

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2010 Through 06/30/2011**

Provider Name: St. Lucie County Health Department

Rate Based On:

**Unaudited Costs**

Audit Status:

**Unaudited [1]**

Provider Number: 0279668

Cost Reporting Period: 07/01/2008 Through 06/30/2009

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,283,839.00
2. Total Non-Allowable Costs	\$7,060,319.00
3. Total Overhead Costs	\$2,547,151.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$12,891,309.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,867,392.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,547,151.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$3,283,839.00
2. Total Non-Allowable Costs	\$7,060,319.00
3. Sum of Lines B1 and B2	\$10,344,158.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3175
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$808,720.44
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$4,092,559.44
2. Total CHD Visits	17,798
3. CHD Rate Per Visit (C1 divided by C2)	\$229.94
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.03581
2. CHD Prospective Rate (C3 Multiplied by D1)	238.17
3. Medicaid Trend Adjustment	33.20
4. Final Prospective Rate - Effective Date: 7/1/2010	204.97