

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Alachua County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279111

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$6,002,712.00
2. Total Non-Allowable Costs	\$5,498,441.00
3. Total Overhead Costs	\$5,052,814.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$16,553,967.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$4,966,190.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$4,966,190.10
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$6,002,712.00
2. Total Non-Allowable Costs	\$5,498,441.00
3. Sum of Lines B1 and B2	\$11,501,153.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5219
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$2,591,854.61
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$8,594,566.61
2. Total CHD Visits	45,150
3. CHD Rate Per Visit (C1 divided by C2)	\$190.36
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	200.57
3. Medicaid Trend Adjustment	50.77
4. Final Prospective Rate - Effective Date: 7/1/2012	149.80

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Baker County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279129

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,960,028.00
2. Total Non-Allowable Costs	\$874,699.00
3. Total Overhead Costs	\$670,690.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$4,505,417.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,351,625.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$670,690.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,960,028.00
2. Total Non-Allowable Costs	\$874,699.00
3. Sum of Lines B1 and B2	\$3,834,727.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.7719
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$517,705.61
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,477,733.61
2. Total CHD Visits	23,366
3. CHD Rate Per Visit (C1 divided by C2)	\$148.84
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	156.82
3. Medicaid Trend Adjustment	0.20
4. Final Prospective Rate - Effective Date: 7/1/2012	156.62

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Bradford County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279145

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$601,801.00
2. Total Non-Allowable Costs	\$914,467.00
3. Total Overhead Costs	\$341,090.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,857,358.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$557,207.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$341,090.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$601,801.00
2. Total Non-Allowable Costs	\$914,467.00
3. Sum of Lines B1 and B2	\$1,516,268.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3969
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$135,378.62
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$737,179.62
2. Total CHD Visits	4,502
3. CHD Rate Per Visit (C1 divided by C2)	\$163.74
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	172.52
3. Medicaid Trend Adjustment	0.00
4. Final Prospective Rate - Effective Date: 7/1/2012	172.52

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Broward County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279161

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$12,204,963.00
2. Total Non-Allowable Costs	\$20,119,898.00
3. Total Overhead Costs	\$14,566,944.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$46,891,805.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$14,067,541.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$14,067,541.50
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$12,204,963.00
2. Total Non-Allowable Costs	\$20,119,898.00
3. Sum of Lines B1 and B2	\$32,324,861.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3776
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$5,311,903.67
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$17,516,866.67
2. Total CHD Visits	89,402
3. CHD Rate Per Visit (C1 divided by C2)	\$195.93
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	206.43
3. Medicaid Trend Adjustment	45.05
4. Final Prospective Rate - Effective Date: 7/1/2012	161.38

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Calhoun County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [I]**

Provider Number: 0279170

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$502,651.00
2. Total Non-Allowable Costs	\$785,606.00
3. Total Overhead Costs	\$264,021.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,552,278.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$465,683.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$264,021.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$502,651.00
2. Total Non-Allowable Costs	\$785,606.00
3. Sum of Lines B1 and B2	\$1,288,257.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3902
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$103,020.99
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$605,671.99
2. Total CHD Visits	4,872
3. CHD Rate Per Visit (C1 divided by C2)	\$124.32
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	130.98
3. Medicaid Trend Adjustment	0.00
4. Final Prospective Rate - Effective Date: 7/1/2012	130.98

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
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 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Citrus County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279196

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$4,843,731.00
2. Total Non-Allowable Costs	\$3,838,727.00
3. Total Overhead Costs	\$1,591,825.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$10,274,283.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,082,284.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,591,825.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$4,843,731.00
2. Total Non-Allowable Costs	\$3,838,727.00
3. Sum of Lines B1 and B2	\$8,682,458.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5579
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$888,079.17
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$5,731,810.17
2. Total CHD Visits	38,696
3. CHD Rate Per Visit (C1 divided by C2)	\$148.12
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	156.06
3. Medicaid Trend Adjustment	3.56
4. Final Prospective Rate - Effective Date: 7/1/2012	152.50

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
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**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Clay County Health Department

Rate Based On: Unaudited Costs  
 Audit Status: Unaudited [1]

Provider Number: 0279200

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,009,702.00
2. Total Non-Allowable Costs	\$2,475,646.00
3. Total Overhead Costs	\$1,465,145.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,950,493.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,785,147.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,465,145.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,009,702.00
2. Total Non-Allowable Costs	\$2,475,646.00
3. Sum of Lines B1 and B2	\$4,485,348.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4481
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$656,531.47
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,666,233.47
2. Total CHD Visits	14,665
3. CHD Rate Per Visit (C1 divided by C2)	\$181.81
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	191.56
3. Medicaid Trend Adjustment	39.31
4. Final Prospective Rate - Effective Date: 7/1/2012	152.25

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
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 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Collier County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279218

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$4,198,627.00
2. Total Non-Allowable Costs	\$8,132,635.00
3. Total Overhead Costs	\$3,586,309.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$15,917,571.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$4,775,271.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,586,309.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$4,198,627.00
2. Total Non-Allowable Costs	\$8,132,635.00
3. Sum of Lines B1 and B2	\$12,331,262.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3405
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,221,138.21
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$5,419,765.21
2. Total CHD Visits	25,339
3. CHD Rate Per Visit (C1 divided by C2)	\$213.89
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	225.36
3. Medicaid Trend Adjustment	84.99
4. Final Prospective Rate - Effective Date: 7/1/2012	140.37



**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Columbia County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279226

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,280,179.00
2. Total Non-Allowable Costs	\$1,345,750.00
3. Total Overhead Costs	\$553,054.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$3,178,983.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$953,694.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$553,054.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,280,179.00
2. Total Non-Allowable Costs	\$1,345,750.00
3. Sum of Lines B1 and B2	\$2,625,929.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4875
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$269,613.82
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,549,792.82
2. Total CHD Visits	11,818
3. CHD Rate Per Visit (C1 divided by C2)	\$131.14
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	138.17
3. Medicaid Trend Adjustment	0.07
4. Final Prospective Rate - Effective Date: 7/1/2012	138.10

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Dade County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279234

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$12,928,907.00
2. Total Non-Allowable Costs	\$44,706,860.00
3. Total Overhead Costs	\$17,619,037.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$75,254,804.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$22,576,441.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$17,619,037.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$12,928,907.00
2. Total Non-Allowable Costs	\$44,706,860.00
3. Sum of Lines B1 and B2	\$57,635,767.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.2243
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$3,951,950.00
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$16,880,857.00
2. Total CHD Visits	112,078
3. CHD Rate Per Visit (C1 divided by C2)	\$150.62
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	158.69
3. Medicaid Trend Adjustment	31.10
4. Final Prospective Rate - Effective Date: 7/1/2012	127.59

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: DeSoto County Health Department

Rate Based On: Unaudited Costs  
 Audit Status: Unaudited [1]

Provider Number: 0279242

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,349,951.00
2. Total Non-Allowable Costs	\$1,827,092.00
3. Total Overhead Costs	\$888,481.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,065,524.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,519,657.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$888,481.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,349,951.00
2. Total Non-Allowable Costs	\$1,827,092.00
3. Sum of Lines B1 and B2	\$4,177,043.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5626
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$499,859.41
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,849,810.41
2. Total CHD Visits	25,461
3. CHD Rate Per Visit (C1 divided by C2)	\$111.93
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	117.93
3. Medicaid Trend Adjustment	-0.01
4. Final Prospective Rate - Effective Date: 7/1/2012	117.94

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Dixie County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279251

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,836,073.00
2. Total Non-Allowable Costs	\$732,406.00
3. Total Overhead Costs	\$530,883.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$3,099,362.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$929,808.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$530,883.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,836,073.00
2. Total Non-Allowable Costs	\$732,406.00
3. Sum of Lines B1 and B2	\$2,568,479.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.7148
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$379,475.17
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,215,548.17
2. Total CHD Visits	14,915
3. CHD Rate Per Visit (C1 divided by C2)	\$148.54
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	156.50
3. Medicaid Trend Adjustment	0.14
4. Final Prospective Rate - Effective Date: 7/1/2012	156.36

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Duval County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279269

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$17,237,924.00
2. Total Non-Allowable Costs	\$20,765,547.00
3. Total Overhead Costs	\$15,457,981.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$53,461,452.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$16,038,435.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$15,457,981.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$17,237,924.00
2. Total Non-Allowable Costs	\$20,765,547.00
3. Sum of Lines B1 and B2	\$38,003,471.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4536
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$7,011,740.18
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$24,249,664.18
2. Total CHD Visits	134,892
3. CHD Rate Per Visit (C1 divided by C2)	\$179.77
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	189.41
3. Medicaid Trend Adjustment	37.30
4. Final Prospective Rate - Effective Date: 7/1/2012	152.11

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Flagler County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279285

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,936,659.00
2. Total Non-Allowable Costs	\$1,831,514.00
3. Total Overhead Costs	\$864,282.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$4,632,455.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,389,736.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$864,282.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,936,659.00
2. Total Non-Allowable Costs	\$1,831,514.00
3. Sum of Lines B1 and B2	\$3,768,173.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5140
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$444,240.95
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,380,899.95
2. Total CHD Visits	15,900
3. CHD Rate Per Visit (C1 divided by C2)	\$149.74
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	157.77
3. Medicaid Trend Adjustment	12.77
4. Final Prospective Rate - Effective Date: 7/1/2012	145.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Franklin County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279293

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$788,420.00
2. Total Non-Allowable Costs	\$758,982.00
3. Total Overhead Costs	\$575,496.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,122,898.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$636,869.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$575,496.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$788,420.00
2. Total Non-Allowable Costs	\$758,982.00
3. Sum of Lines B1 and B2	\$1,547,402.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5095
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$293,215.21
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$1,081,635.21
2. Total CHD Visits	7,175
3. CHD Rate Per Visit (C1 divided by C2)	\$150.75
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	158.83
3. Medicaid Trend Adjustment	11.29
4. Final Prospective Rate - Effective Date: 7/1/2012	147.54

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Gadsden County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279307

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,087,809.00
2. Total Non-Allowable Costs	\$2,833,597.00
3. Total Overhead Costs	\$1,383,378.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$6,304,784.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,891,435.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,383,378.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,087,809.00
2. Total Non-Allowable Costs	\$2,833,597.00
3. Sum of Lines B1 and B2	\$4,921,406.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4242
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$586,828.95
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,674,637.95
2. Total CHD Visits	17,765
3. CHD Rate Per Visit (C1 divided by C2)	\$150.56
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	158.63
3. Medicaid Trend Adjustment	16.94
4. Final Prospective Rate - Effective Date: 7/1/2012	141.69



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Gilchrist County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279315

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$847,252.00
2. Total Non-Allowable Costs	\$396,958.00
3. Total Overhead Costs	\$308,067.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,552,277.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$465,683.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$308,067.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$847,252.00
2. Total Non-Allowable Costs	\$396,958.00
3. Sum of Lines B1 and B2	\$1,244,210.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.6810
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$209,793.63
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,057,045.63
2. Total CHD Visits	11,160
3. CHD Rate Per Visit (C1 divided by C2)	\$94.72
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	99.80
3. Medicaid Trend Adjustment	0.08
4. Final Prospective Rate - Effective Date: 7/1/2012	99.72

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Glades County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [I]**

Provider Number: 0279323

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$385,620.00
2. Total Non-Allowable Costs	\$388,386.00
3. Total Overhead Costs	\$326,798.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,100,804.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$330,241.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$326,798.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$385,620.00
2. Total Non-Allowable Costs	\$388,386.00
3. Sum of Lines B1 and B2	\$774,006.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4982
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$162,810.76
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$548,430.76
2. Total CHD Visits	4,362
3. CHD Rate Per Visit (C1 divided by C2)	\$125.73
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	132.47
3. Medicaid Trend Adjustment	32.47
4. Final Prospective Rate - Effective Date: 7/1/2012	100.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Gulf County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279331

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,604,490.00
2. Total Non-Allowable Costs	\$928,194.00
3. Total Overhead Costs	\$1,260,377.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$4,793,061.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,437,918.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,260,377.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,604,490.00
2. Total Non-Allowable Costs	\$928,194.00
3. Sum of Lines B1 and B2	\$3,532,684.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.7373
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$929,275.96
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,533,765.96
2. Total CHD Visits	25,188
3. CHD Rate Per Visit (C1 divided by C2)	\$140.30
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	147.82
3. Medicaid Trend Adjustment	9.31
4. Final Prospective Rate - Effective Date: 7/1/2012	138.51

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Hamilton County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279340

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$614,287.00
2. Total Non-Allowable Costs	\$459,676.00
3. Total Overhead Costs	\$329,349.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,403,312.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$420,993.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$329,349.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$614,287.00
2. Total Non-Allowable Costs	\$459,676.00
3. Sum of Lines B1 and B2	\$1,073,963.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5720
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$188,387.63
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$802,674.63
2. Total CHD Visits	4,830
3. CHD Rate Per Visit (C1 divided by C2)	\$166.19
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	175.10
3. Medicaid Trend Adjustment	6.08
4. Final Prospective Rate - Effective Date: 7/1/2012	169.02

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Hardee County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279358

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,488,220.00
2. Total Non-Allowable Costs	\$1,493,284.00
3. Total Overhead Costs	\$872,193.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$4,853,697.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,456,109.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$872,193.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,488,220.00
2. Total Non-Allowable Costs	\$1,493,284.00
3. Sum of Lines B1 and B2	\$3,981,504.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.6249
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$545,033.41
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,033,253.41
2. Total CHD Visits	20,984
3. CHD Rate Per Visit (C1 divided by C2)	\$144.55
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	152.30
3. Medicaid Trend Adjustment	0.49
4. Final Prospective Rate - Effective Date: 7/1/2012	151.81

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Hendry County Health Department

Rate Based On: Unaudited Costs  
 Audit Status: Unaudited [1]

Provider Number: 0279366

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,222,970.00
2. Total Non-Allowable Costs	\$2,068,545.00
3. Total Overhead Costs	\$1,859,395.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,150,910.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,545,273.00
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,545,273.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,222,970.00
2. Total Non-Allowable Costs	\$2,068,545.00
3. Sum of Lines B1 and B2	\$3,291,515.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3716
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$574,223.45
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,797,193.45
2. Total CHD Visits	9,637
3. CHD Rate Per Visit (C1 divided by C2)	\$186.49
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	196.49
3. Medicaid Trend Adjustment	20.93
4. Final Prospective Rate - Effective Date: 7/1/2012	175.56

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Hernando County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279374

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,704,887.00
2. Total Non-Allowable Costs	\$2,792,130.00
3. Total Overhead Costs	\$1,923,547.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,420,564.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,526,169.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,923,547.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$3,704,887.00
2. Total Non-Allowable Costs	\$2,792,130.00
3. Sum of Lines B1 and B2	\$6,497,017.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5702
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,096,806.50
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$4,801,693.50
2. Total CHD Visits	31,811
3. CHD Rate Per Visit (C1 divided by C2)	\$150.94
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	159.03
3. Medicaid Trend Adjustment	26.54
4. Final Prospective Rate - Effective Date: 7/1/2012	132.49

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Highlands County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279382

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,274,041.00
2. Total Non-Allowable Costs	\$3,289,811.00
3. Total Overhead Costs	\$1,824,939.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,388,791.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,516,637.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,824,939.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$3,274,041.00
2. Total Non-Allowable Costs	\$3,289,811.00
3. Sum of Lines B1 and B2	\$6,563,852.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4988
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$910,279.57
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$4,184,320.57
2. Total CHD Visits	27,156
3. CHD Rate Per Visit (C1 divided by C2)	\$154.08
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	162.34
3. Medicaid Trend Adjustment	7.86
4. Final Prospective Rate - Effective Date: 7/1/2012	154.48



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Indian River County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279412

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$4,511,292.00
2. Total Non-Allowable Costs	\$3,318,161.00
3. Total Overhead Costs	\$2,751,150.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$10,580,603.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,174,180.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,751,150.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$4,511,292.00
2. Total Non-Allowable Costs	\$3,318,161.00
3. Sum of Lines B1 and B2	\$7,829,453.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5762
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,585,212.63
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$6,096,504.63
2. Total CHD Visits	41,400
3. CHD Rate Per Visit (C1 divided by C2)	\$147.26
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	155.15
3. Medicaid Trend Adjustment	9.65
4. Final Prospective Rate - Effective Date: 7/1/2012	145.50

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Jackson County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279421

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,228,160.00
2. Total Non-Allowable Costs	\$3,326,058.00
3. Total Overhead Costs	\$905,006.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$6,459,224.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,937,767.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$905,006.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,228,160.00
2. Total Non-Allowable Costs	\$3,326,058.00
3. Sum of Lines B1 and B2	\$5,554,218.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4012
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$363,088.41
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,591,248.41
2. Total CHD Visits	20,521
3. CHD Rate Per Visit (C1 divided by C2)	\$126.27
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	133.04
3. Medicaid Trend Adjustment	13.78
4. Final Prospective Rate - Effective Date: 7/1/2012	119.26

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Jefferson County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279439

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$996,898.00
2. Total Non-Allowable Costs	\$850,494.00
3. Total Overhead Costs	\$696,850.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,544,242.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$763,272.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$696,850.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$996,898.00
2. Total Non-Allowable Costs	\$850,494.00
3. Sum of Lines B1 and B2	\$1,847,392.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5396
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$376,020.26
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,372,918.26
2. Total CHD Visits	6,386
3. CHD Rate Per Visit (C1 divided by C2)	\$214.99
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	226.52
3. Medicaid Trend Adjustment	67.27
4. Final Prospective Rate - Effective Date: 7/1/2012	159.25

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Lee County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279463

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,940,923.00
2. Total Non-Allowable Costs	\$10,933,623.00
3. Total Overhead Costs	\$3,915,025.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$17,789,571.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$5,336,871.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,915,025.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,940,923.00
2. Total Non-Allowable Costs	\$10,933,623.00
3. Sum of Lines B1 and B2	\$13,874,546.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.2120
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$829,985.30
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,770,908.30
2. Total CHD Visits	15,155
3. CHD Rate Per Visit (C1 divided by C2)	\$248.82
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	262.16
3. Medicaid Trend Adjustment	82.16
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Leon County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279471

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,252,373.00
2. Total Non-Allowable Costs	\$6,234,571.00
3. Total Overhead Costs	\$2,169,683.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$11,656,627.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,496,988.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,169,683.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$3,252,373.00
2. Total Non-Allowable Costs	\$6,234,571.00
3. Sum of Lines B1 and B2	\$9,486,944.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3428
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$743,767.33
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,996,140.33
2. Total CHD Visits	31,405
3. CHD Rate Per Visit (C1 divided by C2)	\$127.25
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	134.07
3. Medicaid Trend Adjustment	14.12
4. Final Prospective Rate - Effective Date: 7/1/2012	119.95

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Levy County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279480

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$872,496.00
2. Total Non-Allowable Costs	\$1,347,487.00
3. Total Overhead Costs	\$645,160.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,865,143.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$859,542.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$645,160.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$872,496.00
2. Total Non-Allowable Costs	\$1,347,487.00
3. Sum of Lines B1 and B2	\$2,219,983.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3930
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$253,547.88
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,126,043.88
2. Total CHD Visits	10,185
3. CHD Rate Per Visit (C1 divided by C2)	\$110.56
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	116.49
3. Medicaid Trend Adjustment	2.94
4. Final Prospective Rate - Effective Date: 7/1/2012	113.55

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Liberty County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279498

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,051,409.00
2. Total Non-Allowable Costs	\$483,878.00
3. Total Overhead Costs	\$476,013.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$3,011,300.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$903,390.00
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$476,013.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,051,409.00
2. Total Non-Allowable Costs	\$483,878.00
3. Sum of Lines B1 and B2	\$2,535,287.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.8091
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$385,142.12
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,436,551.12
2. Total CHD Visits	12,035
3. CHD Rate Per Visit (C1 divided by C2)	\$202.46
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	213.31
3. Medicaid Trend Adjustment	33.31
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Manatee County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279510

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,427,153.00
2. Total Non-Allowable Costs	\$6,178,629.00
3. Total Overhead Costs	\$2,343,936.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$10,949,718.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,284,915.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,343,936.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,427,153.00
2. Total Non-Allowable Costs	\$6,178,629.00
3. Sum of Lines B1 and B2	\$8,605,782.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.2820
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$660,989.95
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,088,142.95
2. Total CHD Visits	13,037
3. CHD Rate Per Visit (C1 divided by C2)	\$236.88
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	249.58
3. Medicaid Trend Adjustment	69.58
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Marion County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279528

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$8,884,349.00
2. Total Non-Allowable Costs	\$7,898,790.00
3. Total Overhead Costs	\$4,574,002.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$21,357,141.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$6,407,142.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$4,574,002.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$8,884,349.00
2. Total Non-Allowable Costs	\$7,898,790.00
3. Sum of Lines B1 and B2	\$16,783,139.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5294
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$2,421,476.66
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$11,305,825.66
2. Total CHD Visits	57,891
3. CHD Rate Per Visit (C1 divided by C2)	\$195.30
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	205.77
3. Medicaid Trend Adjustment	25.77
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Martin County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279536

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,735,131.00
2. Total Non-Allowable Costs	\$3,915,315.00
3. Total Overhead Costs	\$2,164,056.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,814,502.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,644,350.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,164,056.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,735,131.00
2. Total Non-Allowable Costs	\$3,915,315.00
3. Sum of Lines B1 and B2	\$6,650,446.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4113
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$890,076.23
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,625,207.23
2. Total CHD Visits	17,431
3. CHD Rate Per Visit (C1 divided by C2)	\$207.97
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	219.12
3. Medicaid Trend Adjustment	51.68
4. Final Prospective Rate - Effective Date: 7/1/2012	167.44

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Monroe County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279544

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,455,979.00
2. Total Non-Allowable Costs	\$3,568,793.00
3. Total Overhead Costs	\$1,776,901.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$7,801,673.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,340,501.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,776,901.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,455,979.00
2. Total Non-Allowable Costs	\$3,568,793.00
3. Sum of Lines B1 and B2	\$6,024,772.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4076
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$724,264.85
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,180,243.85
2. Total CHD Visits	13,475
3. CHD Rate Per Visit (C1 divided by C2)	\$236.01
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	248.66
3. Medicaid Trend Adjustment	68.66
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration  
Medicaid Cost Reimbursement  
CHD Rate Calculation Sheet  
Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Nassau County Health Department

Rate Based On: **Unaudited Costs**  
Audit Status: **Unaudited [1]**

Provider Number: 0279552

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,928,117.00
2. Total Non-Allowable Costs	\$2,372,634.00
3. Total Overhead Costs	\$1,098,720.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,399,471.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,619,841.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,098,720.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,928,117.00
2. Total Non-Allowable Costs	\$2,372,634.00
3. Sum of Lines B1 and B2	\$4,300,751.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4483
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$492,556.18
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,420,673.18
2. Total CHD Visits	18,017
3. CHD Rate Per Visit (C1 divided by C2)	\$134.35
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	141.55
3. Medicaid Trend Adjustment	16.31
4. Final Prospective Rate - Effective Date: 7/1/2012	125.24

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Okaloosa County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279561

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,074,252.00
2. Total Non-Allowable Costs	\$3,726,960.00
3. Total Overhead Costs	\$3,065,610.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,866,822.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,660,046.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,660,046.60
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,074,252.00
2. Total Non-Allowable Costs	\$3,726,960.00
3. Sum of Lines B1 and B2	\$5,801,212.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3576
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$951,232.66
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,025,484.66
2. Total CHD Visits	17,404
3. CHD Rate Per Visit (C1 divided by C2)	\$173.84
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	183.16
3. Medicaid Trend Adjustment	41.16
4. Final Prospective Rate - Effective Date: 7/1/2012	142.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Okcechobee County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [I]**

Provider Number: 0279579

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,028,029.00
2. Total Non-Allowable Costs	\$1,571,892.00
3. Total Overhead Costs	\$715,977.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$3,315,898.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$994,769.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$715,977.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,028,029.00
2. Total Non-Allowable Costs	\$1,571,892.00
3. Sum of Lines B1 and B2	\$2,599,921.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3954
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$283,097.31
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,311,126.31
2. Total CHD Visits	7,110
3. CHD Rate Per Visit (C1 divided by C2)	\$184.41
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	194.30
3. Medicaid Trend Adjustment	71.46
4. Final Prospective Rate - Effective Date: 7/1/2012	122.84

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Orange County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279587

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$14,513,876.00
2. Total Non-Allowable Costs	\$22,979,451.00
3. Total Overhead Costs	\$8,504,162.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$45,997,489.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$13,799,246.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$8,504,162.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$14,513,876.00
2. Total Non-Allowable Costs	\$22,979,451.00
3. Sum of Lines B1 and B2	\$37,493,327.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3871
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$3,291,961.11
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$17,805,837.11
2. Total CHD Visits	73,795
3. CHD Rate Per Visit (C1 divided by C2)	\$241.29
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	254.23
3. Medicaid Trend Adjustment	113.86
4. Final Prospective Rate - Effective Date: 7/1/2012	140.37

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Osceola County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279595

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$7,224,914.00
2. Total Non-Allowable Costs	\$5,197,718.00
3. Total Overhead Costs	\$4,523,073.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$16,945,705.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$5,083,711.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$4,523,073.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$7,224,914.00
2. Total Non-Allowable Costs	\$5,197,718.00
3. Sum of Lines B1 and B2	\$12,422,632.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5816
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$2,630,619.26
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$9,855,533.26
2. Total CHD Visits	71,454
3. CHD Rate Per Visit (C1 divided by C2)	\$137.93
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	145.32
3. Medicaid Trend Adjustment	45.32
4. Final Prospective Rate - Effective Date: 7/1/2012	100.00



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Pasco County Health Department

Rate Based On: Unaudited Costs  
 Audit Status: Unaudited [1]

Provider Number: 0279617

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,490,153.00
2. Total Non-Allowable Costs	\$6,345,251.00
3. Total Overhead Costs	\$3,545,933.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$13,381,337.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$4,014,401.10
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,545,933.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$3,490,153.00
2. Total Non-Allowable Costs	\$6,345,251.00
3. Sum of Lines B1 and B2	\$9,835,404.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3549
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,258,451.62
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$4,748,604.62
2. Total CHD Visits	24,963
3. CHD Rate Per Visit (C1 divided by C2)	\$190.23
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	200.43
3. Medicaid Trend Adjustment	43.12
4. Final Prospective Rate - Effective Date: 7/1/2012	157.31

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Pinellas County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279625

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$18,025,430.00
2. Total Non-Allowable Costs	\$20,035,637.00
3. Total Overhead Costs	\$12,818,642.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$50,879,709.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$15,263,912.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$12,818,642.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$18,025,430.00
2. Total Non-Allowable Costs	\$20,035,637.00
3. Sum of Lines B1 and B2	\$38,061,067.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4736
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$6,070,908.85
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$24,096,338.85
2. Total CHD Visits	105,986
3. CHD Rate Per Visit (C1 divided by C2)	\$227.35
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	239.54
3. Medicaid Trend Adjustment	109.54
4. Final Prospective Rate - Effective Date: 7/1/2012	130.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Polk County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279633

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$11,760,380.00
2. Total Non-Allowable Costs	\$16,342,931.00
3. Total Overhead Costs	\$5,801,704.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$33,905,015.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$10,171,504.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$5,801,704.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$11,760,380.00
2. Total Non-Allowable Costs	\$16,342,931.00
3. Sum of Lines B1 and B2	\$28,103,311.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4185
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$2,428,013.12
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$14,188,393.12
2. Total CHD Visits	76,814
3. CHD Rate Per Visit (C1 divided by C2)	\$184.71
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	194.61
3. Medicaid Trend Adjustment	14.61
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Putnam County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279641

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,850,344.00
2. Total Non-Allowable Costs	\$1,731,959.00
3. Total Overhead Costs	\$1,363,759.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$4,946,062.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,483,818.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,363,759.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,850,344.00
2. Total Non-Allowable Costs	\$1,731,959.00
3. Sum of Lines B1 and B2	\$3,582,303.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5165
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$704,381.52
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,554,725.52
2. Total CHD Visits	11,195
3. CHD Rate Per Visit (C1 divided by C2)	\$228.20
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	240.43
3. Medicaid Trend Adjustment	60.43
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: St. Johns County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279650

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,989,125.00
2. Total Non-Allowable Costs	\$2,973,932.00
3. Total Overhead Costs	\$1,978,706.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$6,941,763.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,082,528.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,978,706.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,989,125.00
2. Total Non-Allowable Costs	\$2,973,932.00
3. Sum of Lines B1 and B2	\$4,963,057.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4008
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$793,065.36
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$2,782,190.36
2. Total CHD Visits	15,332
3. CHD Rate Per Visit (C1 divided by C2)	\$181.46
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	191.19
3. Medicaid Trend Adjustment	16.23
4. Final Prospective Rate - Effective Date: 7/1/2012	174.96

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: St. Lucie County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279668

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$3,761,161.00
2. Total Non-Allowable Costs	\$8,383,561.00
3. Total Overhead Costs	\$3,065,476.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$15,210,198.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$4,563,059.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,065,476.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$3,761,161.00
2. Total Non-Allowable Costs	\$8,383,561.00
3. Sum of Lines B1 and B2	\$12,144,722.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3097
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$949,377.92
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$4,710,538.92
2. Total CHD Visits	24,705
3. CHD Rate Per Visit (C1 divided by C2)	\$190.67
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	200.89
3. Medicaid Trend Adjustment	23.14
4. Final Prospective Rate - Effective Date: 7/1/2012	177.75

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Santa Rosa County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279676

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,615,800.00
2. Total Non-Allowable Costs	\$3,029,750.00
3. Total Overhead Costs	\$1,286,533.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$5,932,083.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,779,624.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,286,533.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$1,615,800.00
2. Total Non-Allowable Costs	\$3,029,750.00
3. Sum of Lines B1 and B2	\$4,645,550.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3478
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$447,456.18
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$2,063,256.18
2. Total CHD Visits	13,350
3. CHD Rate Per Visit (C1 divided by C2)	\$154.55
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	162.84
3. Medicaid Trend Adjustment	17.92
4. Final Prospective Rate - Effective Date: 7/1/2012	144.92

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Sarasota County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279684

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$12,002,627.00
2. Total Non-Allowable Costs	\$12,649,511.00
3. Total Overhead Costs	\$7,196,161.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$31,848,299.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$9,554,489.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$7,196,161.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$12,002,627.00
2. Total Non-Allowable Costs	\$12,649,511.00
3. Sum of Lines B1 and B2	\$24,652,138.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4869
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$3,503,810.79
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$15,506,437.79
2. Total CHD Visits	100,011
3. CHD Rate Per Visit (C1 divided by C2)	\$155.05
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	163.36
3. Medicaid Trend Adjustment	4.37
4. Final Prospective Rate - Effective Date: 7/1/2012	158.99



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Seminole County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279692

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$5,704,864.00
2. Total Non-Allowable Costs	\$6,743,492.00
3. Total Overhead Costs	\$2,940,188.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$15,388,544.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$4,616,563.20
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,940,188.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$5,704,864.00
2. Total Non-Allowable Costs	\$6,743,492.00
3. Sum of Lines B1 and B2	\$12,448,356.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4583
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,347,488.16
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$7,052,352.16
2. Total CHD Visits	35,661
3. CHD Rate Per Visit (C1 divided by C2)	\$197.76
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	208.36
3. Medicaid Trend Adjustment	28.36
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Sumter County Health Department

Rate Based On:

Unaudited Costs

Audit Status:

Unaudited [1]

Provider Number: 0279706

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$921,669.00
2. Total Non-Allowable Costs	\$1,163,311.00
3. Total Overhead Costs	\$673,270.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,758,250.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$827,475.00
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$673,270.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$921,669.00
2. Total Non-Allowable Costs	\$1,163,311.00
3. Sum of Lines B1 and B2	\$2,084,980.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4421
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$297,652.67
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,219,321.67
2. Total CHD Visits	7,382
3. CHD Rate Per Visit (C1 divided by C2)	\$165.17
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	174.02
3. Medicaid Trend Adjustment	44.02
4. Final Prospective Rate - Effective Date: 7/1/2012	130.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Taylor County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279722

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,071,284.00
2. Total Non-Allowable Costs	\$957,023.00
3. Total Overhead Costs	\$662,804.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,691,111.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$807,333.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$662,804.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,071,284.00
2. Total Non-Allowable Costs	\$957,023.00
3. Sum of Lines B1 and B2	\$2,028,307.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5282
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$350,093.07
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,421,377.07
2. Total CHD Visits	6,888
3. CHD Rate Per Visit (C1 divided by C2)	\$206.36
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	217.42
3. Medicaid Trend Adjustment	37.42
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Union County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279731

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$389,621.00
2. Total Non-Allowable Costs	\$546,801.00
3. Total Overhead Costs	\$212,821.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,149,243.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$344,772.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$212,821.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$389,621.00
2. Total Non-Allowable Costs	\$546,801.00
3. Sum of Lines B1 and B2	\$936,422.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4161
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$88,554.82
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$478,175.82
2. Total CHD Visits	3,485
3. CHD Rate Per Visit (C1 divided by C2)	\$137.21
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	144.57
3. Medicaid Trend Adjustment	0.00
4. Final Prospective Rate - Effective Date: 7/1/2012	144.57

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Volusia County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [I]**

Provider Number: 0279749

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$6,660,402.00
2. Total Non-Allowable Costs	\$8,478,455.00
3. Total Overhead Costs	\$6,518,528.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$21,657,385.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$6,497,215.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$6,497,215.50
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$6,660,402.00
2. Total Non-Allowable Costs	\$8,478,455.00
3. Sum of Lines B1 and B2	\$15,138,857.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4400
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$2,858,774.82
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$9,519,176.82
2. Total CHD Visits	42,605
3. CHD Rate Per Visit (C1 divided by C2)	\$223.43
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	235.41
3. Medicaid Trend Adjustment	55.41
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Wakulla County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279757

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$672,265.00
2. Total Non-Allowable Costs	\$917,943.00
3. Total Overhead Costs	\$631,238.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,221,446.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$666,433.80
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$631,238.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$672,265.00
2. Total Non-Allowable Costs	\$917,943.00
3. Sum of Lines B1 and B2	\$1,590,208.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4228
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$266,887.43
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$939,152.43
2. Total CHD Visits	7,344
3. CHD Rate Per Visit (C1 divided by C2)	\$127.88
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	134.74
3. Medicaid Trend Adjustment	11.34
4. Final Prospective Rate - Effective Date: 7/1/2012	123.40

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Walton County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279765

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,183,421.00
2. Total Non-Allowable Costs	\$1,339,818.00
3. Total Overhead Costs	\$1,415,042.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$3,938,281.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$1,181,484.30
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$1,181,484.30
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,183,421.00
2. Total Non-Allowable Costs	\$1,339,818.00
3. Sum of Lines B1 and B2	\$2,523,239.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4690
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$554,116.14
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,737,537.14
2. Total CHD Visits	9,486
3. CHD Rate Per Visit (C1 divided by C2)	\$183.17
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	192.99
3. Medicaid Trend Adjustment	22.37
4. Final Prospective Rate - Effective Date: 7/1/2012	170.62

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Washington County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0279773

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$858,664.00
2. Total Non-Allowable Costs	\$915,452.00
3. Total Overhead Costs	\$695,170.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,469,286.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$740,785.80
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$695,170.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$858,664.00
2. Total Non-Allowable Costs	\$915,452.00
3. Sum of Lines B1 and B2	\$1,774,116.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4840
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$336,462.28
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,195,126.28
2. Total CHD Visits	9,133
3. CHD Rate Per Visit (C1 divided by C2)	\$130.86
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	137.88
3. Medicaid Trend Adjustment	11.25
4. Final Prospective Rate - Effective Date: 7/1/2012	126.63



**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Bay County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0290068

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,233,784.00
2. Total Non-Allowable Costs	\$4,963,418.00
3. Total Overhead Costs	\$2,745,967.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$9,943,169.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,982,950.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,745,967.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,233,784.00
2. Total Non-Allowable Costs	\$4,963,418.00
3. Sum of Lines B1 and B2	\$7,197,202.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3104
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$852,348.16
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,086,132.16
2. Total CHD Visits	19,331
3. CHD Rate Per Visit (C1 divided by C2)	\$159.65
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	168.21
3. Medicaid Trend Adjustment	68.21
4. Final Prospective Rate - Effective Date: 7/1/2012	100.00

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Lafayette County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0290343

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$841,467.00
2. Total Non-Allowable Costs	\$553,715.00
3. Total Overhead Costs	\$255,690.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$1,650,872.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$495,261.60
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$255,690.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$841,467.00
2. Total Non-Allowable Costs	\$553,715.00
3. Sum of Lines B1 and B2	\$1,395,182.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.6031
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$154,206.64
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$995,673.64
2. Total CHD Visits	6,422
3. CHD Rate Per Visit (C1 divided by C2)	\$155.04
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	163.35
3. Medicaid Trend Adjustment	2.48
4. Final Prospective Rate - Effective Date: 7/1/2012	160.87

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Madison County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0290408

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,061,089.00
2. Total Non-Allowable Costs	\$995,955.00
3. Total Overhead Costs	\$603,161.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,660,205.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$798,061.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$603,161.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,061,089.00
2. Total Non-Allowable Costs	\$995,955.00
3. Sum of Lines B1 and B2	\$2,057,044.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5158
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$311,110.44
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,372,199.44
2. Total CHD Visits	8,817
3. CHD Rate Per Visit (C1 divided by C2)	\$155.63
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	163.97
3. Medicaid Trend Adjustment	13.22
4. Final Prospective Rate - Effective Date: 7/1/2012	150.75

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Suwannee County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0518328

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,419,973.00
2. Total Non-Allowable Costs	\$972,017.00
3. Total Overhead Costs	\$359,548.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,751,538.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$825,461.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$359,548.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,419,973.00
2. Total Non-Allowable Costs	\$972,017.00
3. Sum of Lines B1 and B2	\$2,391,990.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5936
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$213,427.69
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,633,400.69
2. Total CHD Visits	14,787
3. CHD Rate Per Visit (C1 divided by C2)	\$110.46
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	116.38
3. Medicaid Trend Adjustment	16.38
4. Final Prospective Rate - Effective Date: 7/1/2012	100.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Holmes County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0519022

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$1,228,413.00
2. Total Non-Allowable Costs	\$1,023,826.00
3. Total Overhead Costs	\$647,110.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$2,899,349.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$869,804.70
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$647,110.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$1,228,413.00
2. Total Non-Allowable Costs	\$1,023,826.00
3. Sum of Lines B1 and B2	\$2,252,239.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5454
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$352,933.79
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$1,581,346.79
2. Total CHD Visits	10,583
3. CHD Rate Per Visit (C1 divided by C2)	\$149.42
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	157.43
3. Medicaid Trend Adjustment	4.05
4. Final Prospective Rate - Effective Date: 7/1/2012	153.38

**State of Florida Agency for Health Care Administration  
 Medicaid Cost Reimbursement  
 CHD Rate Calculation Sheet  
 Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Brevard County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0519251

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$7,646,848.00
2. Total Non-Allowable Costs	\$9,720,782.00
3. Total Overhead Costs	\$3,801,413.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$21,169,043.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$6,350,712.90
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,801,413.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$7,646,848.00
2. Total Non-Allowable Costs	\$9,720,782.00
3. Sum of Lines B1 and B2	\$17,367,630.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4403
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,673,762.14
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$9,320,610.14
2. Total CHD Visits	52,551
3. CHD Rate Per Visit (C1 divided by C2)	\$177.36
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	186.87
3. Medicaid Trend Adjustment	12.10
4. Final Prospective Rate - Effective Date: 7/1/2012	174.77

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Palm Beach County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0520331

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$25,750,715.00
2. Total Non-Allowable Costs	\$25,469,926.00
3. Total Overhead Costs	\$19,423,067.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$70,643,708.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$21,193,112.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$19,423,067.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$25,750,715.00
2. Total Non-Allowable Costs	\$25,469,926.00
3. Sum of Lines B1 and B2	\$51,220,641.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.5027
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$9,763,975.78
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$35,514,690.78
2. Total CHD Visits	159,262
3. CHD Rate Per Visit (C1 divided by C2)	\$223.00
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	234.96
3. Medicaid Trend Adjustment	54.96
4. Final Prospective Rate - Effective Date: 7/1/2012	180.00

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Charlotte County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0520446

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,813,820.00
2. Total Non-Allowable Costs	\$3,251,530.00
3. Total Overhead Costs	\$2,142,915.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$8,208,265.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$2,462,479.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$2,142,915.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,813,820.00
2. Total Non-Allowable Costs	\$3,251,530.00
3. Sum of Lines B1 and B2	\$6,065,350.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.4639
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$994,098.27
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$3,807,918.27
2. Total CHD Visits	23,041
3. CHD Rate Per Visit (C1 divided by C2)	\$165.27
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	174.13
3. Medicaid Trend Adjustment	10.64
4. Final Prospective Rate - Effective Date: 7/1/2012	163.49



**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Hillsborough County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0557269

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$14,403,186.00
2. Total Non-Allowable Costs	\$25,940,412.00
3. Total Overhead Costs	\$8,463,987.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$48,807,585.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$14,642,275.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$8,463,987.00
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$14,403,186.00
2. Total Non-Allowable Costs	\$25,940,412.00
3. Sum of Lines B1 and B2	\$40,343,598.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3570
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$3,021,643.36
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$17,424,829.36
2. Total CHD Visits	87,165
3. CHD Rate Per Visit (C1 divided by C2)	\$199.91
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	210.63
3. Medicaid Trend Adjustment	87.79
4. Final Prospective Rate - Effective Date: 7/1/2012	122.84

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Lake County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0563234

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$2,950,604.00
2. Total Non-Allowable Costs	\$5,680,080.00
3. Total Overhead Costs	\$3,754,031.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$12,384,715.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$3,715,414.50
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$3,715,414.50
<b>PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES</b>	
1. Total Allowable Costs of CHD Services	\$2,950,604.00
2. Total Non-Allowable Costs	\$5,680,080.00
3. Sum of Lines B1 and B2	\$8,630,684.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3419
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,270,300.22
<b>PART C - DETERMINATION OF CHD RATE</b>	
1. Total CHD Cost (B1 plus B5)	\$4,220,904.22
2. Total CHD Visits	26,894
3. CHD Rate Per Visit (C1 divided by C2)	\$156.95
<b>PART D - DETERMINATION OF PROSPECTIVE RATE</b>	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	165.36
3. Medicaid Trend Adjustment	16.66
4. Final Prospective Rate - Effective Date: 7/1/2012	148.70

**State of Florida Agency for Health Care Administration**  
**Medicaid Cost Reimbursement**  
**CHD Rate Calculation Sheet**  
**Rate Setting Period 07/01/2012 Through 06/30/2013**

Provider Name: Escambia County Health Department

Rate Based On: **Unaudited Costs**  
 Audit Status: **Unaudited [1]**

Provider Number: 0600181

Cost Reporting Period: 07/01/2010 Through 06/30/2011

PART A - DETERMINATION OF ALLOWABLE OVERHEAD COSTS	AMOUNT
1. Total Allowable Costs of CHD Services	\$6,772,926.00
2. Total Non-Allowable Costs	\$13,508,377.00
3. Total Overhead Costs	\$4,040,135.00
4. Total Costs (Sum of Lines A1, A2 and A3)	\$24,321,438.00
5. Screening Guideline for CHD Overhead Cost	30%
6. CHD Overhead Guideline Amount (Line A4 Multiplied by A5)	\$7,296,431.40
7. Allowable Overhead Cost (Lesser of A3 or A6)	\$4,040,135.00
PART B - DETERMINATION OF OVERHEAD APPLICABLE TO CHD SERVICES	
1. Total Allowable Costs of CHD Services	\$6,772,926.00
2. Total Non-Allowable Costs	\$13,508,377.00
3. Sum of Lines B1 and B2	\$20,281,303.00
4. Direct Cost Ratio (Line B1 Divided By B3)	0.3339
5. Allowable Overhead Costs Applicable to CHD Services (Line A7 Multiplied by Line B4)	\$1,349,001.08
PART C - DETERMINATION OF CHD RATE	
1. Total CHD Cost (B1 plus B5)	\$8,121,927.08
2. Total CHD Visits	49,134
3. CHD Rate Per Visit (C1 divided by C2)	\$165.30
PART D - DETERMINATION OF PROSPECTIVE RATE	
1. Inflation Factor	1.05361
2. CHD Prospective Rate (C3 Multiplied by D1)	174.16
3. Medicaid Trend Adjustment	0.48
4. Final Prospective Rate - Effective Date: 7/1/2012	173.68