							
2	Cost Per Diem	51.4036	97.2762	62.4468	15.2300		226.3566	
3	Cost Per Diem Inflated	53.0220	99.6455	64.4129				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.0220	99.6455	64.4129	15.2300		232.3104	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	63.3498		69.2866				
7	Provider Target Rate	65.6697		71.8239				
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	53.0220	99.6455	64.4129	13.6500		230.7304	
12/13	Medical Adjustment Rate		1.8555	1.1994				
14	Prospective Per Diem 11	53.0220	101.5010	65.6123	13.6500		233.7853	
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 250988-00 - 2015/01

257.80

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

HIALEAH SHORES NURSING AND REHAB CENTER

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	02/01/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed	80% Capital(1):	2,522,333	8.7237
Indexed Asset Value	3,152,916	<60% of Base:	False	20% ROE(2):	630,583	0.3682
FRVS Base Asset:	1,751,491	Interest Rate:	15.0000%	Insurance Cost(3):	50,868	1.3999
Occup Adj Factor	0.9000	Chase Rate:	9.5000%	Taxes Cost(3):	26,055	0.7170
ROE Factor	0.023020	Amortization Rate:	12.5000%	Home Office(3):	16,488	0.4538
		Interest Only:	False	Replacement(3&4):	42,479	0.0000
		Yearly Payment:	343,887	Total FRVS PD:		11.6626

(1) 80% Capital (\$2,522,333) amortized at 12.5000 % for 20 years Principal & Interest of \$343,887 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.7237

(2) 20% ROE (\$630,583) times the ROE factor (0.023020) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3682

(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	53.0220	53.0220	0.9225	52.0995
Direct Care	101.5010	101.5010	1.7659	99.7351
Indirect Care	65.6123	65.6123	1.1415	64.4708
Property	13.6500	11.6626	0.2029	11.4597
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				20.1281
Supplemental Rate Add-on				9.9025
Totals	233.7853	231.7979	4.0328	257.7957

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 250988-00 - 2015/01

257.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	1,750,000	0.00	1.1471	1.1471		120	97.66	1,750,000	3,391,080	
1985/10		0.10	0.8522	0.8522		120	97.66	1,751,491	3,420,000	
1986/01		0.10	0.8299	0.8299		120	97.66	1,752,945	3,448,440	
1986/07		0.20	0.2974	0.2974		120	97.66	1,753,988	3,441,840	
1987/01		0.20	1.0091	1.0091		120	97.66	1,757,528	3,503,400	
1987/07		0.30	0.9007	0.9007		120	97.02	1,762,277	3,530,760	
1988/01		0.30	0.9007	0.9007		120	97.02	1,767,039	3,559,440	
1988/07		0.40	0.5899	0.5899		120	96.96	1,771,209	3,557,520	
1989/01		0.40	0.5899	0.5899		120	96.96	1,775,389	3,578,520	
1989/07		0.50	0.5899	0.5899		120	97.11	1,780,626	3,602,760	
1990/01		0.50	0.5899	0.5899		120	97.11	1,785,879	3,620,880	
1990/07		0.60	0.5899	0.5899		120	92.40	1,785,879	3,642,240	5
1991/01		0.60	0.5899	0.5899		120	92.40	1,792,199	3,663,600	5
1991/07		0.70	1.4932	1.4932		120	92.40	1,798,542	3,718,320	5
1992/01		0.70	2.0117	2.0117		120	98.67	1,817,340	3,793,080	5
1992/07		0.80	1.8152	1.8152		120	96.37	1,842,932	3,861,960	5
1993/01	900	0.80	1.7710	1.7710		120	99.89	1,897,085	3,930,360	
1993/07	18,190	0.90	1.5329	1.5329		120	99.89	1,915,275	3,990,600	5
1994/01	3,785	0.90	1.6983	1.6983		120	99.89	1,945,232	4,058,400	5
1994/07		1.00	1.5991	1.5991		120	99.89	1,974,907	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	99.89	2,038,215	4,188,480	
1995/07		1.00	1.5250	1.5250		120	99.89	2,069,298	4,252,320	
1996/01		1.00	1.7228	1.7228		120	99.89	2,104,948	4,325,640	
1996/07		1.00	1.3294	1.3294		120	99.89	2,132,931	4,383,120	
1997/01		1.00	1.4109	1.4109		120	99.89	2,163,025	4,444,920	
1997/07		1.00	1.0917	1.0917		120	99.89	2,186,639	4,493,400	
1998/01		1.00	1.1663	1.1663		120	99.89	2,212,142	4,545,840	
1998/07		1.00	1.0794	1.0794		120	93.35	2,236,020	4,594,920	
1999/01		1.00	1.4499	1.4499		120	93.35	2,236,020	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	93.35	2,268,440	4,718,880	5



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 250988-00 - 2015/01

257.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	77.21	2,296,340	4,781,880	5
2000/07		1.00	1.1129	1.1129		120	77.21	2,352,907	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.21	2,383,438	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.21	2,406,355	4,944,840	
2002/01		1.00	1.0301	1.0301		120	80.12	2,431,143	4,995,720	
2002/07		1.00	0.8337	0.8337		120	80.12	2,451,411	5,037,360	
2003/01		1.00	1.3271	1.3271		120	87.65	2,483,944	5,104,200	
2003/07		1.00	1.1664	1.1664		120	87.65	2,512,917	5,163,720	
2004/01		1.00	1.1103	1.1103		120	87.65	2,540,818	5,221,080	
2004/07		1.00	0.8378	0.8378		120	87.09	2,562,105	5,264,880	
2005/01		1.00	0.8595	0.8595		120	81.44	2,584,126	5,310,120	
2005/07		0.95	0.7364	0.7364		120	81.44	2,602,205	5,349,240	
2006/01		0.95	0.9068	0.9068		120	81.11	2,624,623	5,397,720	
2006/07		0.90	0.8133	0.8133		120	81.11	2,643,835	5,441,640	
2007/01		0.90	1.0133	1.0133		120	81.51	2,667,947	5,496,720	
2007/07		0.85	1.1050	1.1050		120	81.51	2,693,007	5,557,440	
2008/01		0.85	0.8556	0.8556		120	81.51	2,712,593	5,604,960	
2008/07		0.80	0.6104	0.6104		120	78.35	2,725,839	5,639,160	
2009/01	33,984	0.80	1.3268	1.3268		120	70.46	2,788,755	5,714,040	
2009/07		0.75	0.6841	0.6841		120	70.46	2,803,064	5,753,160	
2010/01	113,706	0.75	0.8643	0.8643		120	72.50	2,934,939	5,802,840	
2010/07		0.70	0.7107	0.7107		120	72.50	2,949,540	5,844,120	
2011/01		0.70	0.9198	0.9198		120	72.50	2,968,532	5,897,880	
2011/07		0.65	0.9028	0.9028		120	62.86	2,985,951	5,951,160	
2012/01	76,629	0.65	0.3865	0.3865		120	64.49	3,070,081	5,974,200	
2012/07		0.60	0.9417	0.9417		120	64.49	3,087,427	6,030,480	
2013/01		0.60	0.4901	0.4901		120	64.49	3,096,507	6,060,000	
2013/07		0.55	0.6196	0.6196		120	67.90	3,107,060	6,097,560	
2014/01		0.55	0.8564	0.8564		120	67.90	3,121,694	6,149,760	
2014/07		0.50	1.2383	1.2383		120	65.17	3,141,024	6,225,960	



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 250988-00 - 2015/01

257.80

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	66.55	3,152,916	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: 250988083120140901201310212014120555



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 251399-00 - 2015/01

210.10

Brandywyne 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
1801 N LAKE MARIAM DR	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
WINTER HAVEN, FL 33884	Days in CR 365	Maximum: 43,800	Standard: 243
County: Polk [53]	First Used : 2014/01	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 39,937	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,428	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 34,869	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	87.31001%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.18037%	Cost: 1.05323681
Open Date: 04/01/1983	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 04/01/1983	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 04/01/1983	Low Occupancy Adjustment Factor:	116.43322%	DC Sem Index: 1.25449501
Med # Active Date: 08/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 219509			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,247,710	2,636,878	1,540,568	607,069		6,032,225	
1a	Audit Adjustments							
2	Cost Per Diem	35.7828	75.6224	44.1816	17.4100		172.9968	
3	Cost Per Diem Inflated	37.6878	78.4357	46.5337				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.6878	78.4357	46.5337	17.4100		180.0672	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	50.9859		54.4474				
7	Provider Target Rate	52.8531		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	37.6878	78.4357	46.5337	13.6500		176.3072	
12/13	Medical Adjustment Rate		3.2922	1.9532				
14	Prospective Per Diem 11	37.6878	81.7279	48.4869	13.6500		181.5526	
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 251399-00 - 2015/01

210.10

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

Brandywyne Health Care Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	11/01/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/04	Type:	None	80% Capital(1):	2,954,962	7.8159
Indexed Asset Value	3,693,702	<60% of Base:	True	20% ROE(2):	738,740	0.2811
FRVS Base Asset:	2,117,770	Interest Rate:	10.5000%	Insurance Cost(3):	47,509	1.1896
Occup Adj Factor	0.9000	Chase Rate:	10.5000%	Taxes Cost(3):	37,331	0.9347
ROE Factor	0.015000	Amortization Rate:	10.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	27,255	0.0000
		Yearly Payment:	308,103	Total FRVS PD:		10.2213

(1) 80% Capital (\$2,954,962) amortized at 10.5000 % for 20 years Interest of \$308,103 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$7.8159

(2) 20% ROE (\$738,740) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2811

(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	37.6878	37.6878	0.6557	37.0321
Direct Care	81.7279	81.7279	1.4219	80.3060
Indirect Care	48.4869	48.4869	0.8436	47.6433
Property	13.6500	10.2213	0.1778	10.0435
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.1771
Supplemental Rate Add-on				9.9025
Totals	181.5526	178.1239	3.0990	210.1045

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: 7/31/2013

0 251399-00 - 2015/01

210.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/04	2,067,081	0.00	2.6288	2.6288		120	24.06	2,067,081	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	24.06	2,067,081	3,247,440	
1984/01	34,196	0.10	2.2530	2.2530		120	39.48	2,104,620	3,289,560	
1984/07		0.20	1.9179	1.9179		120	39.48	2,110,415	3,352,680	
1985/01		0.20	1.1471	1.1471		120	39.48	2,113,890	3,391,080	
1985/10		0.30	0.8522	0.8522		120	39.48	2,117,770	3,420,000	
1986/01		0.30	0.8299	0.8299		120	39.48	2,121,555	3,448,440	
1986/07		0.40	0.2974	0.2974		120	39.48	2,123,367	3,441,840	
1987/01		0.40	1.0091	1.0091		120	43.00	2,130,067	3,503,400	
1987/07		0.50	0.9007	0.9007		120	53.59	2,139,415	3,530,760	
1988/01		0.50	0.9007	0.9007		120	62.61	2,149,051	3,559,440	
1988/07		0.60	0.5899	0.5899		120	62.61	2,156,656	3,557,520	
1989/01		0.60	0.5899	0.5899		120	67.71	2,164,288	3,578,520	
1989/07	20,692	0.70	0.5899	0.5899		120	62.32	2,193,916	3,602,760	
1990/01		0.70	0.5899	0.5899		120	62.32	2,202,975	3,620,880	
1990/07		0.80	0.5899	0.5899		120	62.32	2,213,371	3,642,240	
1991/01		0.80	0.5899	0.5899		120	62.32	2,223,816	3,663,600	
1991/07		0.90	1.4932	1.4932		120	62.32	2,253,702	3,718,320	
1992/01		0.90	2.0117	2.0117		120	62.32	2,294,505	3,793,080	
1992/07		1.00	1.8152	1.8152		120	66.25	2,336,155	3,861,960	
1993/01		1.00	1.7710	1.7710		120	66.25	2,377,528	3,930,360	
1993/07		1.00	1.5329	1.5329		120	71.83	2,413,973	3,990,600	
1994/01		1.00	1.6983	1.6983		120	71.83	2,454,970	4,058,400	
1994/07		1.00	1.5991	1.5991		120	78.93	2,454,970	4,123,320	5
1995/01		1.00	1.5812	1.5812		120	78.93	2,533,666	4,188,480	
1995/07		1.00	1.5250	1.5250		120	75.58	2,572,304	4,252,320	
1996/01		1.00	1.7228	1.7228		120	75.58	2,616,620	4,325,640	
1996/07	20,171	1.00	1.3294	1.3294		120	81.20	2,671,576	4,383,120	
1997/01		1.00	1.4109	1.4109		120	81.20	2,709,269	4,444,920	
1997/07		1.00	1.0917	1.0917		120	81.54	2,738,846	4,493,400	



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: 7/31/2013

0 251399-00 - 2015/01

210.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/01		1.00	1.1663	1.1663		120	81.54	2,770,789	4,545,840	
1998/07		1.00	1.0794	1.0794		120	76.11	2,800,697	4,594,920	
1999/01		1.00	1.4499	1.4499		120	76.11	2,841,304	4,661,520	
1999/07	29,037	1.00	1.2299	1.2299		120	82.57	2,905,286	4,718,880	
2000/01		1.00	1.3356	1.3356		120	82.57	2,944,089	4,781,880	
2000/07	24,781	1.00	1.1129	1.1129		120	77.17	3,001,635	4,835,040	
2001/01		1.00	1.2976	1.2976		120	77.17	3,040,584	4,897,800	
2001/07		1.00	0.9615	0.9615		120	77.17	3,069,819	4,944,840	
2002/01		1.00	1.0301	1.0301		120	77.17	3,101,441	4,995,720	
2002/07		1.00	0.8337	0.8337		120	77.17	3,127,298	5,037,360	
2003/01		1.00	1.3271	1.3271		120	78.61	3,168,800	5,104,200	
2003/07		0.95	1.1664	1.1664		120	78.61	3,203,913	5,163,720	
2004/01		0.95	1.1103	1.1103		120	82.02	3,237,708	5,221,080	
2004/07		0.90	0.8378	0.8378		120	82.02	3,262,120	5,264,880	
2005/01		0.90	0.8595	0.8595		120	82.02	3,287,356	5,310,120	
2005/07		0.85	0.7364	0.7364		120	82.65	3,307,932	5,349,240	
2006/01		0.85	0.9068	0.9068		120	82.65	3,333,430	5,397,720	
2006/07		0.80	0.8133	0.8133		120	81.62	3,355,117	5,441,640	
2007/01		0.80	1.0133	1.0133		120	81.62	3,382,314	5,496,720	
2007/07		0.75	1.1050	1.1050		120	83.09	3,410,347	5,557,440	
2008/01		0.75	0.8556	0.8556		120	83.09	3,432,231	5,604,960	
2008/07		0.70	0.6104	0.6104		120	83.51	3,446,897	5,639,160	
2009/01		0.70	1.3268	1.3268		120	83.51	3,478,912	5,714,040	
2009/07		0.65	0.6841	0.6841		120	84.34	3,494,383	5,753,160	
2010/01		0.65	0.8643	0.8643		120	87.39	3,514,014	5,802,840	
2010/07		0.60	0.7107	0.7107		120	87.39	3,528,998	5,844,120	
2011/01		0.60	0.9198	0.9198		120	87.39	3,548,475	5,897,880	
2011/07		0.55	0.9028	0.9028		120	83.45	3,566,093	5,951,160	
2012/01		0.55	0.3865	0.3865		120	83.45	3,573,675	5,974,200	
2012/07	40,781	0.50	0.9417	0.9417		120	79.98	3,614,456	6,030,480	5



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: 7/31/2013

0 251399-00 - 2015/01

210.10

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/01		0.50	0.4901	0.4901		120	79.98	3,640,184	6,060,000	
2013/07		0.45	0.6196	0.6196		120	81.03	3,650,333	6,097,560	
2014/01		0.45	0.8564	0.8564		120	87.31	3,664,401	6,149,760	
2014/07		0.40	1.2383	1.2383		120	87.31	3,682,551	6,225,960	
2015/01		0.40	0.7571	0.7571		120	87.31	3,693,702	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: 251399073120130801201210302013093753



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 251666-00 - 2015/01

220.61

Concordia Manor

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
321 13TH AVE N	7/1/2012-6/30/2013	Number of Beds: 39	Superior: 0
SAINT PETERSBURG, FL 33701	Days in CR 365	Maximum: 14,235	Standard: 243
County: Pinellas [52]	First Used : 2014/01	Max Annualized: 14,235	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 11,281	Total: 243
Control: Nonprofit : 501(c)(3) Organization	Unaudited	Medicare: 1,137	Inflation
Current Class Central Small	Initial CR? False	Medicaid: 9,710	FY Index: 1.29878490
Class at 1/94: North Small	Medical Utilization	86.07393%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	79.24833%	Cost: 1.05607860
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: 1.20850000
Entered Medicaid 06/01/1985	Low Occupancy Adjustment Factor:	101.19655%	DC Sem Index: 1.25449501
Med # Active Date: 01/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 220833			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	553,016	701,670	579,859	219,349		2,053,894	
1a	Audit Adjustments							
2	Cost Per Diem	56.9532	72.2626	59.7177	22.5900		211.5235	
3	Cost Per Diem Inflated	60.1471	75.0129	63.0666				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	60.1471	75.0129	63.0666	22.5900		220.8166	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	64.7501		63.3459				
7	Provider Target Rate	67.1213		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							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	59.8017	75.0129	63.0666	13.6500		211.5312	
12/13	Medical Adjustment Rate		3.0443	2.5594				
14	Prospective Per Diem 11	59.8017	78.0572	65.6260	13.6500		217.1349	
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 251666-00 - 2015/01

220.61

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

Concordia Manor

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:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None	80% Capital(1):	580,191	5.6304
Indexed Asset Value	725,239	<60% of Base:	True	20% ROE(2):	145,048	0.1628
FRVS Base Asset:	288,882	Interest Rate:	12.5000%	Insurance Cost(3):	50,218	4.4516
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	7,967	0.7062
ROE Factor	0.014380	Amortization Rate:	12.5000%	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	27,423	0.0000
		Yearly Payment:	72,134	Total FRVS PD:		10.9510

(1) 80% Capital (\$580,191) amortized at 12.5000 % for 20 years Interest of \$72,134 divided by annual available days (14235) divided by Occup. Adj. (0.90) = \$5.6304

(2) 20% ROE (\$145,048) times the ROE factor (0.014380) divided by annual available days (14235) divided by Occup. Adj. (0.90) = \$0.1628

(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	39	Effective PBS Limitation	1,111,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	59.8017	59.8017	1.0404	58.7613
Direct Care	78.0572	78.0572	1.3580	76.6992
Indirect Care	65.6260	65.6260	1.1417	64.4843
Property	13.6500	10.9510	0.1905	10.7605
ROE				
ROE Adjustment				
Supplemental Rate Add-on				9.9025
Totals	217.1349	214.4359	3.7306	220.6078

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 251666-00 - 2015/01

220.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	288,636	0.00	1.1471	1.1471		39	59.63	288,636	1,102,101	
1985/10		0.10	0.8522	0.8522		39	59.63	288,882	1,111,500	
1986/01		0.10	0.8299	0.8299		39	59.63	289,122	1,120,743	
1986/07		0.20	0.2974	0.2974		39	59.63	289,294	1,118,598	
1987/01		0.20	1.0091	1.0091		39	59.63	289,878	1,138,605	
1987/07		0.30	0.9007	0.9007		39	64.74	290,661	1,147,497	
1988/01		0.30	0.9007	0.9007		39	64.74	291,446	1,156,818	
1988/07		0.40	0.5899	0.5899		39	58.14	292,134	1,156,194	
1989/01		0.40	0.5899	0.5899		39	58.14	292,823	1,163,019	
1989/07		0.50	0.5899	0.5899		39	62.64	293,687	1,170,897	
1990/01		0.50	0.5899	0.5899		39	62.64	294,553	1,176,786	
1990/07		0.60	0.5899	0.5899		39	61.58	295,595	1,183,728	
1991/01		0.60	0.5899	0.5899		39	61.58	296,641	1,190,670	
1991/07		0.70	1.4932	1.4932		39	61.12	299,741	1,208,454	
1992/01		0.70	2.0117	2.0117		39	61.12	303,962	1,232,751	
1992/07		0.80	1.8152	1.8152		39	55.39	308,376	1,255,137	
1993/01		0.80	1.7710	1.7710		39	55.39	312,745	1,277,367	
1993/07		0.90	1.5329	1.5329		39	64.39	317,060	1,296,945	
1994/01		0.90	1.6983	1.6983		39	64.39	321,906	1,318,980	
1994/07	15,920	1.00	1.5991	1.5991		39	65.65	342,974	1,340,079	
1995/01		1.00	1.5812	1.5812		39	65.65	348,397	1,361,256	
1995/07	30,848	1.00	1.5250	1.5250		39	68.67	384,558	1,382,004	
1996/01		1.00	1.7228	1.7228		39	68.67	391,183	1,405,833	
1996/07	13,027	1.00	1.3294	1.3294		39	71.52	409,410	1,424,514	
1997/01		1.00	1.4109	1.4109		39	71.52	415,186	1,444,599	
1997/07		1.00	1.0917	1.0917		39	72.82	419,719	1,460,355	
1998/01		1.00	1.1663	1.1663		39	72.82	424,614	1,477,398	
1998/07	12,837	1.00	1.0794	1.0794		39	59.73	442,034	1,493,349	
1999/01		1.00	1.4499	1.4499		39	59.73	448,443	1,514,994	
1999/07	10,419	1.00	1.2299	1.2299		39	59.21	464,377	1,533,636	



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 251666-00 - 2015/01

220.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		39	59.21	470,579	1,554,111	
2000/07		1.00	1.1129	1.1129		39	63.91	475,816	1,571,388	
2001/01		1.00	1.2976	1.2976		39	71.59	481,990	1,591,785	
2001/07		1.00	0.9615	0.9615		39	71.59	486,624	1,607,073	
2002/01		1.00	1.0301	1.0301		39	71.59	491,637	1,623,609	
2002/07		1.00	0.8337	0.8337		39	71.59	495,736	1,637,142	
2003/01		1.00	1.3271	1.3271		39	71.59	502,315	1,658,865	
2003/07		1.00	1.1664	1.1664		39	72.43	508,174	1,678,209	
2004/01		1.00	1.1103	1.1103		39	72.43	513,816	1,696,851	
2004/07		1.00	0.8378	0.8378		39	69.45	518,121	1,711,086	
2005/01		1.00	0.8595	0.8595		39	69.45	522,574	1,725,789	
2005/07		0.95	0.7364	0.7364		39	69.45	526,230	1,738,503	
2006/01		0.95	0.9068	0.9068		39	72.68	530,763	1,754,259	
2006/07		0.90	0.8133	0.8133		39	72.68	534,648	1,768,533	
2007/01		0.90	1.0133	1.0133		39	78.87	539,524	1,786,434	
2007/07		0.85	1.1050	1.1050		39	78.87	544,592	1,806,168	
2008/01		0.85	0.8556	0.8556		39	78.87	548,553	1,821,612	
2008/07		0.80	0.6104	0.6104		39	77.59	551,232	1,832,727	
2009/01		0.80	1.3268	1.3268		39	77.59	557,083	1,857,063	
2009/07	31,340	0.75	0.6841	0.6841		39	79.19	591,281	1,869,777	
2010/01		0.75	0.8643	0.8643		39	79.19	595,114	1,885,923	
2010/07		0.70	0.7107	0.7107		39	86.85	598,075	1,899,339	
2011/01	10,122	0.70	0.9198	0.9198		39	83.01	612,048	1,916,811	
2011/07		0.65	0.9028	0.9028		39	83.01	615,639	1,934,127	
2012/01		0.65	0.3865	0.3865		39	83.01	617,185	1,941,615	
2012/07		0.60	0.9417	0.9417		39	82.91	620,672	1,959,906	
2013/01	65,222	0.60	0.4901	0.4901		39	81.70	687,719	1,969,500	
2013/07		0.55	0.6196	0.6196		39	81.70	690,063	1,981,707	
2014/01	24,745	0.55	0.8564	0.8564		39	86.07	718,058	1,998,672	
2014/07		0.50	1.2383	1.2383		39	86.07	722,504	2,023,437	



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 251666-00 - 2015/01

220.61

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		39	86.07	725,239	2,038,764	

Message Code:

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

Report Printed: 12/23/2014 ID: 251666063020130701201210212013121743



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 251721-00 - 2015/01

213.84

Oakhurst Care & 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
1501 SE 24TH RD	8/1/2012-7/31/2013	Number of Beds: 180	Superior: 0
OCALA, FL 34471-6005	Days in CR 365	Maximum: 65,700	Standard: 209
County: Marion [42]	First Used : 2014/07	Max Annualized: 65,700	Conditional: 34
Region: North Area: 3	Last Used: 2015/01	Total Patient: 59,683	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 18,459	Inflation
Current Class North Large	Initial CR? False	Medicaid: 36,709	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	61.50663%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	90.84170%	Cost: 1.05323681
Open Date: 05/01/1984	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1984	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 05/01/1984	Low Occupancy Adjustment Factor:	116.00076%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 201707			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,383,252	2,980,928	1,630,995	494,470	61,843	6,551,488	
1a	Audit Adjustments							
2	Cost Per Diem	37.6815	81.2043	44.4304	13.4700	1.6847	178.4709	
3	Cost Per Diem Inflated	39.6875	84.2253	46.7957				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.6875	84.2253	46.7957	13.4700	1.6847	185.8632	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	43.3561		56.8626				
7	Provider Target Rate	44.9438		58.9450				
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	39.6875	84.2253	46.7957	13.4700	1.6847	185.8632	
12/13	Medical Adjustment Rate		0.9377	0.5210				
14	Prospective Per Diem 11	39.6875	85.1630	47.3167	13.4700	1.6847	187.3219	
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 251721-00 - 2015/01

213.84

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

Oakhurst Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	4,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed	80% Capital(1):	6,128,049	12.8367
Indexed Asset Value	7,660,061	<60% of Base:	False	20% ROE(2):	1,532,012	0.3886
FRVS Base Asset:	2,363,839	Interest Rate:	11.0000%	Insurance Cost(3):	16,765	0.2809
Occup Adj Factor	0.9000	Chase Rate:	8.5000%	Taxes Cost(3):	84,225	1.4112
ROE Factor	0.015000	Amortization Rate:	11.0000%	Home Office(3):	50,780	0.8508
		Interest Only:	False	Replacement(3&4):	57,826	0.0000
		Yearly Payment:	759,036	Total FRVS PD:		15.7682

- (1) 80% Capital (\$6,128,049) amortized at 11.0000 % for 20 years Principal & Interest of \$759,036 divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$12.8367
- (2) 20% ROE (\$1,532,012) times the ROE factor (0.015000) divided by annual available days (65700) divided by Occup. Adj. (0.90) = \$0.3886
- (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	39.6875	39.6875	0.6905	38.9970
Direct Care	85.1630	85.1630	1.4816	83.6814
Indirect Care	47.3167	47.3167	0.8232	46.4935
Property	13.4700	15.7682	0.2343	13.2357
ROE	1.6847	0.1656	0.0293	1.6554
ROE Adjustment	-0.1656	-0.1656	-0.0029	-0.1627
Quality Assess-Medicaid Share				20.0394
Supplemental Rate Add-on				9.9025
Totals	187.1563	187.9354	3.2560	213.8422

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: 7/31/2013

0 251721-00 - 2015/01

213.84

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	2,353,149	0.00	1.2952	1.2952		120	52.31	2,353,149	3,289,560	
1984/07		0.10	1.9179	1.9179		120	52.31	2,357,442	3,352,680	
1985/01		0.10	1.1471	1.1471		120	52.31	2,360,014	3,391,080	
1985/10		0.20	0.8522	0.8522		120	52.31	2,363,839	3,420,000	
1986/01		0.20	0.8299	0.8299		120	52.31	2,367,571	3,448,440	
1986/07		0.30	0.2974	0.2974		120	52.31	2,369,580	3,441,840	
1987/01		0.30	1.0091	1.0091		120	52.31	2,376,402	3,503,400	
1987/07		0.40	0.9007	0.9007		120	58.66	2,384,964	3,530,760	
1988/01		0.40	0.9007	0.9007		120	58.66	2,393,557	3,559,440	
1988/07		0.50	0.5899	0.5899		120	62.36	2,400,618	3,557,520	
1989/01		0.50	0.5899	0.5899		120	62.36	2,407,700	3,578,520	
1989/07		0.60	0.5899	0.5899		120	50.68	2,415,552	3,602,760	
1990/01		0.60	0.5899	0.5899		120	50.68	2,423,429	3,620,880	
1990/07		0.70	0.5899	0.5899		120	50.68	2,432,649	3,642,240	
1991/01		0.70	0.5899	0.5899		120	50.68	2,441,904	3,663,600	
1991/07		0.80	1.4932	1.4932		120	50.68	2,468,784	3,718,320	
1992/01		0.80	2.0117	2.0117		120	50.68	2,505,396	3,793,080	
1992/07		0.90	1.8152	1.8152		120	50.68	2,543,112	3,861,960	
1993/01		0.90	1.7710	1.7710		120	50.68	2,580,463	3,930,360	
1993/07	43,412	1.00	1.5329	1.5329		120	49.97	2,659,813	3,990,600	
1994/01		1.00	1.6983	1.6983		120	49.97	2,700,853	4,058,400	
1994/07		1.00	1.5991	1.5991		120	48.93	2,739,276	4,123,320	
1995/01		1.00	1.5812	1.5812		120	48.93	2,777,809	4,188,480	
1995/07		1.00	1.5250	1.5250		120	44.12	2,811,791	4,252,320	
1996/01		1.00	1.7228	1.7228		120	44.12	2,850,650	4,325,640	
1996/07	107,360	1.00	1.3294	1.3294		120	38.22	2,984,345	4,383,120	
1997/01		1.00	1.4109	1.4109		120	38.22	3,013,605	4,444,920	
1997/07	36,453	1.00	1.0917	1.0917		120	37.46	3,072,466	4,493,400	
1998/01		1.00	1.1663	1.1663		120	37.46	3,096,872	4,545,840	
1998/07		1.00	1.0794	1.0794		120	36.74	3,119,202	4,594,920	



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: 7/31/2013

0 251721-00 - 2015/01

213.84

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	36.74	3,149,413	4,661,520	
1999/07	2,272,920	1.00	1.2299	1.2299		180	39.04	5,449,828	7,078,320	
2000/01		1.00	1.3356	1.3356		180	39.04	5,501,494	7,172,820	
2000/07	103,059	1.00	1.1129	1.1129		180	45.79	5,655,527	7,252,560	
2001/01		1.00	1.2976	1.2976		180	45.79	5,716,624	7,346,700	
2001/07	79,522	1.00	0.9615	0.9615		180	46.73	5,842,847	7,417,260	
2002/01		1.00	1.0301	1.0301		180	49.81	5,897,355	7,493,580	
2002/07		1.00	0.8337	0.8337		180	49.81	5,941,882	7,556,040	
2003/01	28,440	1.00	1.3271	1.3271		180	48.09	6,039,270	7,656,300	
2003/07		1.00	1.1664	1.1664		180	48.09	6,100,862	7,745,580	
2004/01		1.00	1.1103	1.1103		180	47.15	6,158,932	7,831,620	
2004/07		0.95	0.8378	0.8378		180	47.15	6,200,955	7,897,320	
2005/01	32,454	0.95	0.8595	0.8595		180	44.23	6,274,125	7,965,180	
2005/07		0.90	0.7364	0.7364		180	44.23	6,307,567	8,023,860	
2006/01	62,203	0.90	0.9068	0.9068		180	45.58	6,412,430	8,096,580	
2006/07		0.85	0.8133	0.8133		180	45.58	6,449,167	8,162,460	
2007/01	382,109	0.85	1.0133	1.0133		180	42.51	6,874,209	8,245,080	
2007/07		0.80	1.1050	1.1050		180	42.51	6,921,177	8,336,160	
2008/01		0.80	0.8556	0.8556		180	42.51	6,957,794	8,407,440	
2008/07	70,162	0.75	0.6104	0.6104		180	36.35	7,027,956	8,458,740	5
2009/01		0.75	1.3268	1.3268		180	36.35	7,095,367	8,571,060	
2009/07	42,378	0.70	0.6841	0.6841		180	32.94	7,158,096	8,629,740	
2010/01		0.70	0.8643	0.8643		180	32.94	7,184,033	8,704,260	
2010/07	116,436	0.65	0.7107	0.7107		180	35.71	7,322,019	8,766,180	
2011/01	38,144	0.65	0.9198	0.9198		180	40.16	7,392,129	8,846,820	
2011/07		0.60	0.9028	0.9028		180	40.16	7,421,368	8,926,740	
2012/01		0.60	0.3865	0.3865		180	40.16	7,433,935	8,961,300	
2012/07	52,849	0.55	0.9417	0.9417		180	46.42	7,519,278	9,045,720	
2013/01		0.55	0.4901	0.4901		180	46.42	7,536,388	9,090,000	
2013/07		0.50	0.6196	0.6196		180	54.65	7,559,587	9,146,340	



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: 7/31/2013

0 251721-00 - 2015/01

213.84

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	54.65	7,591,751	9,224,640	
2014/07		0.45	1.2383	1.2383		180	61.51	7,634,052	9,338,940	
2015/01		0.45	0.7571	0.7571		180	61.51	7,660,061	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: 251721073120130801201204022014120129



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 252018-00 - 2015/01

256.06

Avante at 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
1420 SOUTH OAK STREET	6/1/2013-5/31/2014	Number of Beds: 110	Superior: 0
MELBOURNE, FL 32901	Days in CR 365	Maximum: 40,150	Standard: 243
County: Brevard [5]	First Used : 2015/01	Max Annualized: 40,150	Conditional: 0
Region: Central Area: 7	Last Used: 2015/01	Total Patient: 30,698	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 4,720	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 21,385	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	69.66252%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.45828%	Cost: 1.03938564
Open Date: 09/01/1968	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 10/01/2000	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	97.63378%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 206024			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,096,525	2,033,121	1,475,613	135,581		4,740,840	
1a	Audit Adjustments							
2	Cost Per Diem	51.2754	95.0723	69.0022	6.3400		221.6899	
3	Cost Per Diem Inflated	53.2949	97.6272	71.7199				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	53.2949	97.6272	71.7199	6.3400		228.9820	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	54.0422		66.2132				
7	Provider Target Rate	56.0213		68.6380				
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	53.2949	97.6272	63.5578	6.3400		220.8199	
12/13	Medical Adjustment Rate		2.1595	1.4059				
14	Prospective Per Diem 11	53.2949	99.7867	64.9637	6.3400		224.3853	
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 252018-00 - 2015/01

256.06

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

Avante at Melbourne

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):	2,661,716	9.1580
RS to Start Calcs:	2000/07	<60% of Base:	True	20% ROE(2):	665,429	0.4105
Indexed Asset Value	3,327,145	Interest Rate:	12.5000%	Insurance Cost(3):	39,529	1.2877
FRVS Base Asset:	2,937,694	Chase Rate:	12.5000%	Taxes Cost(3):	38,081	1.2405
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	25,149	0.8192
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	12,073	0.0000
		Yearly Payment:	330,924	Total FRVS PD:		12.9159

(1) 80% Capital (\$2,661,716) amortized at 12.5000 % for 20 years Interest of \$330,924 divided by annual available days (40150) divided by Occup. Adj. (0.90) = \$9.1580

(2) 20% ROE (\$665,429) times the ROE factor (0.022290) divided by annual available days (40150) 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 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	53.2949	53.2949	0.9272	52.3677
Direct Care	99.7867	99.7867	1.7360	98.0507
Indirect Care	64.9637	64.9637	1.1302	63.8335
Property	6.3400	12.9159	0.2247	12.6912
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2160
Supplemental Rate Add-on				9.9025
Totals	224.3853	230.9612	4.0181	256.0616

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: 5/31/2014

0 252018-00 - 2015/01

256.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				110	100.00		1,128,710	
1971/07	875,387	0.00				110	100.00	875,387	1,128,710	
1972/01		0.10	3.9787	3.0000	0.9787	110	100.00	878,013	1,173,590	
1972/07		0.10	5.9113	3.0000	2.9113	110	100.00	880,647	1,231,450	
1973/01		0.20	8.0622	3.0000	5.0622	110	100.00	885,931	1,294,920	
1973/07		0.20	10.7186	3.0000	7.7186	110	100.00	891,247	1,368,180	
1974/01		0.30	12.9457	3.0000	9.9457	110	100.00	899,268	1,439,680	
1974/07		0.30	13.0494	3.0000	10.0494	110	100.00	907,361	1,484,340	
1975/01		0.40	13.1399	3.0000	10.1399	110	100.00	918,249	1,530,210	
1975/07		0.40	14.2033	3.0000	11.2033	110	100.00	929,268	1,592,470	
1976/01		0.50	15.2478	3.0000	12.2478	110	100.00	943,207	1,656,820	
1976/07		0.50	15.7330	3.0000	12.7330	110	100.00	957,355	1,714,570	
1977/01		0.60	16.4836	3.0000	13.4836	110	100.00	974,587	1,778,920	
1977/07		0.60	18.5412	3.0000	15.5412	110	100.00	992,130	1,868,790	
1978/01		0.70	20.2809	3.0000	17.2809	110	100.00	1,012,965	1,957,450	
1978/07		0.70	22.8203	3.0000	19.8203	110	100.00	1,034,237	2,065,800	
1979/01		0.80	24.9476	3.0000	21.9476	110	100.00	1,059,059	2,171,730	
1979/07		0.80	26.1458	3.0000	23.1458	110	100.00	1,084,476	2,262,920	
1980/01	50,529	0.90	29.3115	3.0000	26.3115	110	40.84	1,156,747	2,402,510	
1980/07	86,206	0.90	30.1222	3.0000	27.1222	110	40.84	1,266,144	2,494,030	
1981/01	8,546	1.00	30.9462	3.0000	27.9462	110	44.10	1,305,147	2,589,400	
1981/07		1.00	30.5350	3.0000	27.5350	110	44.10	1,336,542	2,656,390	
1982/01	13,236	1.00	30.2110	3.0000	27.2110	110	42.80	1,380,980	2,727,560	
1982/07		1.00	29.5087	3.0000	26.5087	110	42.80	1,413,220	2,790,150	
1983/04	50,368	1.00	29.1375	3.0000	26.1375	110	37.05	1,492,148	2,863,520	
1983/07		1.00	30.0953	3.0000	27.0953	110	37.05	1,522,303	2,976,820	
1984/01	17,389	1.00	28.3905	3.0000	25.3905	110	38.21	1,571,420	3,015,430	
1984/07	1,169	1.00	27.3084	3.0000	24.3084	110	38.21	1,605,340	3,073,290	
1985/01	13,167	1.00	25.4555	3.0000	22.4555	110	38.21	1,651,965	3,108,490	
1985/10		1.00	23.3077	3.0000	20.3077	110	38.21	1,686,395	3,135,000	



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: 5/31/2014

0 252018-00 - 2015/01

256.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	110	42.04	1,725,066	3,161,070	
1986/07		1.00	18.4350	3.0000	15.4350	110	42.04	1,764,623	3,155,020	
1987/01	14,162	1.00	16.4441	3.0000	13.4441	110	44.77	1,821,877	3,211,450	
1987/07		1.00	14.3448	3.0000	11.3448	110	44.77	1,866,367	3,236,530	
1988/01	47,536	1.00	12.2455	3.0000	9.2455	110	48.23	1,963,002	3,262,820	
1988/07		1.00	9.8354	3.0000	6.8354	110	48.23	2,014,643	3,261,060	
1989/01		1.00	7.4253	3.0000	4.4253	110	50.63	2,070,280	3,280,310	
1989/07		1.00	5.0152	3.0000	2.0152	110	50.63	2,127,454	3,302,530	
1990/01		1.00	2.6051	2.6051		110	55.28	2,182,876	3,319,140	
1990/07		1.00	0.5899	0.5899		110	55.28	2,195,753	3,338,720	
1991/01		1.00	0.5899	0.5899		110	55.13	2,208,706	3,358,300	
1991/07		1.00	1.4932	1.4932		110	55.13	2,241,686	3,408,460	
1992/01	18,210	0.95	2.0117	2.0117		110	60.35	2,302,737	3,476,990	
1992/07		0.95	1.8152	1.8152		110	60.35	2,342,445	3,540,130	
1993/01		0.90	1.7710	1.7710		110	54.14	2,379,197	3,602,830	
1993/07		0.90	1.5329	1.5329		110	54.14	2,411,507	3,658,050	
1994/01		0.85	1.6983	1.6983		110	53.97	2,445,668	3,720,200	
1994/07		0.85	1.5991	1.5991		110	53.97	2,478,287	3,779,710	
1995/01		0.80	1.5812	1.5812		110	62.48	2,509,637	3,839,440	
1995/07		0.80	1.5250	1.5250		110	62.48	2,540,255	3,897,960	
1996/01		0.75	1.7228	1.7228		110	59.91	2,573,078	3,965,170	
1996/07		0.75	1.3294	1.3294		110	59.91	2,598,734	4,017,860	
1997/01		0.70	1.4109	1.4109		110	63.48	2,624,399	4,074,510	
1997/07		0.70	1.0917	1.0917		110	63.48	2,644,455	4,118,950	
1998/01	19,250	0.65	1.1663	1.1663		110	67.49	2,683,753	4,167,020	
1998/07		0.65	1.0794	1.0794		110	67.49	2,702,582	4,212,010	
1999/01		0.60	1.4499	1.4499		110	65.69	2,726,092	4,273,060	
1999/07		0.60	1.2299	1.2299		110	65.69	2,746,208	4,325,640	
2000/01	153,440	0.55	1.3356	1.3356		110	68.15	2,919,822	4,383,390	
2000/07		0.55	1.1129	1.1129		110	69.48	2,937,694	4,432,120	



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: 5/31/2014

0 252018-00 - 2015/01

256.06

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		110	69.48	2,956,754	4,489,650	
2001/07		0.50	0.9615	0.9615		110	69.48	2,970,970	4,532,770	
2002/01		0.45	1.0301	1.0301		110	69.48	2,984,740	4,579,410	
2002/07		0.45	0.8337	0.8337		110	69.48	2,995,939	4,617,580	
2003/01	16,456	0.40	1.3271	1.3271		110	63.18	3,028,297	4,678,850	
2003/07		0.40	1.1664	1.1664		110	63.18	3,042,427	4,733,410	
2004/01		0.35	1.1103	1.1103		110	58.50	3,054,250	4,785,990	
2004/07		0.35	0.8378	0.8378		110	58.50	3,063,205	4,826,140	
2005/01		0.30	0.8595	0.8595		110	59.67	3,071,105	4,867,610	
2005/07		0.30	0.7364	0.7364		110	59.67	3,077,889	4,903,470	
2006/01		0.25	0.9068	0.9068		110	61.09	3,084,867	4,947,910	
2006/07		0.25	0.8133	0.8133		110	61.09	3,091,139	4,988,170	
2007/01		0.20	1.0133	1.0133		110	57.57	3,097,405	5,038,660	
2007/07		0.20	1.1050	1.1050		110	57.57	3,104,250	5,094,320	
2008/01		0.15	0.8556	0.8556		110	64.53	3,108,233	5,137,880	
2008/07		0.15	0.6104	0.6104		110	64.53	3,111,080	5,169,230	
2009/01		0.10	1.3268	1.3268		110	68.02	3,115,208	5,237,870	
2009/07		0.10	0.6841	0.6841		110	68.02	3,117,339	5,273,730	
2010/01		0.05	0.8643	0.8643		110	71.77	3,118,686	5,319,270	
2010/07		0.05	0.7107	0.7107		110	71.77	3,119,793	5,357,110	
2011/01		0.00	0.9198	0.9198		110	74.89	3,119,793	5,406,390	
2011/07		0.00	0.9028	0.9028		110	74.89	3,119,793	5,455,230	
2012/01		0.00	0.3865	0.3865		110	74.82	3,119,793	5,476,350	
2012/07		0.00	0.9417	0.9417		110	74.82	3,119,793	5,527,940	
2013/01	52,262	0.00	0.4901	0.4901		110	74.34	3,172,055	5,555,000	
2013/07		0.00	0.6196	0.6196		110	74.34	3,172,055	5,589,430	
2014/01		0.00	0.8564	0.8564		110	74.04	3,172,055	5,637,280	
2014/07		0.00	1.2383	1.2383		110	74.04	3,172,055	5,707,130	
2015/01	155,090	0.00	0.7571	0.7571		110	69.66	3,327,145	5,750,360	

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 252034-00 - 2015/01

241.23

Avante at Ormond 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
170 N KINGS ROAD	6/1/2013-5/31/2014	Number of Beds: 133	Superior: 0
ORMOND BEACH, FL 32174	Days in CR 365	Maximum: 48,545	Standard: 243
County: Volusia [64]	First Used : 2015/01	Max Annualized: 48,545	Conditional: 0
Region: North Area: 4	Last Used: 2015/01	Total Patient: 37,316	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 5,394	Inflation
Current Class North Large	Initial CR? False	Medicaid: 26,661	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	71.44656%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	76.86888%	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 10/01/1980	Low Occupancy Adjustment Factor:	98.15809%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 214175			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,271,286	2,365,271	1,954,046	130,372		5,720,975	
1a	Audit Adjustments							
2	Cost Per Diem	47.6834	88.7165	73.2923	4.8900		214.5822	
3	Cost Per Diem Inflated	49.5614	91.1006	76.1790				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.5614	91.1006	76.1790	4.8900		221.7310	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.9748		63.8594				
7	Provider Target Rate	47.6584		66.1980				
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	47.6584	91.1006	61.6580	4.8900		205.3070	
12/13	Medical Adjustment Rate		2.1980	1.4876				
14	Prospective Per Diem 11	47.6584	93.2986	63.1456	4.8900		208.9926	
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 252034-00 - 2015/01

241.23

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

Avante at Ormond Beach

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	04/01/1992	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	675,000.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	Fixed	80% Capital(1):	2,851,796 8.1152
RS to Start Calcs:	1971/07	<60% of Base:	True	20% ROE(2):	712,949 0.3637
Indexed Asset Value	3,564,745	Interest Rate:	9.7500%	Insurance Cost(3):	49,394 1.3237
FRVS Base Asset:	1,879,268	Chase Rate:	12.5000%	Taxes Cost(3):	25,782 0.6909
Occup Adj Factor	0.9000	Amortization Rate:	12.5000%	Home Office(3):	29,153 0.7812
ROE Factor	0.022290	Interest Only:	True	Replacement(3&4):	9,442 0.0000
		Yearly Payment:	354,556	Total FRVS PD:	11.2747

(1) 80% Capital (\$2,851,796) amortized at 12.5000 % for 20 years Interest of \$354,556 divided by annual available days (48545) divided by Occup. Adj. (0.90) = \$8.1152

(2) 20% ROE (\$712,949) times the ROE factor (0.022290) divided by annual available days (48545) divided by Occup. Adj. (0.90) = \$0.3637

(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	47.6584	47.6584	0.8291	46.8293
Direct Care	93.2986	93.2986	1.6232	91.6754
Indirect Care	63.1456	63.1456	1.0986	62.0470
Property	4.8900	11.2747	0.1962	11.0785
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.7010
Supplemental Rate Add-on				9.9025
Totals	208.9926	215.3773	3.7471	241.2337

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: 5/31/2014

0 252034-00 - 2015/01

241.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				133	100.00		1,364,713	
1971/07	937,349	0.00				133	100.00	937,349	1,364,713	
1972/01		0.10	3.9787	3.0000	0.9787	133	100.00	940,161	1,418,977	
1972/07		0.10	5.9113	3.0000	2.9113	133	100.00	942,981	1,488,935	
1973/01		0.20	8.0622	3.0000	5.0622	133	100.00	948,639	1,565,676	
1973/07		0.20	10.7186	3.0000	7.7186	133	100.00	954,331	1,654,254	
1974/01		0.30	12.9457	3.0000	9.9457	133	100.00	962,920	1,740,704	
1974/07		0.30	13.0494	3.0000	10.0494	133	100.00	971,586	1,794,702	
1975/01		0.40	13.1399	3.0000	10.1399	133	100.00	983,245	1,850,163	
1975/07		0.40	14.2033	3.0000	11.2033	133	100.00	995,044	1,925,441	
1976/01		0.50	15.2478	3.0000	12.2478	133	100.00	1,009,970	2,003,246	
1976/07		0.50	15.7330	3.0000	12.7330	133	100.00	1,025,120	2,073,071	
1977/01		0.60	16.4836	3.0000	13.4836	133	100.00	1,043,572	2,150,876	
1977/07		0.60	18.5412	3.0000	15.5412	133	100.00	1,062,356	2,259,537	
1978/01	25,383	0.70	20.2809	3.0000	17.2809	133	100.00	1,110,048	2,366,735	
1978/07		0.70	22.8203	3.0000	19.8203	133	100.00	1,133,359	2,497,740	
1979/01		0.80	24.9476	3.0000	21.9476	133	100.00	1,160,560	2,625,819	
1979/07		0.80	26.1458	3.0000	23.1458	133	100.00	1,188,413	2,736,076	
1980/01	278	0.90	29.3115	3.0000	26.3115	133	75.01	1,220,778	2,904,853	
1980/07	50,086	0.90	30.1222	3.0000	27.1222	133	75.01	1,303,825	3,015,509	
1981/01	27,326	1.00	30.9462	3.0000	27.9462	133	79.85	1,370,266	3,130,820	
1981/07		1.00	30.5350	3.0000	27.5350	133	79.85	1,411,374	3,211,817	
1982/01	27,475	1.00	30.2110	3.0000	27.2110	133	77.37	1,481,190	3,297,868	
1982/07	1,681	1.00	29.5087	3.0000	26.5087	133	77.37	1,527,307	3,373,545	
1983/04	25,414	1.00	29.1375	3.0000	26.1375	133	72.05	1,598,540	3,462,256	
1983/07	1,757	1.00	30.0953	3.0000	27.0953	133	72.05	1,648,253	3,599,246	
1984/01	8,885	1.00	28.3905	3.0000	25.3905	133	72.96	1,706,586	3,645,929	
1984/07	13,606	1.00	27.3084	3.0000	24.3084	133	72.96	1,771,390	3,715,887	
1985/01		1.00	25.4555	3.0000	22.4555	133	72.96	1,824,532	3,758,447	
1985/10		1.00	23.3077	3.0000	20.3077	133	72.96	1,879,268	3,790,500	



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: 5/31/2014

0 252034-00 - 2015/01

241.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	133	72.82	1,935,646	3,822,021	
1986/07		1.00	18.4350	3.0000	15.4350	133	72.82	1,993,715	3,814,706	
1987/01		1.00	16.4441	3.0000	13.4441	133	71.17	2,053,526	3,882,935	
1987/07		1.00	14.3448	3.0000	11.3448	133	71.17	2,115,132	3,913,259	
1988/01		1.00	12.2455	3.0000	9.2455	133	71.24	2,178,586	3,945,046	
1988/07		1.00	9.8354	3.0000	6.8354	133	71.24	2,243,944	3,942,918	
1989/01		1.00	7.4253	3.0000	4.4253	133	71.56	2,311,262	3,966,193	
1989/07		1.00	5.0152	3.0000	2.0152	133	71.56	2,380,600	3,993,059	
1990/01		1.00	2.6051	2.6051		133	64.55	2,442,617	4,013,142	
1990/07		1.00	0.5899	0.5899		133	64.55	2,457,026	4,036,816	
1991/01		1.00	0.5899	0.5899		133	66.23	2,471,520	4,060,490	
1991/07		1.00	1.4932	1.4932		133	66.23	2,508,425	4,121,138	
1992/01		0.95	2.0117	2.0117		133	75.64	2,556,364	4,203,997	
1992/07		0.95	1.8152	1.8152		133	75.64	2,600,446	4,280,339	
1993/01		0.90	1.7710	1.7710		133	71.29	2,641,895	4,356,149	
1993/07		0.90	1.5329	1.5329		133	71.29	2,678,343	4,422,915	
1994/01	29,644	0.85	1.6983	1.6983		133	63.47	2,746,652	4,498,060	
1994/07		0.85	1.5991	1.5991		133	63.47	2,783,984	4,570,013	
1995/01		0.80	1.5812	1.5812		133	58.33	2,819,201	4,642,232	
1995/07		0.80	1.5250	1.5250		133	58.33	2,853,595	4,712,988	
1996/01	51,942	0.75	1.7228	1.7228		133	53.82	2,941,617	4,794,251	
1996/07		0.75	1.3294	1.3294		133	53.82	2,970,319	4,857,958	
1997/01	21,749	0.70	1.4109	1.4109		133	56.81	3,021,403	4,926,453	
1997/07		0.70	1.0917	1.0917		133	56.81	3,044,493	4,980,185	
1998/01		0.65	1.1663	1.1663		133	60.42	3,067,573	5,038,306	
1998/07		0.65	1.0794	1.0794		133	60.42	3,089,095	5,092,703	
1999/01	23,331	0.60	1.4499	1.4499		133	70.94	3,139,298	5,166,518	
1999/07		0.60	1.2299	1.2299		133	70.94	3,162,463	5,230,092	
2000/01		0.55	1.3356	1.3356		133	70.94	3,185,694	5,299,917	
2000/07		0.55	1.1129	1.1129		133	64.97	3,205,194	5,358,836	



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: 5/31/2014

0 252034-00 - 2015/01

241.23

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01	33,763	0.50	1.2976	1.2976		133	64.97	3,259,752	5,428,395	
2001/07		0.50	0.9615	0.9615		133	64.97	3,275,425	5,480,531	
2002/01		0.45	1.0301	1.0301		133	64.97	3,290,607	5,536,923	
2002/07		0.45	0.8337	0.8337		133	64.97	3,302,953	5,583,074	
2003/01		0.40	1.3271	1.3271		133	58.95	3,320,485	5,657,155	
2003/07		0.40	1.1664	1.1664		133	58.95	3,335,978	5,723,123	
2004/01		0.35	1.1103	1.1103		133	54.81	3,348,897	5,786,697	
2004/07		0.35	0.8378	0.8378		133	54.81	3,358,682	5,835,242	
2005/01		0.30	0.8595	0.8595		133	52.42	3,366,938	5,885,383	
2005/07		0.30	0.7364	0.7364		133	52.42	3,374,027	5,928,741	
2006/01		0.25	0.9068	0.9068		133	48.49	3,380,771	5,982,473	
2006/07		0.25	0.8133	0.8133		133	48.49	3,386,831	6,031,151	
2007/01		0.20	1.0133	1.0133		133	45.46	3,392,505	6,092,198	
2007/07		0.20	1.1050	1.1050		133	45.46	3,398,702	6,159,496	
2008/01		0.15	0.8556	0.8556		133	46.80	3,402,412	6,212,164	
2008/07		0.15	0.6104	0.6104		133	46.80	3,405,064	6,250,069	
2009/01	94,435	0.10	1.3268	1.3268		133	48.20	3,503,459	6,333,061	
2009/07		0.10	0.6841	0.6841		133	48.20	3,505,559	6,376,419	
2010/01	31,051	0.05	0.8643	0.8643		133	52.81	3,538,064	6,431,481	
2010/07		0.05	0.7107	0.7107		133	52.81	3,539,270	6,477,233	
2011/01		0.00	0.9198	0.9198		133	57.91	3,539,270	6,536,817	
2011/07		0.00	0.9028	0.9028		133	57.91	3,539,270	6,595,869	
2012/01		0.00	0.3865	0.3865		133	57.98	3,539,270	6,621,405	
2012/07		0.00	0.9417	0.9417		133	57.98	3,539,270	6,683,782	
2013/01	25,475	0.00	0.4901	0.4901		133	57.54	3,564,745	6,716,500	
2013/07		0.00	0.6196	0.6196		133	57.54	3,564,745	6,758,129	
2014/01		0.00	0.8564	0.8564		133	65.64	3,564,745	6,815,984	
2014/07		0.00	1.2383	1.2383		133	65.64	3,564,745	6,900,439	
2015/01		0.00	0.7571	0.7571		133	71.45	3,564,745	6,952,708	

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 252042-00 - 2015/01

225.19

Avante at Mt. Dora

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
3050 BROWN AVE	6/1/2013-5/31/2014	Number of Beds: 116	Superior: 243
MOUNT DORA, FL 32757	Days in CR 365	Maximum: 42,340	Standard: 0
County: Lake [35]	First Used : 2015/01	Max Annualized: 42,340	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 36,898	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 9,196	Inflation
Current Class North Large	Initial CR? False	Medicaid: 22,966	FY Index: 1.31964392
Class at 1/94: North Large	Medical Utilization	62.24186%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	87.14691%	Cost: 1.03938564
Open Date: 06/01/1963	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1963	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22166521
Entered Medicaid 10/01/1980	Low Occupancy Adjustment Factor:	111.28268%	DC Sem Index: 1.25449501
Med # Active Date: 10/01/2000	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02687299
Previous Med # 206032			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	969,165	1,855,514	1,357,621	106,103		4,288,403	
1a	Audit Adjustments							
2	Cost Per Diem	42.2000	80.7940	59.1144	4.6200		186.7284	
3	Cost Per Diem Inflated	43.8621	82.9652	61.4427				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.8621	82.9652	61.4427	4.6200		192.8900	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	51.2446		64.4294				
7	Provider Target Rate	53.1212		66.7889				
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	43.8621	82.9652	61.4427	4.6200		192.8900	
12/13	Medical Adjustment Rate		1.1426	0.8462				
14	Prospective Per Diem 11	43.8621	84.1078	62.2889	4.6200		194.8788	
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 252042-00 - 2015/01

225.19

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

Avante at Mt. Dora

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:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None	80% Capital(1):	2,374,538	7.7473
Indexed Asset Value	2,968,172	<60% of Base:	True	20% ROE(2):	593,634	0.3472
FRVS Base Asset:	1,561,653	Interest Rate:	12.5000%	Insurance Cost(3):	43,012	1.1657
Occup Adj Factor	0.9000	Chase Rate:	12.5000%	Taxes Cost(3):	27,526	0.7460
ROE Factor	0.022290	Amortization Rate:	12.5000%	Home Office(3):	26,952	0.7304
		Interest Only:	True	Replacement(3&4):	41,295	0.0000
		Yearly Payment:	295,220	Total FRVS PD:		10.7366

(1) 80% Capital (\$2,374,538) amortized at 12.5000 % for 20 years Interest of \$295,220 divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$7.7473

(2) 20% ROE (\$593,634) times the ROE factor (0.022290) divided by annual available days (42340) divided by Occup. Adj. (0.90) = \$0.3472

(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	116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	43.8621	43.8621	0.7631	43.0990
Direct Care	84.1078	84.1078	1.4633	82.6445
Indirect Care	62.2889	62.2889	1.0837	61.2052
Property	4.6200	10.7366	0.1868	10.5498
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				17.7920
Supplemental Rate Add-on				9.9025
Totals	194.8788	200.9954	3.4969	225.1930

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: 5/31/2014

0 252042-00 - 2015/01

225.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/01		0.00				116	100.00		1,190,276	
1971/07	802,927	0.00				116	100.00	802,927	1,190,276	
1972/01		0.10	3.9787	3.0000	0.9787	116	100.00	805,336	1,237,604	
1972/07		0.10	5.9113	3.0000	2.9113	116	100.00	807,752	1,298,620	
1973/01		0.20	8.0622	3.0000	5.0622	116	100.00	812,599	1,365,552	
1973/07		0.20	10.7186	3.0000	7.7186	116	100.00	817,475	1,442,808	
1974/01		0.30	12.9457	3.0000	9.9457	116	100.00	824,832	1,518,208	
1974/07		0.30	13.0494	3.0000	10.0494	116	100.00	832,255	1,565,304	
1975/01		0.40	13.1399	3.0000	10.1399	116	100.00	842,242	1,613,676	
1975/07		0.40	14.2033	3.0000	11.2033	116	100.00	852,349	1,679,332	
1976/01		0.50	15.2478	3.0000	12.2478	116	100.00	865,134	1,747,192	
1976/07		0.50	15.7330	3.0000	12.7330	116	100.00	878,111	1,808,092	
1977/01		0.60	16.4836	3.0000	13.4836	116	100.00	893,917	1,875,952	
1977/07		0.60	18.5412	3.0000	15.5412	116	100.00	910,008	1,970,724	
1978/01		0.70	20.2809	3.0000	17.2809	116	100.00	929,118	2,064,220	
1978/07		0.70	22.8203	3.0000	19.8203	116	100.00	948,629	2,178,480	
1979/01		0.80	24.9476	3.0000	21.9476	116	100.00	971,396	2,290,188	
1979/07		0.80	26.1458	3.0000	23.1458	116	100.00	994,710	2,386,352	
1980/01	900	0.90	29.3115	3.0000	26.3115	116	55.00	1,022,467	2,533,556	
1980/07	47,096	0.90	30.1222	3.0000	27.1222	116	55.00	1,097,170	2,630,068	
1981/01	6,008	1.00	30.9462	3.0000	27.9462	116	66.66	1,136,093	2,730,640	
1981/07		1.00	30.5350	3.0000	27.5350	116	66.66	1,170,176	2,801,284	
1982/01		1.00	30.2110	3.0000	27.2110	116	66.22	1,205,281	2,876,336	
1982/07	4,471	1.00	29.5087	3.0000	26.5087	116	66.22	1,245,910	2,942,340	
1983/04		1.00	29.1375	3.0000	26.1375	116	71.05	1,283,287	3,019,712	
1983/07	23,288	1.00	30.0953	3.0000	27.0953	116	71.05	1,345,074	3,139,192	
1984/01		1.00	28.3905	3.0000	25.3905	116	76.67	1,385,426	3,179,908	
1984/07	30,016	1.00	27.3084	3.0000	24.3084	116	76.67	1,457,005	3,240,924	
1985/01	15,453	1.00	25.4555	3.0000	22.4555	116	76.67	1,516,168	3,278,044	
1985/10		1.00	23.3077	3.0000	20.3077	116	76.67	1,561,653	3,306,000	



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: 5/31/2014

0 252042-00 - 2015/01

225.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/01		1.00	21.1376	3.0000	18.1376	116	78.22	1,608,503	3,333,492	
1986/07		1.00	18.4350	3.0000	15.4350	116	78.22	1,656,758	3,327,112	
1987/01		1.00	16.4441	3.0000	13.4441	116	79.26	1,706,461	3,386,620	
1987/07		1.00	14.3448	3.0000	11.3448	116	79.26	1,757,655	3,413,068	
1988/01		1.00	12.2455	3.0000	9.2455	116	80.72	1,810,385	3,440,792	
1988/07		1.00	9.8354	3.0000	6.8354	116	80.72	1,864,697	3,438,936	
1989/01		1.00	7.4253	3.0000	4.4253	116	79.75	1,920,638	3,459,236	
1989/07		1.00	5.0152	3.0000	2.0152	116	79.75	1,978,257	3,482,668	
1990/01		1.00	2.6051	2.6051		116	72.24	2,029,793	3,500,184	
1990/07		1.00	0.5899	0.5899		116	72.24	2,041,767	3,520,832	
1991/01		1.00	0.5899	0.5899		116	72.58	2,053,811	3,541,480	
1991/07		1.00	1.4932	1.4932		116	72.58	2,084,479	3,594,376	
1992/01		0.95	2.0117	2.0117		116	75.87	2,124,315	3,666,644	
1992/07		0.95	1.8152	1.8152		116	75.87	2,160,947	3,733,228	
1993/01		0.90	1.7710	1.7710		116	79.72	2,195,390	3,799,348	
1993/07		0.90	1.5329	1.5329		116	79.72	2,225,678	3,857,580	
1994/01		0.85	1.6983	1.6983		116	79.95	2,257,808	3,923,120	
1994/07		0.85	1.5991	1.5991		116	79.95	2,288,496	3,985,876	
1995/01	17,997	0.80	1.5812	1.5812		116	69.47	2,335,442	4,048,864	
1995/07		0.80	1.5250	1.5250		116	69.47	2,363,934	4,110,576	
1996/01		0.75	1.7228	1.7228		116	72.80	2,394,478	4,181,452	
1996/07		0.75	1.3294	1.3294		116	72.80	2,418,353	4,237,016	
1997/01		0.70	1.4109	1.4109		116	65.39	2,442,237	4,296,756	
1997/07		0.70	1.0917	1.0917		116	65.39	2,460,901	4,343,620	
1998/01	22,953	0.65	1.1663	1.1663		116	69.29	2,502,510	4,394,312	
1998/07		0.65	1.0794	1.0794		116	69.29	2,520,068	4,441,756	
1999/01	17,220	0.60	1.4499	1.4499		116	70.83	2,559,210	4,506,136	
1999/07		0.60	1.2299	1.2299		116	70.83	2,578,094	4,561,584	
2000/01	53,289	0.55	1.3356	1.3356		116	76.87	2,650,322	4,622,484	
2000/07		0.55	1.1129	1.1129		116	69.87	2,666,545	4,673,872	



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: 5/31/2014

0 252042-00 - 2015/01

225.19

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/01		0.50	1.2976	1.2976		116	69.87	2,683,846	4,734,540	
2001/07		0.50	0.9615	0.9615		116	69.87	2,696,750	4,780,012	
2002/01		0.45	1.0301	1.0301		116	69.87	2,709,249	4,829,196	
2002/07		0.45	0.8337	0.8337		116	69.87	2,719,414	4,869,448	
2003/01		0.40	1.3271	1.3271		116	63.50	2,733,849	4,934,060	
2003/07		0.40	1.1664	1.1664		116	63.50	2,746,605	4,991,596	
2004/01		0.35	1.1103	1.1103		116	47.20	2,755,765	5,047,044	
2004/07		0.35	0.8378	0.8378		116	47.20	2,762,699	5,089,384	
2005/01		0.30	0.8595	0.8595		116	44.72	2,768,492	5,133,116	
2005/07		0.30	0.7364	0.7364		116	44.72	2,773,465	5,170,932	
2006/01		0.25	0.9068	0.9068		116	41.06	2,778,159	5,217,796	
2006/07		0.25	0.8133	0.8133		116	41.06	2,782,375	5,260,252	
2007/01		0.20	1.0133	1.0133		116	41.11	2,786,591	5,313,496	
2007/07		0.20	1.1050	1.1050		116	41.11	2,791,194	5,372,192	
2008/01		0.15	0.8556	0.8556		116	37.21	2,793,617	5,418,128	
2008/07		0.15	0.6104	0.6104		116	37.21	2,795,348	5,451,188	
2009/01		0.10	1.3268	1.3268		116	42.06	2,798,185	5,523,572	
2009/07		0.10	0.6841	0.6841		116	42.06	2,799,649	5,561,388	
2010/01		0.05	0.8643	0.8643		116	42.25	2,800,578	5,609,412	
2010/07		0.05	0.7107	0.7107		116	42.25	2,801,342	5,649,316	
2011/01	97,757	0.00	0.9198	0.9198		116	44.27	2,899,099	5,701,284	
2011/07		0.00	0.9028	0.9028		116	44.27	2,899,099	5,752,788	
2012/01	33,482	0.00	0.3865	0.3865		116	54.74	2,932,581	5,775,060	
2012/07		0.00	0.9417	0.9417		116	54.74	2,932,581	5,829,464	
2013/01	35,591	0.00	0.4901	0.4901		116	62.09	2,968,172	5,858,000	
2013/07		0.00	0.6196	0.6196		116	62.09	2,968,172	5,894,308	
2014/01		0.00	0.8564	0.8564		116	64.82	2,968,172	5,944,768	
2014/07		0.00	1.2383	1.2383		116	64.82	2,968,172	6,018,428	
2015/01		0.00	0.7571	0.7571		116	62.24	2,968,172	6,064,016	

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 252662-00 - 2015/01

231.15

Pinebrook Care & 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
1240 PINEBROOK ROAD	8/1/2012-7/31/2013	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: 40,017	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 11,162	Inflation
Current Class South Large	Initial CR? False	Medicaid: 20,016	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	50.01874%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.36301%	Cost: 1.05323681
Open Date: 03/01/1985	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/01/1985	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 03/01/1985	Low Occupancy Adjustment Factor:	116.66645%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 212202			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	801,695	1,792,235	997,699	374,099		3,965,728	
1a	Audit Adjustments							
2	Cost Per Diem	40.0527	89.5401	49.8451	18.6900		198.1279	
3	Cost Per Diem Inflated	42.1850	92.8712	52.4987				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.1850	92.8712	52.4987	18.6900		206.2449	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.3837		58.5540				
7	Provider Target Rate	49.1189		60.6983				
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	42.1850	92.8712	52.4987	13.6500		201.2049	
12/13	Medical Adjustment Rate		0.0020	0.0011				
14	Prospective Per Diem 11	42.1850	92.8732	52.4998	13.6500		201.2080	
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 252662-00 - 2015/01

231.15

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

Pinebrook Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2005	Mortgage Information		Calculation of FRVS Per Diem	
		Amount:	0.00	Total Amount	Per Diem
Year of Phase-In/Full:		Type:	None	80% Capital(1):	4,044,430 11.7264
RS to Start Calcs:	1985/01	<60% of Base:	True	20% ROE(2):	1,011,107 0.3847
Indexed Asset Value	5,055,537	Interest Rate:	11.5000%	Insurance Cost(3):	8,742 0.2185
FRVS Base Asset:	3,158,217	Chase Rate:	11.5000%	Taxes Cost(3):	77,409 1.9344
Occup Adj Factor	0.9000	Amortization Rate:	11.5000%	Home Office(3):	31,685 0.7918
ROE Factor	0.015000	Interest Only:	True	Replacement(3&4):	71,147 0.0000
		Yearly Payment:	462,254	Total FRVS PD:	15.0558

- (1) 80% Capital (\$4,044,430) amortized at 11.5000 % for 20 years Interest of \$462,254 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$11.7264
- (2) 20% ROE (\$1,011,107) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3847
- (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	42.1850	42.1850	0.7339	41.4511
Direct Care	92.8732	92.8732	1.6158	91.2574
Indirect Care	52.4998	52.4998	0.9134	51.5864
Property	13.6500	15.0558	0.2619	14.7939
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.1549
Supplemental Rate Add-on				9.9025
Totals	201.2080	202.6138	3.5250	231.1462

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: 7/31/2013

0 252662-00 - 2015/01

231.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1985/01	3,156,903	0.00	1.1471	1.1471		120	26.86	3,156,903	3,391,080	
1985/10		0.10	0.8522	0.8522		120	26.86	3,158,217	3,420,000	
1986/01		0.10	0.8299	0.8299		120	26.86	3,159,497	3,448,440	
1986/07		0.20	0.2974	0.2974		120	26.86	3,160,415	3,441,840	
1987/01		0.20	1.0091	1.0091		120	26.86	3,163,530	3,503,400	
1987/07		0.30	0.9007	0.9007		120	26.86	3,167,704	3,530,760	
1988/01		0.30	0.9007	0.9007		120	26.86	3,171,884	3,559,440	
1988/07		0.40	0.5899	0.5899		120	26.86	3,175,540	3,557,520	
1989/01		0.40	0.5899	0.5899		120	30.17	3,179,651	3,578,520	
1989/07		0.50	0.5899	0.5899		120	30.17	3,184,796	3,602,760	
1990/01		0.50	0.5899	0.5899		120	30.17	3,189,950	3,620,880	
1990/07		0.60	0.5899	0.5899		120	30.17	3,196,143	3,642,240	
1991/01		0.60	0.5899	0.5899		120	30.17	3,202,348	3,663,600	
1991/07		0.70	1.4932	1.4932		120	30.17	3,220,708	3,718,320	
1992/01		0.70	2.0117	2.0117		120	30.17	3,245,587	3,793,080	
1992/07		0.80	1.8152	1.8152		120	23.30	3,245,587	3,861,960	
1993/01		0.80	1.7710	1.7710		120	23.30	3,245,587	3,930,360	
1993/07		0.90	1.5329	1.5329		120	27.28	3,267,796	3,990,600	
1994/01		0.90	1.6983	1.6983		120	27.28	3,292,570	4,058,400	
1994/07		1.00	1.5991	1.5991		120	28.47	3,319,824	4,123,320	
1995/01		1.00	1.5812	1.5812		120	28.47	3,346,996	4,188,480	
1995/07		1.00	1.5250	1.5250		120	34.51	3,379,022	4,252,320	
1996/01		1.00	1.7228	1.7228		120	34.50	3,415,538	4,325,640	
1996/07	21,791	1.00	1.3294	1.3294		120	39.08	3,469,592	4,383,120	
1997/01		1.00	1.4109	1.4109		120	39.08	3,504,375	4,444,920	
1997/07	36,921	1.00	1.0917	1.0917		120	37.23	3,567,193	4,493,400	
1998/01		1.00	1.1663	1.1663		120	37.23	3,595,355	4,545,840	
1998/07	20,207	1.00	1.0794	1.0794		120	40.65	3,644,245	4,594,920	
1999/01		1.00	1.4499	1.4499		120	40.65	3,683,297	4,661,520	
1999/07		1.00	1.2299	1.2299		120	50.47	3,724,867	4,718,880	



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: 7/31/2013

0 252662-00 - 2015/01

231.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2000/01		1.00	1.3356	1.3356		120	50.47	3,724,867	4,781,880	5
2000/07	53,133	1.00	1.1129	1.1129		120	60.28	3,823,652	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	60.28	3,865,614	4,897,800	5
2001/07		1.00	0.9615	0.9615		120	54.12	3,915,774	4,944,840	5
2002/01	15,248	1.00	1.0301	1.0301		120	54.43	4,008,366	4,995,720	
2002/07		1.00	0.8337	0.8337		120	54.43	4,041,437	5,037,360	
2003/01		1.00	1.3271	1.3271		120	59.08	4,095,071	5,104,200	
2003/07		1.00	1.1664	1.1664		120	59.08	4,142,836	5,163,720	
2004/01		1.00	1.1103	1.1103		120	57.68	4,188,834	5,221,080	
2004/07		1.00	0.8378	0.8378		120	57.68	4,223,928	5,264,880	
2005/01	42,337	1.00	0.8595	0.8595		120	62.04	4,302,570	5,310,120	
2005/07		0.95	0.7364	0.7364		120	62.04	4,332,671	5,349,240	
2006/01		0.95	0.9068	0.9068		120	62.04	4,369,997	5,397,720	
2006/07	61,491	0.90	0.8133	0.8133		120	60.64	4,463,476	5,441,640	
2007/01		0.90	1.0133	1.0133		120	60.64	4,504,183	5,496,720	
2007/07		0.85	1.1050	1.1050		120	60.48	4,546,491	5,557,440	
2008/01		0.85	0.8556	0.8556		120	60.48	4,579,558	5,604,960	
2008/07		0.80	0.6104	0.6104		120	56.53	4,601,920	5,639,160	
2009/01		0.80	1.3268	1.3268		120	56.53	4,650,765	5,714,040	
2009/07	20,350	0.75	0.6841	0.6841		120	50.38	4,692,974	5,753,160	
2010/01		0.75	0.8643	0.8643		120	50.38	4,720,839	5,802,840	
2010/07	101,801	0.70	0.7107	0.7107		120	51.47	4,844,619	5,844,120	
2011/01	27,865	0.70	0.9198	0.9198		120	49.33	4,900,463	5,897,880	
2011/07		0.65	0.9028	0.9028		120	49.33	4,926,254	5,951,160	
2012/01		0.65	0.3865	0.3865		120	46.71	4,936,764	5,974,200	
2012/07		0.60	0.9417	0.9417		120	46.71	4,960,453	6,030,480	
2013/01		0.60	0.4901	0.4901		120	46.71	4,972,843	6,060,000	
2013/07		0.55	0.6196	0.6196		120	50.50	4,988,404	6,097,560	
2014/01		0.55	0.8564	0.8564		120	50.50	5,009,977	6,149,760	
2014/07		0.50	1.2383	1.2383		120	50.02	5,038,190	6,225,960	



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: 7/31/2013

0 252662-00 - 2015/01

231.15

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2015/01		0.50	0.7571	0.7571		120	50.02	5,055,537	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: 252662073120130801201204022014134112



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 252671-00 - 2015/01

210.04

Palms of Sebring

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
725 S PINE ST	1/1/2013-12/31/2013	Number of Beds: 120	Superior: 0
SEBRING, FL 33870	Days in CR 365	Maximum: 43,800	Standard: 243
County: Highlands [28]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 6	Last Used: 2015/01	Total Patient: 37,105	Total: 243
Control: Proprietary : Partnership	Unaudited	Medicare: 14,568	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 16,744	FY Index: 1.31456505
Class at 1/94: South Large	Medical Utilization	45.12599%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	84.71461%	Cost: 1.04340134
Open Date: 12/01/1970	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 12/01/1970	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.21500000
Entered Medicaid 12/01/1970	Low Occupancy Adjustment Factor:	108.17674%	DC Sem Index: 1.25449501
Med # Active Date: 07/26/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03250618
Previous Med # 200972			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	666,242	1,383,156	771,119	283,811		3,104,328	
1a	Audit Adjustments							
2	Cost Per Diem	39.7899	82.6061	46.0535	16.9500		185.3995	
3	Cost Per Diem Inflated	41.5168	85.2913	48.0523				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	41.5168	85.2913	48.0523	16.9500		191.8104	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	56.1882		70.2142				
7	Provider Target Rate	58.2459		72.7855				
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	41.5168	85.2913	48.0523	13.6500		188.5104	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	41.5168	85.2913	48.0523	13.6500		188.5104	
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 252671-00 - 2015/01

210.04

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

Palms of Sebring

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1985	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,005,713.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,218,798	8.6590
RS to Start Calcs:	1971/07	<60% of Base:	False	20% ROE(2):	804,699	0.3828
Indexed Asset Value	4,023,497	Interest Rate:	11.0000%	Insurance Cost(3):	19,766	0.5327
FRVS Base Asset:	958,753	Chase Rate:	6.7500%	Taxes Cost(3):	51,138	1.3782
Occup Adj Factor	0.9000	Amortization Rate:	8.7500%	Home Office(3):	23,782	0.6409
ROE Factor	0.018750	Interest Only:	False	Replacement(3&4):	33,073	0.0000
		Yearly Payment:	341,338	Total FRVS PD:		11.5936

- (1) 80% Capital (\$3,218,798) amortized at 8.7500 % for 20 years Principal & Interest of \$341,338 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.6590
- (2) 20% ROE (\$804,699) times the ROE factor (0.018750) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3828
- (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	41.5168	41.5168	0.7223	40.7945
Direct Care	85.2913	85.2913	1.4839	83.8074
Indirect Care	48.0523	48.0523	0.8360	47.2163
Property	13.6500	11.5936	0.2017	11.3919
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				16.9285
Supplemental Rate Add-on				9.9025
Totals	188.5104	186.4540	3.2439	210.0411

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 252671-00 - 2015/01

210.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1971/07	565,933	0.00				54	100.00	565,933	554,094	
1972/01		0.10	3.9787	3.0000	0.9787	54	100.00	567,631	576,126	
1972/07	192	0.10	5.9113	3.0000	2.9113	54	100.00	569,526	604,530	
1973/01		0.20	8.0622	3.0000	5.0622	54	100.00	572,943	635,688	
1973/07	487	0.20	10.7186	3.0000	7.7186	54	100.00	576,868	671,652	
1974/01	365	0.30	12.9457	3.0000	9.9457	54	100.00	582,425	706,752	
1974/07		0.30	13.0494	3.0000	10.0494	54	100.00	587,667	728,676	
1975/01	619	0.40	13.1399	3.0000	10.1399	54	100.00	595,338	751,194	
1975/07	3,996	0.40	14.2033	3.0000	11.2033	54	100.00	606,478	781,758	
1976/01		0.50	15.2478	3.0000	12.2478	54	100.00	615,575	813,348	
1976/07		0.50	15.7330	3.0000	12.7330	54	100.00	624,809	841,698	
1977/01		0.60	16.4836	3.0000	13.4836	54	100.00	636,056	873,288	
1977/07		0.60	18.5412	3.0000	15.5412	54	100.00	647,505	917,406	
1978/01		0.70	20.2809	3.0000	17.2809	54	100.00	661,103	960,930	
1978/07		0.70	22.8203	3.0000	19.8203	54	100.00	674,986	1,014,120	
1979/01	363	0.80	24.9476	3.0000	21.9476	54	100.00	691,549	1,066,122	
1979/07		0.80	26.1458	3.0000	23.1458	54	100.00	708,146	1,110,888	
1980/01	2,655	0.90	29.3115	3.0000	26.3115	54	37.73	723,917	1,179,414	
1980/07	4,705	0.90	30.1222	3.0000	27.1222	54	37.73	742,030	1,224,342	
1981/01	2,436	1.00	30.9462	3.0000	27.9462	54	36.12	759,085	1,271,160	
1981/07		1.00	30.5350	3.0000	27.5350	54	36.12	774,040	1,304,046	
1982/01	1,429	1.00	30.2110	3.0000	27.2110	54	31.23	788,654	1,338,984	
1982/07		1.00	29.5087	3.0000	26.5087	54	77.87	812,314	1,369,710	
1983/04		1.00	29.1375	3.0000	26.1375	54	77.87	836,683	1,405,728	
1983/07		1.00	30.0953	3.0000	27.0953	54	31.23	850,936	1,461,348	
1984/01	577	1.00	28.3905	3.0000	25.3905	54	82.42	877,041	1,480,302	
1984/07		1.00	27.3084	3.0000	24.3084	54	82.42	903,352	1,508,706	
1985/01	375	1.00	25.4555	3.0000	22.4555	54	100.00	930,828	1,525,986	
1985/10		1.00	23.3077	3.0000	20.3077	54	100.00	958,753	1,539,000	
1986/01		1.00	21.1376	3.0000	18.1376	52	27.76	973,270	1,494,324	



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 252671-00 - 2015/01
210.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1986/07	466,108	1.00	18.4350	3.0000	15.4350	52	27.76	1,454,115	1,491,464	
1987/01		1.00	16.4441	3.0000	13.4441	74	28.93	1,477,061	2,160,430	
1987/07		1.00	14.3448	3.0000	11.3448	74	28.93	1,500,369	2,177,302	
1988/01		1.00	12.2455	3.0000	9.2455	74	28.93	1,524,045	2,194,988	
1988/07	719,644	1.00	9.8354	3.0000	6.8354	104	40.12	2,277,041	3,083,184	
1989/01		1.00	7.4253	3.0000	4.4253	104	40.12	2,326,871	3,101,384	
1989/07		1.00	5.0152	3.0000	2.0152	104	40.12	2,377,791	3,122,392	
1990/01		1.00	2.6051	2.6051		104	40.12	2,422,976	3,138,096	
1990/07	159,815	1.00	0.5899	0.5899		104	40.12	2,593,217	3,156,608	
1991/01		1.00	0.5899	0.5899		120	51.00	2,607,402	3,663,600	
1991/07		1.00	1.4932	1.4932		120	49.39	2,642,364	3,718,320	
1992/01		0.95	2.0117	2.0117		120	49.39	2,687,711	3,793,080	
1992/07		0.95	1.8152	1.8152		120	51.07	2,730,746	3,861,960	
1993/01		0.90	1.7710	1.7710		120	51.07	2,771,161	3,930,360	
1993/07	31,094	0.90	1.5329	1.5329		120	48.91	2,836,253	3,990,600	
1994/01		0.85	1.6983	1.6983		120	48.91	2,872,664	4,058,400	
1994/07		0.85	1.5991	1.5991		120	49.81	2,908,025	4,123,320	
1995/01		0.80	1.5812	1.5812		120	49.81	2,941,340	4,188,480	
1995/07		0.80	1.5250	1.5250		120	49.79	2,973,825	4,252,320	
1996/01		0.75	1.7228	1.7228		120	49.79	3,008,610	4,325,640	
1996/07		0.75	1.3294	1.3294		120	58.17	3,038,609	4,383,120	
1997/01		0.70	1.4109	1.4109		120	58.17	3,068,618	4,444,920	
1997/07	27,746	0.70	1.0917	1.0917		120	61.60	3,119,814	4,493,400	
1998/01		0.65	1.1663	1.1663		120	61.60	3,143,465	4,545,840	
1998/07	21,620	0.65	1.0794	1.0794		120	61.77	3,187,140	4,594,920	
1999/01		0.60	1.4499	1.4499		120	61.77	3,214,865	4,661,520	
1999/07		0.60	1.2299	1.2299		120	61.77	3,238,587	4,718,880	
2000/01		0.55	1.3356	1.3356		120	61.77	3,262,378	4,781,880	
2000/07		0.55	1.1129	1.1129		120	59.89	3,282,347	4,835,040	
2001/01		0.50	1.2976	1.2976		120	59.89	3,303,643	4,897,800	



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 252671-00 - 2015/01

210.04

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2001/07		0.50	0.9615	0.9615		120	51.76	3,318,591	4,944,840	
2002/01		0.45	1.0301	1.0301		120	51.76	3,333,067	4,995,720	
2002/07		0.45	0.8337	0.8337		120	51.76	3,344,836	5,037,360	
2003/01		0.40	1.3271	1.3271		120	51.76	3,361,544	5,104,200	
2003/07		0.40	1.1664	1.1664		120	51.76	3,376,305	5,163,720	
2004/01		0.35	1.1103	1.1103		120	51.76	3,388,652	5,221,080	
2004/07	244,408	0.35	0.8378	0.8378		120	52.54	3,642,551	5,264,880	
2005/01		0.30	0.8595	0.8595		120	52.54	3,651,525	5,310,120	
2005/07	38,376	0.30	0.7364	0.7364		120	51.64	3,697,474	5,349,240	
2006/01		0.25	0.9068	0.9068		120	51.64	3,705,344	5,397,720	
2006/07	22,938	0.25	0.8133	0.8133		120	46.69	3,734,677	5,441,640	
2007/01		0.20	1.0133	1.0133		120	46.69	3,741,103	5,496,720	
2007/07		0.20	1.1050	1.1050		120	46.69	3,748,122	5,557,440	
2008/01	112,570	0.15	0.8556	0.8556		120	42.76	3,864,431	5,604,960	
2008/07		0.15	0.6104	0.6104		120	42.76	3,867,183	5,639,160	
2009/01	37,709	0.10	1.3268	1.3268		120	40.47	3,908,668	5,714,040	
2009/07	110,221	0.10	0.6841	0.6841		120	43.40	4,020,999	5,753,160	
2010/01		0.05	0.8643	0.8643		120	43.40	4,022,370	5,802,840	
2010/07		0.05	0.7107	0.7107		120	43.40	4,023,497	5,844,120	
2011/01		0.00	0.9198	0.9198		120	48.66	4,023,497	5,897,880	
2011/07		0.00	0.9028	0.9028		120	48.66	4,023,497	5,951,160	
2012/01		0.00	0.3865	0.3865		120	49.64	4,023,497	5,974,200	
2012/07		0.00	0.9417	0.9417		120	49.64	4,023,497	6,030,480	
2013/01		0.00	0.4901	0.4901		120	50.26	4,023,497	6,060,000	
2013/07		0.00	0.6196	0.6196		120	50.26	4,023,497	6,097,560	
2014/01		0.00	0.8564	0.8564		120	45.04	4,023,497	6,149,760	
2014/07		0.00	1.2383	1.2383		120	45.13	4,023,497	6,225,960	
2015/01		0.00	0.7571	0.7571		120	45.13	4,023,497	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 252689-00 - 2015/01

212.64

Orchard Ridge Care & 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
4927 VOORHEES RD	8/1/2012-7/31/2013	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 : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 42,134	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 8,187	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,779	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	56.43661%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	96.19635%	Cost: 1.05323681
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: 1.20949917
Entered Medicaid 08/01/1983	Low Occupancy Adjustment Factor:	122.83840%	DC Sem Index: 1.25449501
Med # Active Date: 09/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 201669			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	848,557	1,964,683	1,022,181	411,377	47,484	4,294,282	
1a	Audit Adjustments							
2	Cost Per Diem	35.6851	82.6226	42.9867	17.3000	1.9969	180.5913	
3	Cost Per Diem Inflated	37.5849	85.6963	45.2752				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.5849	85.6963	45.2752	17.3000	1.9969	187.8533	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	47.1945		76.7963				
7	Provider Target Rate	48.9228		79.6087				
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	37.5849	85.6963	45.2752	13.6500	1.9969	184.2033	
12/13	Medical Adjustment Rate		0.6205	0.3278				
14	Prospective Per Diem 11	37.5849	86.3168	45.6030	13.6500	1.9969	185.1516	
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 252689-00 - 2015/01

212.64

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

Orchard Ridge Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On Payback FRV

Began FRVS:		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	2,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable	80% Capital(1):	3,927,580	10.0006
Indexed Asset Value	4,909,475	<60% of Base:	False	20% ROE(2):	981,895	0.3736
FRVS Base Asset:	2,095,491	Interest Rate:	8.0000%	Insurance Cost(3):	10,060	0.2388
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	92,189	2.1880
ROE Factor	0.015000	Amortization Rate:	8.0000%	Home Office(3):	33,239	0.7889
		Interest Only:	False	Replacement(3&4):	39,031	0.0000
		Yearly Payment:	394,222	Total FRVS PD:		13.5899

- (1) 80% Capital (\$3,927,580) amortized at 8.0000 % for 20 years Principal & Interest of \$394,222 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.0006
- (2) 20% ROE (\$981,895) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3736
- (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	37.5849	37.5849	0.6539	36.9310
Direct Care	86.3168	86.3168	1.5017	84.8151
Indirect Care	45.6030	45.6030	0.7934	44.8096
Property	13.6500	13.5899	0.2375	13.4125
ROE	1.9969	0.2127	0.0347	1.9622
ROE Adjustment	-0.2127	-0.2127	-0.0037	-0.2090
Quality Assess-Medicaid Share				21.0117
Supplemental Rate Add-on				9.9025
Totals	184.9389	183.0946	3.2175	212.6356

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: 7/31/2013

0 252689-00 - 2015/01

212.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1983/07	2,090,373	0.00	3.9578	3.0000	0.9578	120	21.65	2,090,373	3,247,440	
1984/01		0.10	2.2530	2.2530		120	21.65	2,090,373	3,289,560	
1984/07		0.10	1.9179	1.9179		120	21.65	2,090,373	3,352,680	
1985/01		0.20	1.1471	1.1471		120	33.66	2,093,308	3,391,080	
1985/10		0.20	0.8522	0.8522		120	33.66	2,095,491	3,420,000	
1986/01		0.30	0.8299	0.8299		120	33.66	2,098,684	3,448,440	
1986/07		0.30	0.2974	0.2974		120	33.66	2,099,830	3,441,840	
1987/01		0.40	1.0091	1.0091		120	33.66	2,105,017	3,503,400	
1987/07		0.40	0.9007	0.9007		120	36.20	2,110,009	3,530,760	
1988/01		0.50	0.9007	0.9007		120	36.20	2,116,264	3,559,440	
1988/07		0.50	0.5899	0.5899		120	37.14	2,120,480	3,557,520	
1989/01		0.60	0.5899	0.5899		120	37.14	2,125,548	3,578,520	
1989/07		0.60	0.5899	0.5899		120	35.48	2,130,401	3,602,760	
1990/01		0.70	0.5899	0.5899		120	35.48	2,136,075	3,620,880	
1990/07		0.70	0.5899	0.5899		120	35.48	2,141,765	3,642,240	
1991/01		0.80	0.5899	0.5899		120	35.48	2,148,285	3,663,600	
1991/07		0.80	1.4932	1.4932		120	35.48	2,164,840	3,718,320	
1992/01		0.90	2.0117	2.0117		120	35.48	2,190,124	3,793,080	
1992/07		0.90	1.8152	1.8152		120	35.48	2,213,205	3,861,960	
1993/01		1.00	1.7710	1.7710		120	35.48	2,238,490	3,930,360	
1993/07		1.00	1.5329	1.5329		120	26.33	2,254,917	3,990,600	
1994/01		1.00	1.6983	1.6983		120	26.33	2,273,250	4,058,400	
1994/07		1.00	1.5991	1.5991		120	22.19	2,273,250	4,123,320	
1995/01		1.00	1.5812	1.5812		120	22.19	2,273,250	4,188,480	
1995/07	1,403,258	1.00	1.5250	1.5250		120	23.34	3,676,508	4,252,320	
1996/01		1.00	1.7228	1.7228		120	23.34	3,676,508	4,325,640	5
1996/07		1.00	1.3294	1.3294		120	30.86	3,676,508	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	30.86	3,733,254	4,444,920	
1997/07	20,463	1.00	1.0917	1.0917		120	35.25	3,779,838	4,493,400	
1998/01		1.00	1.1663	1.1663		120	35.25	3,808,092	4,545,840	



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: 7/31/2013

0 252689-00 - 2015/01

212.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1998/07		1.00	1.0794	1.0794		120	33.45	3,833,091	4,594,920	
1999/01		1.00	1.4499	1.4499		120	33.45	3,866,891	4,661,520	
1999/07		1.00	1.2299	1.2299		120	31.11	3,893,792	4,718,880	
2000/01		1.00	1.3356	1.3356		120	31.11	3,923,208	4,781,880	
2000/07		1.00	1.1129	1.1129		120	34.20	3,950,357	4,835,040	
2001/01		1.00	1.2976	1.2976		120	34.20	3,982,231	4,897,800	
2001/07		1.00	0.9615	0.9615		120	38.18	4,008,811	4,944,840	
2002/01	12,625	1.00	1.0301	1.0301		120	35.02	4,047,730	4,995,720	
2002/07		1.00	0.8337	0.8337		120	35.02	4,069,217	5,037,360	
2003/01		1.00	1.3271	1.3271		120	36.33	4,104,888	5,104,200	
2003/07		1.00	1.1664	1.1664		120	36.33	4,136,515	5,163,720	
2004/01		0.95	1.1103	1.1103		120	38.33	4,166,923	5,221,080	
2004/07		0.95	0.8378	0.8378		120	38.33	4,190,036	5,264,880	
2005/01	32,192	0.90	0.8595	0.8595		120	41.86	4,246,898	5,310,120	
2005/07		0.90	0.7364	0.7364		120	41.86	4,268,322	5,349,240	
2006/01		0.85	0.9068	0.9068		120	41.86	4,293,362	5,397,720	
2006/07	65,882	0.85	0.8133	0.8133		120	40.66	4,381,186	5,441,640	
2007/01	37,954	0.80	1.0133	1.0133		120	37.81	4,443,554	5,496,720	
2007/07		0.80	1.1050	1.1050		120	37.81	4,470,558	5,557,440	
2008/01		0.75	0.8556	0.8556		120	37.81	4,490,279	5,604,960	
2008/07	43,755	0.75	0.6104	0.6104		120	40.72	4,549,253	5,639,160	
2009/01		0.70	1.3268	1.3268		120	40.72	4,580,536	5,714,040	
2009/07		0.70	0.6841	0.6841		120	46.24	4,598,978	5,753,160	
2010/01		0.65	0.8643	0.8643		120	46.24	4,620,700	5,802,840	
2010/07	42,872	0.65	0.7107	0.7107		120	42.83	4,680,196	5,844,120	
2011/01	28,310	0.60	0.9198	0.9198		120	43.13	4,728,761	5,897,880	
2011/07		0.60	0.9028	0.9028		120	43.13	4,748,848	5,951,160	
2012/01		0.55	0.3865	0.3865		120	43.13	4,756,765	5,974,200	
2012/07	40,651	0.55	0.9417	0.9417		120	56.05	4,822,051	6,030,480	
2013/01		0.50	0.4901	0.4901		120	56.05	4,833,870	6,060,000	



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: 7/31/2013

0 252689-00 - 2015/01

212.64

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2013/07		0.50	0.6196	0.6196		120	58.92	4,848,845	6,097,560	
2014/01		0.45	0.8564	0.8564		120	58.92	4,867,532	6,149,760	
2014/07		0.45	1.2383	1.2383		120	56.44	4,894,654	6,225,960	
2015/01		0.40	0.7571	0.7571		120	56.44	4,909,475	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: 252689073120130801201204022014132244



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 253014-00 - 2015/01

213.11

Springwood Care & 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
4602 NORTHGATE COURT	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
SARASOTA, FL 34234	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: 41,767	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 2,866	Inflation
Current Class South Large	Initial CR? False	Medicaid: 33,654	FY Index: 1.30228922
Class at 1/94: South Large	Medical Utilization	80.57557%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.35845%	Cost: 1.05323681
Open Date: 05/01/1982	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 05/01/1982	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 05/01/1982	Low Occupancy Adjustment Factor:	121.76844%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 212270			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,200,404	2,906,428	1,210,519	462,406		5,779,757	
1a	Audit Adjustments							
2	Cost Per Diem	35.6690	86.3621	35.9695	13.7400		171.7406	
3	Cost Per Diem Inflated	37.5679	89.5749	37.8844				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	37.5679	89.5749	37.8844	13.7400		178.7672	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	52.0832		56.6675				
7	Provider Target Rate	53.9905		58.7427				
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	37.5679	89.5749	37.8844	13.6500		178.6772	
12/13	Medical Adjustment Rate		3.0812	1.3031				
14	Prospective Per Diem 11	37.5679	92.6561	39.1875	13.6500		183.0615	
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 253014-00 - 2015/01

213.11

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

Springwood Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	None	80% Capital(1):	3,506,261	8.8284
Indexed Asset Value	4,382,826	<60% of Base:	True	20% ROE(2):	876,565	0.3335
FRVS Base Asset:	2,100,178	Interest Rate:	10.0000%	Insurance Cost(3):	8,009	0.1918
Occup Adj Factor	0.9000	Chase Rate:	10.0000%	Taxes Cost(3):	66,448	1.5909
ROE Factor	0.015000	Amortization Rate:	10.0000%	Home Office(3):	26,302	0.6297
		Interest Only:	True	Replacement(3&4):	19,353	0.0000
		Yearly Payment:	348,015	Total FRVS PD:		11.5743

(1) 80% Capital (\$3,506,261) amortized at 10.0000 % for 20 years Interest of \$348,015 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.8284

(2) 20% ROE (\$876,565) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3335

(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	37.5679	37.5679	0.6536	36.9143
Direct Care	92.6561	92.6561	1.6120	91.0441
Indirect Care	39.1875	39.1875	0.6818	38.5057
Property	13.6500	11.5743	0.2014	11.3729
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				25.3738
Supplemental Rate Add-on				9.9025
Totals	183.0615	180.9858	3.1488	213.1133

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: 7/31/2013

0 253014-00 - 2015/01

213.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/01	2,016,743	0.00	2.6760	2.6760		120	31.73	2,016,743	2,975,520	
1982/07		0.10	2.2977	2.2977		120	31.73	2,019,417	3,043,800	
1983/04		0.10	2.6288	2.6288		120	34.87	2,022,783	3,123,840	
1983/07	9,856	0.20	3.9578	3.0000	0.9578	120	34.87	2,040,334	3,247,440	
1984/01		0.20	2.2530	2.2530		120	37.69	2,046,634	3,289,560	
1984/07	33,415	0.30	1.9179	1.9179		120	37.69	2,088,119	3,352,680	
1985/01		0.30	1.1471	1.1471		120	46.30	2,094,168	3,391,080	
1985/10		0.40	0.8522	0.8522		120	46.30	2,100,178	3,420,000	
1986/01		0.40	0.8299	0.8299		120	46.30	2,106,048	3,448,440	
1986/07		0.50	0.2974	0.2974		120	46.30	2,108,684	3,441,840	
1987/01		0.50	1.0091	1.0091		120	46.30	2,117,641	3,503,400	
1987/07		0.60	0.9007	0.9007		120	52.64	2,128,594	3,530,760	
1988/01		0.60	0.9007	0.9007		120	52.64	2,139,603	3,559,440	
1988/07		0.70	0.5899	0.5899		120	56.26	2,148,437	3,557,520	
1989/01	22,358	0.70	0.5899	0.5899		120	56.26	2,179,666	3,578,520	
1989/07		0.80	0.5899	0.5899		120	69.88	2,189,952	3,602,760	
1990/01		0.80	0.5899	0.5899		120	69.88	2,200,286	3,620,880	
1990/07		0.90	0.5899	0.5899		120	69.88	2,211,967	3,642,240	
1991/01		0.90	0.5899	0.5899		120	69.88	2,223,710	3,663,600	
1991/07	50,073	1.00	1.4932	1.4932		120	69.88	2,306,987	3,718,320	
1992/01		1.00	2.0117	2.0117		120	69.88	2,353,397	3,793,080	
1992/07		1.00	1.8152	1.8152		120	69.88	2,396,116	3,861,960	
1993/01		1.00	1.7710	1.7710		120	69.88	2,438,551	3,930,360	
1993/07		1.00	1.5329	1.5329		120	66.91	2,475,932	3,990,600	
1994/01		1.00	1.6983	1.6983		120	66.91	2,517,981	4,058,400	
1994/07		1.00	1.5991	1.5991		120	64.21	2,558,246	4,123,320	
1995/01		1.00	1.5812	1.5812		120	64.21	2,598,697	4,188,480	
1995/07		1.00	1.5250	1.5250		120	68.34	2,638,327	4,252,320	
1996/01		1.00	1.7228	1.7228		120	68.34	2,683,780	4,325,640	
1996/07	141,517	1.00	1.3294	1.3294		120	57.40	2,860,975	4,383,120	



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: 7/31/2013

0 253014-00 - 2015/01

213.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/01		1.00	1.4109	1.4109		120	57.40	2,901,340	4,444,920	
1997/07	51,397	1.00	1.0917	1.0917		120	57.37	2,984,411	4,493,400	
1998/01		1.00	1.1663	1.1663		120	57.37	3,019,218	4,545,840	
1998/07	34,534	1.00	1.0794	1.0794		120	64.55	3,086,341	4,594,920	
1999/01		1.00	1.4499	1.4499		120	64.55	3,131,090	4,661,520	
1999/07		1.00	1.2299	1.2299		120	75.34	3,169,599	4,718,880	
2000/01		1.00	1.3356	1.3356		120	75.34	3,211,932	4,781,880	
2000/07	30,168	1.00	1.1129	1.1129		120	76.04	3,242,100	4,835,040	5
2001/01		1.00	1.2976	1.2976		120	76.04	3,320,379	4,897,800	
2001/07	42,988	1.00	0.9615	0.9615		120	79.83	3,395,292	4,944,840	
2002/01	85,621	1.00	1.0301	1.0301		120	76.10	3,515,888	4,995,720	
2002/07		0.95	0.8337	0.8337		120	76.10	3,543,734	5,037,360	
2003/01	28,140	0.95	1.3271	1.3271		120	79.34	3,616,550	5,104,200	
2003/07		0.90	1.1664	1.1664		120	79.34	3,654,517	5,163,720	
2004/01		0.90	1.1103	1.1103		120	77.63	3,691,037	5,221,080	
2004/07		0.85	0.8378	0.8378		120	77.63	3,717,321	5,264,880	
2005/01	29,196	0.85	0.8595	0.8595		120	78.92	3,773,676	5,310,120	
2005/07		0.80	0.7364	0.7364		120	78.92	3,795,907	5,349,240	
2006/01		0.80	0.9068	0.9068		120	78.92	3,823,443	5,397,720	
2006/07	72,559	0.75	0.8133	0.8133		120	79.54	3,919,325	5,441,640	
2007/01		0.75	1.0133	1.0133		120	79.54	3,949,112	5,496,720	
2007/07	25,464	0.70	1.1050	1.1050		120	72.21	4,005,122	5,557,440	
2008/01		0.70	0.8556	0.8556		120	72.21	4,029,109	5,604,960	
2008/07		0.65	0.6104	0.6104		120	71.58	4,045,097	5,639,160	
2009/01		0.65	1.3268	1.3268		120	71.58	4,079,982	5,714,040	
2009/07	37,399	0.60	0.6841	0.6841		120	72.77	4,134,129	5,753,160	
2010/01	33,632	0.60	0.8643	0.8643		120	81.44	4,189,201	5,802,840	
2010/07		0.55	0.7107	0.7107		120	81.44	4,205,577	5,844,120	
2011/01		0.55	0.9198	0.9198		120	81.44	4,226,853	5,897,880	
2011/07		0.50	0.9028	0.9028		120	80.95	4,245,933	5,951,160	



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: 7/31/2013

0 253014-00 - 2015/01

213.11

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2012/01		0.50	0.3865	0.3865		120	80.95	4,254,140	5,974,200	
2012/07	45,108	0.45	0.9417	0.9417		120	81.99	4,317,277	6,030,480	
2013/01		0.45	0.4901	0.4901		120	81.99	4,326,797	6,060,000	
2013/07		0.40	0.6196	0.6196		120	79.61	4,337,519	6,097,560	
2014/01		0.40	0.8564	0.8564		120	79.61	4,352,379	6,149,760	
2014/07		0.35	1.2383	1.2383		120	80.58	4,371,242	6,225,960	
2015/01		0.35	0.7571	0.7571		120	80.58	4,382,826	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 253430-00 - 2015/01

203.02

Sunset Point Care & 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
1980 SUNSET POINT RD	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
CLEARWATER, FL 33765-1132	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 42,019	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,910	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,066	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	54.89421%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	95.93379%	Cost: 1.05323681
Open Date: 06/01/1980	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 06/01/1980	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20949917
Entered Medicaid 05/01/1984	Low Occupancy Adjustment Factor:	122.50313%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 201839			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	846,914	1,907,629	821,094	928,407		4,504,044	
1a	Audit Adjustments							
2	Cost Per Diem	36.7170	82.7031	35.5976	40.2500		195.2677	
3	Cost Per Diem Inflated	38.6717	85.7798	37.4927				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	38.6717	85.7798	37.4927	40.2500		202.1942	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.5214		54.4474				
7	Provider Target Rate	47.1884		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	38.6717	85.7798	37.4927	13.6500		175.5942	
12/13	Medical Adjustment Rate		0.4723	0.2064				
14	Prospective Per Diem 11	38.6717	86.2521	37.6991	13.6500		176.2729	
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 253430-00 - 2015/01

203.02

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

Sunset Point Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,365,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable	80% Capital(1):	2,967,836	8.5694
Indexed Asset Value	3,709,795	<60% of Base:	False	20% ROE(2):	741,959	0.2823
FRVS Base Asset:	1,921,442	Interest Rate:	10.6500%	Insurance Cost(3):	9,309	0.2215
Occup Adj Factor	0.9000	Chase Rate:	7.7500%	Taxes Cost(3):	49,946	1.1887
ROE Factor	0.015000	Amortization Rate:	9.7500%	Home Office(3):	31,165	0.7417
		Interest Only:	False	Replacement(3&4):	19,225	0.0000
		Yearly Payment:	337,805	Total FRVS PD:		11.0036

- (1) 80% Capital (\$2,967,836) amortized at 9.7500 % for 20 years Principal & Interest of \$337,805 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.5694
- (2) 20% ROE (\$741,959) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.2823
- (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	38.6717	38.6717	0.6728	37.9989
Direct Care	86.2521	86.2521	1.5006	84.7515
Indirect Care	37.6991	37.6991	0.6559	37.0432
Property	13.6500	11.0036	0.1914	10.8122
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				22.5080
Supplemental Rate Add-on				9.9025
Totals	176.2729	173.6265	3.0207	203.0163

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: 7/31/2013

0 253430-00 - 2015/01

203.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1980/01	1,869,176	0.00	6.1657	3.0000	3.1657	120		1,869,176	2,620,920	
1980/07		0.10	6.9764	3.0000	3.9764	120		1,869,176	2,720,760	
1981/01		0.10	7.8004	3.0000	4.8004	120		1,869,176	2,824,800	
1981/07		0.20	7.3892	3.0000	4.3892	120		1,869,176	2,897,880	
1982/01		0.20	7.0652	3.0000	4.0652	120		1,869,176	2,975,520	
1982/07		0.30	6.3629	3.0000	3.3629	120		1,869,176	3,043,800	
1983/04		0.30	5.9917	3.0000	2.9917	120		1,869,176	3,123,840	
1983/07		0.40	6.9495	3.0000	3.9495	120		1,869,176	3,247,440	
1984/01		0.40	5.2447	3.0000	2.2447	120	30.37	1,881,562	3,289,560	
1984/07		0.50	4.1626	3.0000	1.1626	120	30.37	1,897,146	3,352,680	
1985/01		0.50	2.3097	2.3097		120	42.16	1,913,941	3,391,080	
1985/10		0.60	0.8522	0.8522		120	42.16	1,921,442	3,420,000	
1986/01		0.60	0.8299	0.8299		120	42.16	1,928,775	3,448,440	
1986/07		0.70	0.2974	0.2974		120	42.16	1,931,853	3,441,840	
1987/01		0.70	1.0091	1.0091		120	42.16	1,942,314	3,503,400	
1987/07		0.80	0.9007	0.9007		120	43.04	1,953,267	3,530,760	
1988/01	24,350	0.80	0.9007	0.9007		120	43.04	1,988,632	3,559,440	
1988/07	20,770	0.90	0.5899	0.5899		120	43.60	2,017,771	3,557,520	
1989/01		0.90	0.5899	0.5899		120	43.60	2,026,263	3,578,520	
1989/07		1.00	0.5899	0.5899		120	45.80	2,036,217	3,602,760	
1990/01		1.00	0.5899	0.5899		120	45.80	2,046,219	3,620,880	
1990/07		1.00	0.5899	0.5899		120	45.80	2,056,271	3,642,240	
1991/01		1.00	0.5899	0.5899		120	45.80	2,056,271	3,663,600	5
1991/07		1.00	1.4932	1.4932		120	45.80	2,066,372	3,718,320	5
1992/01		1.00	2.0117	2.0117		120	45.80	2,127,112	3,793,080	
1992/07		1.00	1.8152	1.8152		120	45.80	2,159,265	3,861,960	
1993/01		1.00	1.7710	1.7710		120	45.80	2,191,109	3,930,360	
1993/07		1.00	1.5329	1.5329		120	46.03	2,219,219	3,990,600	
1994/01		1.00	1.6983	1.6983		120	46.03	2,250,761	4,058,400	
1994/07		1.00	1.5991	1.5991		120	45.99	2,280,857	4,123,320	



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: 7/31/2013

0 253430-00 - 2015/01

203.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1995/01		1.00	1.5812	1.5812		120	45.99	2,311,014	4,188,480	
1995/07		1.00	1.5250	1.5250		120	49.76	2,342,899	4,252,320	
1996/01		1.00	1.7228	1.7228		120	49.76	2,379,417	4,325,640	
1996/07	145,977	1.00	1.3294	1.3294		120	52.47	2,555,571	4,383,120	
1997/01		1.00	1.4109	1.4109		120	52.47	2,589,969	4,444,920	
1997/07		1.00	1.0917	1.0917		120	55.86	2,618,244	4,493,400	
1998/01		1.00	1.1663	1.1663		120	55.86	2,648,781	4,545,840	
1998/07		1.00	1.0794	1.0794		120	59.30	2,648,781	4,594,920	5
1999/01		1.00	1.4499	1.4499		120	59.30	2,716,191	4,661,520	
1999/07		1.00	1.2299	1.2299		120	63.66	2,749,597	4,718,880	
2000/01		1.00	1.3356	1.3356		120	63.66	2,786,321	4,781,880	
2000/07	24,685	0.95	1.1129	1.1129		120	66.54	2,840,466	4,835,040	
2001/01		0.95	1.2976	1.2976		120	66.54	2,875,480	4,897,800	
2001/07		0.90	0.9615	0.9615		120	65.82	2,900,364	4,944,840	
2002/01	16,844	0.90	1.0301	1.0301		120	63.56	2,944,097	4,995,720	
2002/07		0.85	0.8337	0.8337		120	63.56	2,964,959	5,037,360	
2003/01	18,062	0.85	1.3271	1.3271		120	67.41	3,016,466	5,104,200	
2003/07		0.80	1.1664	1.1664		120	67.41	3,044,613	5,163,720	
2004/01		0.80	1.1103	1.1103		120	66.47	3,071,655	5,221,080	
2004/07		0.75	0.8378	0.8378		120	66.47	3,090,957	5,264,880	
2005/01	17,703	0.75	0.8595	0.8595		120	69.07	3,128,584	5,310,120	
2005/07		0.70	0.7364	0.7364		120	69.07	3,144,712	5,349,240	
2006/01	78,977	0.70	0.9068	0.9068		120	68.43	3,243,652	5,397,720	
2006/07		0.65	0.8133	0.8133		120	68.43	3,260,798	5,441,640	
2007/01		0.65	1.0133	1.0133		120	68.43	3,282,274	5,496,720	
2007/07	42,856	0.60	1.1050	1.1050		120	65.76	3,346,891	5,557,440	
2008/01		0.60	0.8556	0.8556		120	65.76	3,364,074	5,604,960	
2008/07		0.55	0.6104	0.6104		120	59.02	3,375,367	5,639,160	
2009/01		0.55	1.3268	1.3268		120	59.02	3,399,997	5,714,040	
2009/07	136,730	0.50	0.6841	0.6841		120	58.04	3,548,358	5,753,160	



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: 7/31/2013

0 253430-00 - 2015/01

203.02

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2010/01		0.50	0.8643	0.8643		120	58.04	3,563,694	5,802,840	
2010/07	31,794	0.45	0.7107	0.7107		120	53.48	3,606,570	5,844,120	
2011/01		0.45	0.9198	0.9198		120	53.48	3,621,085	5,897,880	
2011/07	18,003	0.40	0.9028	0.9028		120	50.58	3,651,113	5,951,160	
2012/01		0.40	0.3865	0.3865		120	56.75	3,656,758	5,974,200	
2012/07		0.35	0.9417	0.9417		120	56.75	3,668,811	6,030,480	
2013/01		0.35	0.4901	0.4901		120	56.75	3,675,103	6,060,000	
2013/07		0.30	0.6196	0.6196		120	58.67	3,681,935	6,097,560	
2014/01		0.30	0.8564	0.8564		120	58.67	3,691,394	6,149,760	
2014/07		0.25	1.2383	1.2383		120	54.89	3,702,800	6,225,960	
2015/01		0.25	0.7571	0.7571		120	54.89	3,709,795	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: 253430073120130801201204022014142627



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 253448-00 - 2015/01

211.13

Bay Tree Care & 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
2600 HIGHLANDS BLVD N	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
PALM HARBOR, FL 34684-2114	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 40,258	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 3,511	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 23,172	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	57.55875%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.91324%	Cost: 1.05323681
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: 1.20949917
Entered Medicaid 09/01/1982	Low Occupancy Adjustment Factor:	117.36906%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 201782			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	880,716	1,953,708	909,624	705,819		4,449,867	
1a	Audit Adjustments							
2	Cost Per Diem	38.0078	84.3133	39.2553	30.4600		192.0364	
3	Cost Per Diem Inflated	40.0312	87.4499	41.3451				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	40.0312	87.4499	41.3451	30.4600		199.2862	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	48.1788		55.5394				
7	Provider Target Rate	49.9432		57.5733				
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	40.0312	87.4499	41.3451	13.6500		182.4762	
12/13	Medical Adjustment Rate		0.7436	0.3516				
14	Prospective Per Diem 11	40.0312	88.1935	41.6967	13.6500		183.5714	
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 253448-00 - 2015/01

211.13

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

Bay Tree Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	01/01/2007	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable	80% Capital(1):	3,193,360	8.1311
Indexed Asset Value	3,991,700	<60% of Base:	False	20% ROE(2):	798,340	0.3038
FRVS Base Asset:	1,845,021	Interest Rate:	8.0000%	Insurance Cost(3):	8,675	0.2155
Occup Adj Factor	0.9000	Chase Rate:	8.2500%	Taxes Cost(3):	52,217	1.2971
ROE Factor	0.015000	Amortization Rate:	8.0000%	Home Office(3):	27,763	0.6896
		Interest Only:	False	Replacement(3&4):	57,656	0.0000
		Yearly Payment:	320,527	Total FRVS PD:		10.6371

- (1) 80% Capital (\$3,193,360) amortized at 8.0000 % for 20 years Principal & Interest of \$320,527 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$8.1311
 (2) 20% ROE (\$798,340) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3038
 (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	40.0312	40.0312	0.6964	39.3348
Direct Care	88.1935	88.1935	1.5344	86.6591
Indirect Care	41.6967	41.6967	0.7254	40.9713
Property	13.6500	10.6371	0.1851	10.4520
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				23.8106
Supplemental Rate Add-on				9.9025
Totals	183.5714	180.5585	3.1413	211.1303

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: 7/31/2013

0 253448-00 - 2015/01

211.13

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	1,827,389	0.00	2.2977	2.2977		120	27.14	1,827,389	3,043,800	
1983/04		0.10	2.6288	2.6288		120	24.53	1,827,389	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	24.53	1,827,389	3,247,440	
1984/01		0.20	2.2530	2.2530		120	36.03	1,832,783	3,289,560	
1984/07		0.20	1.9179	1.9179		120	36.03	1,837,389	3,352,680	
1985/01		0.30	1.1471	1.1471		120	38.05	1,841,763	3,391,080	
1985/10		0.30	0.8522	0.8522		120	38.05	1,845,021	3,420,000	
1986/01		0.40	0.8299	0.8299		120	38.05	1,849,259	3,448,440	
1986/07		0.40	0.2974	0.2974		120	38.05	1,850,781	3,441,840	
1987/01		0.50	1.0091	1.0091		120	38.05	1,857,242	3,503,400	
1987/07		0.50	0.9007	0.9007		120	37.30	1,862,915	3,530,760	
1988/01	19,838	0.60	0.9007	0.9007		120	37.30	1,889,580	3,559,440	
1988/07		0.60	0.5899	0.5899		120	39.80	1,894,419	3,557,520	
1989/01	19,162	0.70	0.5899	0.5899		120	39.80	1,919,241	3,578,520	
1989/07		0.70	0.5899	0.5899		120	50.21	1,926,475	3,602,760	
1990/01		0.80	0.5899	0.5899		120	50.21	1,934,774	3,620,880	
1990/07		0.80	0.5899	0.5899		120	50.21	1,943,109	3,642,240	
1991/01		0.90	0.5899	0.5899		120	50.21	1,952,527	3,663,600	
1991/07		0.90	1.4932	1.4932		120	50.21	1,976,482	3,718,320	
1992/01		1.00	2.0117	2.0117		120	50.21	2,012,780	3,793,080	
1992/07		1.00	1.8152	1.8152		120	50.21	2,046,134	3,861,960	
1993/01		1.00	1.7710	1.7710		120	50.21	2,079,215	3,930,360	
1993/07	46,186	1.00	1.5329	1.5329		120	55.43	2,157,273	3,990,600	
1994/01		1.00	1.6983	1.6983		120	55.43	2,193,910	4,058,400	
1994/07		1.00	1.5991	1.5991		120	55.45	2,228,993	4,123,320	
1995/01		1.00	1.5812	1.5812		120	55.45	2,264,238	4,188,480	
1995/07		1.00	1.5250	1.5250		120	56.94	2,298,768	4,252,320	
1996/01		1.00	1.7228	1.7228		120	56.94	2,338,371	4,325,640	
1996/07	149,392	1.00	1.3294	1.3294		120	57.71	2,487,763	4,383,120	5
1997/01		1.00	1.4109	1.4109		120	57.71	2,518,849	4,444,920	5



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: 7/31/2013

0 253448-00 - 2015/01

211.13

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	111,019	1.00	1.0917	1.0917		120	57.77	2,693,292	4,493,400	
1998/01		1.00	1.1663	1.1663		120	57.77	2,724,704	4,545,840	
1998/07	38,979	1.00	1.0794	1.0794		120	58.85	2,793,093	4,594,920	
1999/01		1.00	1.4499	1.4499		120	58.85	2,793,093	4,661,520	5
1999/07		1.00	1.2299	1.2299		120	67.63	2,868,440	4,718,880	
2000/01		1.00	1.3356	1.3356		120	67.63	2,906,751	4,781,880	
2000/07	19,046	1.00	1.1129	1.1129		120	67.85	2,958,146	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.85	2,996,531	4,897,800	
2001/07	70,070	1.00	0.9615	0.9615		120	67.88	3,095,413	4,944,840	
2002/01		1.00	1.0301	1.0301		120	62.89	3,127,299	4,995,720	
2002/07		1.00	0.8337	0.8337		120	62.89	3,153,371	5,037,360	
2003/01		0.95	1.3271	1.3271		120	59.36	3,193,126	5,104,200	
2003/07		0.95	1.1664	1.1664		120	59.36	3,228,509	5,163,720	
2004/01		0.90	1.1103	1.1103		120	65.79	3,260,771	5,221,080	
2004/07		0.90	0.8378	0.8378		120	65.79	3,285,357	5,264,880	
2005/01	64,938	0.85	0.8595	0.8595		120	68.90	3,374,298	5,310,120	
2005/07		0.85	0.7364	0.7364		120	68.90	3,395,418	5,349,240	
2006/01		0.80	0.9068	0.9068		120	68.90	3,420,048	5,397,720	
2006/07	54,370	0.80	0.8133	0.8133		120	69.59	3,496,669	5,441,640	
2007/01		0.75	1.0133	1.0133		120	69.59	3,523,244	5,496,720	
2007/07	69,533	0.75	1.1050	1.1050		120	71.53	3,621,978	5,557,440	
2008/01		0.70	0.8556	0.8556		120	71.53	3,643,670	5,604,960	
2008/07		0.70	0.6104	0.6104		120	70.88	3,659,239	5,639,160	
2009/01		0.65	1.3268	1.3268		120	70.88	3,690,796	5,714,040	
2009/07	19,104	0.65	0.6841	0.6841		120	72.84	3,726,313	5,753,160	
2010/01		0.60	0.8643	0.8643		120	72.84	3,745,638	5,802,840	
2010/07	38,695	0.60	0.7107	0.7107		120	66.96	3,800,304	5,844,120	
2011/01	23,418	0.55	0.9198	0.9198		120	64.79	3,842,948	5,897,880	
2011/07		0.55	0.9028	0.9028		120	64.79	3,862,028	5,951,160	
2012/01		0.50	0.3865	0.3865		120	64.79	3,869,493	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: 7/31/2013

0 253448-00 - 2015/01

211.13

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	40,651	0.50	0.9417	0.9417		120	69.13	3,928,365	6,030,480	
2013/01		0.45	0.4901	0.4901		120	69.13	3,937,027	6,060,000	
2013/07		0.45	0.6196	0.6196		120	72.04	3,948,003	6,097,560	
2014/01		0.40	0.8564	0.8564		120	72.04	3,961,529	6,149,760	
2014/07		0.40	1.2383	1.2383		120	57.56	3,981,150	6,225,960	
2015/01		0.35	0.7571	0.7571		120	57.56	3,991,700	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: 253448073120130801201204022014104305



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 253456-00 - 2015/01

219.96

Hawthorne Health & Rehab of 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
4100 SW 33RD AVE	7/1/2013-6/30/2014	Number of Beds: 120	Superior: 0
OCALA, FL 34474	Days in CR 365	Maximum: 43,800	Standard: 243
County: Marion [42]	First Used : 2015/01	Max Annualized: 43,800	Conditional: 0
Region: North Area: 3	Last Used: 2015/01	Total Patient: 39,984	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 6,317	Inflation
Current Class North Large	Initial CR? False	Medicaid: 20,674	FY Index: 1.32215372
Class at 1/94: North Large	Medical Utilization	51.70568%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.28767%	Cost: 1.03741261
Open Date: 03/04/1988	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/04/1988	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.22300000
Entered Medicaid 03/04/1988	Low Occupancy Adjustment Factor:	116.57024%	DC Sem Index: 1.25449501
Med # Active Date: 12/07/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.02575226
Previous Med # 204188			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	841,639	1,616,660	1,049,977	464,958		3,973,234	
1a	Audit Adjustments							
2	Cost Per Diem	40.7100	78.1978	50.7873	22.4900		192.1851	
3	Cost Per Diem Inflated	42.2331	80.2116	52.6874				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	42.2331	80.2116	52.6874	22.4900		197.6221	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	46.5948		60.7814				
7	Provider Target Rate	48.3011		63.0073				
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	42.2331	80.2116	52.6874	13.6500		188.7821	
12/13	Medical Adjustment Rate		0.1539	0.1011				
14	Prospective Per Diem 11	42.2331	80.3655	52.7885	13.6500		189.0371	
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 253456-00 - 2015/01

219.96

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

Hawthorne Health & Rehab of Ocala

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	03/04/1988	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	3,020,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	4,820,791	13.7410
RS to Start Calcs:	1988/01	<60% of Base:	False	20% ROE(2):	1,205,198	0.6943
Indexed Asset Value	6,025,989	Interest Rate:	10.1800%	Insurance Cost(3):	85,047	2.1270
FRVS Base Asset:	1,765,380	Chase Rate:	7.5645%	Taxes Cost(3):	90,286	2.2581
Occup Adj Factor	0.9000	Amortization Rate:	9.5645%	Home Office(3):	0	0.0000
ROE Factor	0.022710	Interest Only:	False	Replacement(3&4):	518,287	0.0000
		Yearly Payment:	541,672	Total FRVS PD:		18.8204

- (1) 80% Capital (\$4,820,791) amortized at 9.5645 % for 20 years Principal & Interest of \$541,672 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$13.7410
 (2) 20% ROE (\$1,205,198) times the ROE factor (0.022710) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.6943
 (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	42.2331	42.2331	0.7348	41.4983
Direct Care	80.3655	80.3655	1.3982	78.9673
Indirect Care	52.7885	52.7885	0.9184	51.8701
Property	13.6500	18.8204	0.3274	18.4930
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				19.2252
Supplemental Rate Add-on				9.9025
Totals	189.0371	194.2075	3.3788	219.9564

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 253456-00 - 2015/01

219.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1988/01	1,844,721	0.00	0.9007	0.9007		60	62.09	1,765,380	1,765,380	1
1988/07	15,744	0.10	0.5899	0.5899		60	62.09	1,782,166	1,778,760	
1989/01		0.10	0.5899	0.5899		60	62.09	1,783,217	1,789,260	
1989/07		0.20	0.5899	0.5899		60	62.09	1,785,321	1,801,380	
1990/01		0.20	0.5899	0.5899		60	62.09	1,787,428	1,810,440	
1990/07		0.30	0.5899	0.5899		60	62.09	1,790,592	1,821,120	
1991/01		0.30	0.5899	0.5899		60	58.33	1,793,761	1,831,800	
1991/07		0.40	1.4932	1.4932		60	70.29	1,804,475	1,859,160	
1992/01		0.40	2.0117	2.0117		120	70.29	1,818,996	3,793,080	
1992/07	1,717,199	0.50	1.8152	1.8152		120	70.29	3,552,704	3,861,960	
1993/01		0.50	1.7710	1.7710		120	70.29	3,584,163	3,930,360	
1993/07		0.60	1.5329	1.5329		120	70.29	3,617,127	3,990,600	
1994/01		0.60	1.6983	1.6983		120	70.29	3,653,986	4,058,400	
1994/07		0.70	1.5991	1.5991		120	70.29	3,694,889	4,123,320	
1995/01		0.70	1.5812	1.5812		120	70.79	3,735,784	4,188,480	
1995/07		0.80	1.5250	1.5250		120	70.79	3,781,361	4,252,320	
1996/01		0.80	1.7228	1.7228		120	64.49	3,833,476	4,325,640	
1996/07		0.90	1.3294	1.3294		120	65.17	3,879,344	4,383,120	
1997/01		0.90	1.4109	1.4109		120	65.17	3,928,604	4,444,920	
1997/07		1.00	1.0917	1.0917		120	57.93	3,971,493	4,493,400	
1998/01		1.00	1.1663	1.1663		120	57.93	4,017,813	4,545,840	
1998/07	18,240	1.00	1.0794	1.0794		120	59.18	4,079,421	4,594,920	
1999/01		1.00	1.4499	1.4499		120	59.18	4,138,569	4,661,520	
1999/07	38,888	1.00	1.2299	1.2299		120	64.78	4,228,357	4,718,880	
2000/01	17,389	1.00	1.3356	1.3356		120	63.95	4,302,220	4,781,880	
2000/07		1.00	1.1129	1.1129		120	63.95	4,350,099	4,835,040	
2001/01		1.00	1.2976	1.2976		120	67.74	4,406,546	4,897,800	
2001/07		1.00	0.9615	0.9615		120	71.79	4,448,915	4,944,840	
2002/01	80,251	1.00	1.0301	1.0301		120	71.79	4,574,994	4,995,720	
2002/07		1.00	0.8337	0.8337		120	71.79	4,613,136	5,037,360	



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 253456-00 - 2015/01

219.96

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2003/01		1.00	1.3271	1.3271		120	71.79	4,674,357	5,104,200	
2003/07		1.00	1.1664	1.1664		120	71.79	4,728,879	5,163,720	
2004/01		1.00	1.1103	1.1103		120	71.79	4,781,384	5,221,080	
2004/07		1.00	0.8378	0.8378		120	71.79	4,821,442	5,264,880	
2005/01		1.00	0.8595	0.8595		120	73.09	4,862,882	5,310,120	
2005/07		1.00	0.7364	0.7364		120	73.09	4,898,692	5,349,240	
2006/01	53,555	1.00	0.9068	0.9068		120	61.88	4,996,668	5,397,720	
2006/07		1.00	0.8133	0.8133		120	61.88	5,037,306	5,441,640	
2007/01	50,467	1.00	1.0133	1.0133		120	65.32	5,138,816	5,496,720	
2007/07		1.00	1.1050	1.1050		120	65.32	5,195,600	5,557,440	
2008/01		1.00	0.8556	0.8556		120	59.67	5,240,054	5,604,960	
2008/07	27,458	0.95	0.6104	0.6104		120	57.97	5,297,899	5,639,160	
2009/01		0.95	1.3268	1.3268		120	57.97	5,364,679	5,714,040	
2009/07		0.90	0.6841	0.6841		120	57.97	5,397,709	5,753,160	
2010/01	29,700	0.90	0.8643	0.8643		120	59.44	5,469,398	5,802,840	
2010/07		0.85	0.7107	0.7107		120	59.44	5,502,439	5,844,120	
2011/01		0.85	0.9198	0.9198		120	68.89	5,545,457	5,897,880	
2011/07		0.80	0.9028	0.9028		120	68.89	5,585,506	5,951,160	
2012/01	36,840	0.80	0.3865	0.3865		120	65.64	5,639,616	5,974,200	
2012/07		0.75	0.9417	0.9417		120	65.64	5,679,449	6,030,480	
2013/01		0.75	0.4901	0.4901		120	65.64	5,700,327	6,060,000	
2013/07	26,624	0.70	0.6196	0.6196		120	64.07	5,751,673	6,097,560	
2014/01	146,672	0.70	0.8564	0.8564		120	58.16	5,932,826	6,149,760	
2014/07		0.65	1.2383	1.2383		120	58.16	5,980,579	6,225,960	
2015/01	17,740	0.65	0.7571	0.7571		120	51.71	6,025,989	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 253464-00 - 2015/01

214.77

West Bay Care & 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
3865 TAMPA RD	8/1/2012-7/31/2013	Number of Beds: 120	Superior: 0
OLDSMAR, FL 34677	Days in CR 365	Maximum: 43,800	Standard: 243
County: Pinellas [52]	First Used : 2014/07	Max Annualized: 43,800	Conditional: 0
Region: Central Area: 5	Last Used: 2015/01	Total Patient: 39,953	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,580	Inflation
Current Class Central Large	Initial CR? False	Medicaid: 25,787	FY Index: 1.30228922
Class at 1/94: North Large	Medical Utilization	64.54334%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	91.21689%	Cost: 1.05323681
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: 1.20949917
Entered Medicaid 09/01/1982	Low Occupancy Adjustment Factor:	116.47986%	DC Sem Index: 1.25449501
Med # Active Date: 11/01/2001	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03720204
Previous Med # 201693			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	969,626	2,218,049	1,033,273	841,430		5,062,378	
1a	Audit Adjustments							
2	Cost Per Diem	37.6013	86.0142	40.0695	32.6300		196.3150	
3	Cost Per Diem Inflated	39.6031	89.2141	42.2027				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	39.6031	89.2141	42.2027	32.6300		203.6499	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	45.0405		58.1807				
7	Provider Target Rate	46.6899		60.3113				
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	39.6031	89.2141	42.2027	13.6500		184.6699	
12/13	Medical Adjustment Rate		1.4597	0.6905				
14	Prospective Per Diem 11	39.6031	90.6738	42.8932	13.6500		186.8201	
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 253464-00 - 2015/01

214.77

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

West Bay Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS:	10/01/1998	Mortgage Information		Calculation of FRVS Per Diem		
		Amount:	2,100,000.00	Total Amount	Per Diem	
Year of Phase-In/Full:		Type:	Variable	80% Capital(1):	3,778,178	10.9092
RS to Start Calcs:	1982/07	<60% of Base:	False	20% ROE(2):	944,545	0.3594
Indexed Asset Value	4,722,723	Interest Rate:	10.6500%	Insurance Cost(3):	8,967	0.2244
FRVS Base Asset:	2,238,197	Chase Rate:	7.7500%	Taxes Cost(3):	49,877	1.2484
Occup Adj Factor	0.9000	Amortization Rate:	9.7500%	Home Office(3):	30,109	0.7536
ROE Factor	0.015000	Interest Only:	False	Replacement(3&4):	53,451	0.0000
		Yearly Payment:	430,040	Total FRVS PD:		13.4950

- (1) 80% Capital (\$3,778,178) amortized at 9.7500 % for 20 years Principal & Interest of \$430,040 divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$10.9092
- (2) 20% ROE (\$944,545) times the ROE factor (0.015000) divided by annual available days (43800) divided by Occup. Adj. (0.90) = \$0.3594
- (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	39.6031	39.6031	0.6890	38.9141
Direct Care	90.6738	90.6738	1.5775	89.0963
Indirect Care	42.8932	42.8932	0.7462	42.1470
Property	13.6500	13.4950	0.2348	13.2602
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				21.4539
Supplemental Rate Add-on				9.9025
Totals	186.8201	186.6651	3.2475	214.7740

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: 7/31/2013

0 253464-00 - 2015/01

214.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1982/07	2,194,793	0.00	2.2977	2.2977		120	39.78	2,194,793	3,043,800	
1983/04	8,484	0.10	2.6288	2.6288		120	39.78	2,207,450	3,123,840	
1983/07		0.10	3.9578	3.0000	0.9578	120	39.78	2,212,240	3,247,440	
1984/01		0.20	2.2530	2.2530		120	44.81	2,220,361	3,289,560	
1984/07		0.20	1.9179	1.9179		120	44.81	2,227,300	3,352,680	
1985/01		0.30	1.1471	1.1471		120	44.81	2,233,544	3,391,080	
1985/10		0.30	0.8522	0.8522		120	44.81	2,238,197	3,420,000	
1986/01		0.40	0.8299	0.8299		120	44.81	2,244,251	3,448,440	
1986/07		0.40	0.2974	0.2974		120	51.00	2,246,727	3,441,840	
1987/01		0.50	1.0091	1.0091		120	51.71	2,257,386	3,503,400	
1987/07		0.50	0.9007	0.9007		120	51.71	2,266,945	3,530,760	
1988/01	17,291	0.60	0.9007	0.9007		120	51.71	2,295,754	3,559,440	
1988/07	15,618	0.60	0.5899	0.5899		120	57.67	2,319,497	3,557,520	
1989/01	14,616	0.70	0.5899	0.5899		120	57.67	2,343,690	3,578,520	
1989/07		0.70	0.5899	0.5899		120	69.04	2,353,367	3,602,760	
1990/01		0.80	0.5899	0.5899		120	69.04	2,364,473	3,620,880	
1990/07		0.80	0.5899	0.5899		120	69.04	2,375,631	3,642,240	
1991/01		0.90	0.5899	0.5899		120	69.04	2,388,243	3,663,600	
1991/07	9,581	0.90	1.4932	1.4932		120	69.04	2,429,920	3,718,320	
1992/01		1.00	2.0117	2.0117		120	69.04	2,478,803	3,793,080	
1992/07		1.00	1.8152	1.8152		120	69.04	2,523,798	3,861,960	
1993/01		1.00	1.7710	1.7710		120	69.04	2,568,494	3,930,360	
1993/07		1.00	1.5329	1.5329		120	68.31	2,607,866	3,990,600	
1994/01		1.00	1.6983	1.6983		120	68.31	2,652,155	4,058,400	
1994/07		1.00	1.5991	1.5991		120	53.24	2,693,208	4,123,320	
1995/01		1.00	1.5812	1.5812		120	53.24	2,734,430	4,188,480	
1995/07	19,070	1.00	1.5250	1.5250		120	48.56	2,790,317	4,252,320	
1996/01		1.00	1.7228	1.7228		120	48.56	2,790,317	4,325,640	5
1996/07	150,366	1.00	1.3294	1.3294		120	50.89	3,017,971	4,383,120	
1997/01		1.00	1.4109	1.4109		120	50.89	3,057,370	4,444,920	



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: 7/31/2013

0 253464-00 - 2015/01

214.77

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1997/07	128,326	1.00	1.0917	1.0917		120	61.47	3,219,073	4,493,400	
1998/01		1.00	1.1663	1.1663		120	61.47	3,256,617	4,545,840	
1998/07	19,004	1.00	1.0794	1.0794		120	59.71	3,310,773	4,594,920	
1999/01		1.00	1.4499	1.4499		120	59.71	3,358,776	4,661,520	
1999/07	76,253	1.00	1.2299	1.2299		120	60.78	3,476,339	4,718,880	
2000/01		1.00	1.3356	1.3356		120	60.78	3,522,769	4,781,880	
2000/07	33,207	1.00	1.1129	1.1129		120	66.70	3,595,181	4,835,040	
2001/01		1.00	1.2976	1.2976		120	66.70	3,641,832	4,897,800	
2001/07		1.00	0.9615	0.9615		120	70.01	3,676,848	4,944,840	
2002/01		1.00	1.0301	1.0301		120	69.86	3,714,723	4,995,720	
2002/07		1.00	0.8337	0.8337		120	69.86	3,745,693	5,037,360	
2003/01	25,425	0.95	1.3271	1.3271		120	71.89	3,818,340	5,104,200	
2003/07		0.95	1.1664	1.1664		120	71.89	3,860,651	5,163,720	
2004/01		0.90	1.1103	1.1103		120	69.11	3,899,230	5,221,080	
2004/07		0.90	0.8378	0.8378		120	69.11	3,928,630	5,264,880	
2005/01	47,099	0.85	0.8595	0.8595		120	67.94	4,004,432	5,310,120	
2005/07		0.85	0.7364	0.7364		120	67.94	4,029,496	5,349,240	
2006/01	158,841	0.80	0.9068	0.9068		120	69.08	4,217,567	5,397,720	
2006/07		0.80	0.8133	0.8133		120	69.08	4,245,006	5,441,640	
2007/01		0.75	1.0133	1.0133		120	69.08	4,277,268	5,496,720	
2007/07	21,730	0.75	1.1050	1.1050		120	65.50	4,334,448	5,557,440	
2008/01		0.70	0.8556	0.8556		120	65.50	4,360,407	5,604,960	
2008/07		0.70	0.6104	0.6104		120	63.77	4,379,039	5,639,160	
2009/01		0.65	1.3268	1.3268		120	63.77	4,416,804	5,714,040	
2009/07	64,368	0.65	0.6841	0.6841		120	62.13	4,500,814	5,753,160	
2010/01		0.60	0.8643	0.8643		120	62.13	4,524,155	5,802,840	
2010/07	27,697	0.60	0.7107	0.7107		120	56.45	4,571,143	5,844,120	
2011/01		0.55	0.9198	0.9198		120	56.45	4,594,268	5,897,880	
2011/07		0.55	0.9028	0.9028		120	59.72	4,617,079	5,951,160	
2012/01		0.50	0.3865	0.3865		120	61.93	4,626,004	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: 7/31/2013

0 253464-00 - 2015/01

214.77

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		0.50	0.9417	0.9417		120	61.93	4,647,788	6,030,480	
2013/01		0.45	0.4901	0.4901		120	61.93	4,658,036	6,060,000	
2013/07		0.45	0.6196	0.6196		120	66.66	4,671,023	6,097,560	
2014/01		0.40	0.8564	0.8564		120	66.66	4,687,026	6,149,760	
2014/07		0.40	1.2383	1.2383		120	64.54	4,710,241	6,225,960	
2015/01		0.35	0.7571	0.7571		120	64.54	4,722,723	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: 253464073120130801201204022014145248



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 253481-00 - 2015/01

273.00

Forum at Deer 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
3001 DEER CREEK COUNTRY CLUB	7/1/2012-6/30/2013	Number of Beds: 60	Superior: 0
DEERFIELD BEACH , FL 33442	Days in CR 365	Maximum: 21,900	Standard: 243
County: Broward [6]	First Used : 2014/01	Max Annualized: 21,900	Conditional: 0
Region: South Area: 10	Last Used: 2015/01	Total Patient: 18,360	Total: 243
Control: Proprietary : Corporation	Unaudited	Medicare: 7,689	Inflation
Current Class South Small	Initial CR? False	Medicaid: 8,548	FY Index: 1.29878490
Class at 1/94: South Small	Medical Utilization	46.55773%	Semester Index: 1.37161894
Operating Ex > 18 months	Occupancy:	83.83562%	Cost: 1.05607860
Open Date: 03/30/1990	Statewide Low Occupancy Threshold:	78.31130%	Target: 1.02563464
Acquired Date: 03/30/1990	Medicaid Low Occupancy Threshold:	41.41010%	DC FY Index: 1.20850000
Entered Medicaid 06/04/1990	Low Occupancy Adjustment Factor:	107.05431%	DC Sem Index: 1.25449501
Med # Active Date: 01/11/2002	Weighted Low Occ Adjustment Factor:	100.00000%	DC Inflation: 1.03805959
Previous Med # 211460			PS Target: 1.03662091

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	449,885	777,504	800,422	428,511		2,456,322	
1a	Audit Adjustments							
2	Cost Per Diem	52.6304	90.9574	93.6385	50.1300		287.3563	
3	Cost Per Diem Inflated	55.5818	94.4192	98.8896				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	55.5818	94.4192	98.8896	50.1300		299.0206	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	101.0104		87.8834				
7	Provider Target Rate	104.7095		91.1018				
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	55.5818	94.4192	82.3953	13.6500		246.0463	
12/13	Medical Adjustment Rate							
14	Prospective Per Diem 11	55.5818	94.4192	82.3953	13.6500		246.0463	
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 253481-00 - 2015/01

273.00

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

Forum at Deer Creek

FRVS

FRVS Status as of this Semester

On FRVS

Began FRVS: 06/04/1990		Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/Full:		Amount:	1,731,844.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed	80% Capital(1):	2,163,101	14.5008
Indexed Asset Value	2,703,876	<60% of Base:	False	20% ROE(2):	540,775	0.3945
FRVS Base Asset:	1,801,380	Interest Rate:	12.0000%	Insurance Cost(3):	36,533	1.9898
Occup Adj Factor	0.9000	Chase Rate:	11.5000%	Taxes Cost(3):	52,078	2.8365
ROE Factor	0.014380	Amortization Rate:	12.0000%	Home Office(3):	5,377	0.2929
		Interest Only:	False	Replacement(3&4):	1,297,834	0.0000
		Yearly Payment:	285,811	Total FRVS PD:		20.0145

(1) 80% Capital (\$2,163,101) amortized at 12.0000 % for 20 years Principal & Interest of \$285,811 divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$14.5008

(2) 20% ROE (\$540,775) times the ROE factor (0.014380) divided by annual available days (21900) divided by Occup. Adj. (0.90) = \$0.3945

(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:	07/01/1989	Current RS PBS:	30,023
Comparison Bed	60	Effective PBS Limitation	52,276
			1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	Adjustment*	Final Component
Operating	55.5818	55.5818	0.9670	54.6148
Direct Care	94.4192	94.4192	1.6427	92.7765
Indirect Care	82.3953	82.3953	1.4335	80.9618
Property	13.6500	20.0145	0.3482	19.6663
ROE				
ROE Adjustment				
Quality Assess-Medicaid Share				15.0816
Supplemental Rate Add-on				9.9025
Totals	246.0463	252.4108	4.3914	273.0035

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 253481-00 - 2015/01

273.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
1990/01	2,352,888	0.00	0.5899	0.5899		60	27.26	1,801,380	1,801,380	1
1990/07		0.10	0.5899	0.5899		60	27.26	1,801,907	1,821,120	
1991/01		0.10	0.5899	0.5899		60	27.26	1,802,434	1,831,800	
1991/07		0.20	1.4932	1.4932		60	27.26	1,805,102	1,859,160	
1992/01		0.20	2.0117	2.0117		60	27.26	1,808,701	1,896,540	
1992/07		0.30	1.8152	1.8152		60	27.26	1,813,583	1,930,980	
1993/01		0.30	1.7710	1.7710		60	27.26	1,813,583	1,965,180	5
1993/07		0.40	1.5329	1.5329		60	36.91	1,825,842	1,995,300	
1994/01		0.40	1.6983	1.6983		60	36.91	1,834,166	2,029,200	
1994/07		0.50	1.5991	1.5991		60	39.12	1,844,598	2,061,660	
1995/01		0.50	1.5812	1.5812		60	39.12	1,854,971	2,094,240	
1995/07	21,411	0.60	1.5250	1.5250		60	42.60	1,889,528	2,126,160	
1996/01		0.60	1.7228	1.7228		60	42.60	1,904,656	2,162,820	
1996/07	37,124	0.70	1.3294	1.3294		60	44.43	1,956,098	2,191,560	
1997/01		0.70	1.4109	1.4109		60	44.43	1,971,704	2,222,460	
1997/07		0.80	1.0917	1.0917		60	44.52	1,985,644	2,246,700	
1998/01		0.80	1.1663	1.1663		60	44.52	2,000,640	2,272,920	
1998/07		0.90	1.0794	1.0794		60	35.06	2,013,030	2,297,460	
1999/01		0.90	1.4499	1.4499		60	35.06	2,029,775	2,330,760	
1999/07	30,355	1.00	1.2299	1.2299		60	38.08	2,077,414	2,359,440	
2000/01		1.00	1.3356	1.3356		60	38.08	2,096,624	2,390,940	
2000/07		1.00	1.1129	1.1129		60	47.60	2,116,818	2,417,520	
2001/01		1.00	1.2976	1.2976		60	47.60	2,140,590	2,448,900	
2001/07	16,001	1.00	0.9615	0.9615		60	40.53	2,171,758	2,472,420	
2002/01		1.00	1.0301	1.0301		60	40.53	2,188,244	2,497,860	
2002/07		1.00	0.8337	0.8337		60	62.11	2,206,487	2,518,680	
2003/01		1.00	1.3271	1.3271		60	62.11	2,235,769	2,552,100	
2003/07		1.00	1.1664	1.1664		60	64.05	2,261,847	2,581,860	
2004/01	11,902	1.00	1.1103	1.1103		60	63.11	2,298,862	2,610,540	
2004/07		1.00	0.8378	0.8378		60	63.11	2,318,122	2,632,440	



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 253481-00 - 2015/01

273.00

Rate Semester	New Asset	Index Factor	Actual Dodge	Limited Dodge	Credit Forward	Beds	Medicaid Utilization	Indexed Cost	Rate Semester Per Bed Standard	Message Code
2005/01	9,005	1.00	0.8595	0.8595		60	65.35	2,347,051	2,655,060	
2005/07		1.00	0.7364	0.7364		60	65.35	2,364,335	2,674,620	
2006/01		1.00	0.9068	0.9068		60	65.35	2,385,775	2,698,860	
2006/07	17,689	1.00	0.8133	0.8133		60	53.79	2,422,441	2,720,820	
2007/01	35,854	1.00	1.0133	1.0133		60	41.40	2,476,772	2,748,360	
2007/07		1.00	1.1050	1.1050		60	41.40	2,497,373	2,778,720	
2008/01		1.00	0.8556	0.8556		60	33.50	2,510,388	2,802,480	
2008/07		1.00	0.6104	0.6104		60	33.50	2,519,721	2,819,580	
2009/01		1.00	1.3268	1.3268		60	33.50	2,540,084	2,857,020	
2009/07		1.00	0.6841	0.6841		60	41.09	2,553,066	2,876,580	
2010/01		1.00	0.8643	0.8643		60	41.09	2,569,551	2,901,420	
2010/07		0.95	0.7107	0.7107		60	39.81	2,582,109	2,922,060	
2011/01		0.95	0.9198	0.9198		60	33.57	2,595,880	2,948,940	
2011/07		0.90	0.9028	0.9028		60	33.57	2,608,753	2,975,580	
2012/01		0.90	0.3865	0.3865		60	45.88	2,616,324	2,987,100	
2012/07		0.85	0.9417	0.9417		60	45.88	2,633,793	3,015,240	
2013/01		0.85	0.4901	0.4901		60	45.88	2,642,946	3,030,000	
2013/07		0.80	0.6196	0.6196		60	48.73	2,654,554	3,048,780	
2014/01		0.80	0.8564	0.8564		60	46.56	2,669,950	3,074,880	
2014/07		0.75	1.2383	1.2383		60	46.56	2,690,941	3,112,980	
2015/01		0.75	0.7571	0.7571		60	46.56	2,703,876	3,136,560	

Message Code:

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