

**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: DeSoto County Health Department

Rate Based On:

**Unaudited Costs**

Audit Status:

**Unaudited [1]**

Provider Number: 0279242

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

<b>PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS</b>	<b>AMOUNT</b>
1. Total Allowable Costs of CHD Services	\$2,637,242.00
2. Total Non-Allowable Costs	\$1,628,859.00
3. Total Overhead Costs	\$830,707.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,096,808.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,529,042.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$830,707.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,637,242.00
2. Total Non-Allowable Costs	\$1,628,859.00
3. Sum of Lines B1 and B2	\$4,266,101.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.6182
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$513,543.07
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,150,785.07
2. Total CHD Visits	17,131
3. CHD Rate Per Visit (C1 divided by C2)	\$183.92
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.03581
2. CHD Prospective Rate (C3 Multiplied by D1)	190.51
3. Medicaid Trend Adjustment	0.00
4. Final Prospective Rate - Effective Date: 7/1/2010	190.51