



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

000169300 - 2011/10
RI:239.70 / NM:0.00

St. Augustine Center for Living
 5155 U.S. 1 South
 St. Augustine FL 32086

Provider Number: 000169300
 Date: 01/27/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.29</u>	<u>239.70</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028513700 - 2011/10

RI: 264.42

NM: 312.91

New Horizons of NW Florida, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.472	152.920	225.392	72.472	198.253	270.726
2. Inflate Line 1 by Inflation Factor 1.01939630	73.878	155.886	229.764	73.878	202.099	275.977
3. Line 1 x 1.400 x Inflation Factor 1.02715482	74.440	157.072	231.512	74.440	203.637	278.077
4. Current Period Cost	92.264	162.286	254.550	92.264	204.299	296.563
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.440	157.072	231.512	74.440	203.637	278.077
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	74.440	157.072	231.512	74.440	203.637	278.077
12. Plus: Property Rate Component			4.103			4.103
13. Plus: ROE/Use Rate			2.437			2.437
14. Total Current Period Base			238.052			284.617
15. Prospective Rate: Line 11 x Inflation (1.04148077)	77.528	163.588	241.116	77.528	212.084	289.612
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.528	163.588	241.116	77.528	212.084	289.612
19. Property Rate Component			4.103			4.103
20. ROE Component + ROE Interim Component			2.437			2.437
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			247.66			296.15
23. Medicaid Days		1,825			9,125	
24. Resident Days		1,825			9,125	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			264.42			312.91



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028519600 - 2011/10
RI:319.59 / NM:0.00

BARC HOUSING INC
 2750 SW 75th Avenue
 Davie FL 33314

Provider Number: 028519600
 Date: 01/31/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>313.60</u>	<u>319.59</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

028519600

Provider Name: **BARC HOUSING INC**
Provider Number: 28519600
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
Rate Semester: October, 2011
Cost Report: 10/01/2009 - 09/30/2010
Days In Reporting Period: 365
Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	12,717	0	12,717
2. Operating Expenses Component			
A. Administration			894,274
B. Plant Operation			114,032
C. Laundry			3,686
D. Housekeeping			59,389
E. Operating Expense Component & Per Diem	84,2479	0.0000	1,071,381
3. Resident Care			
A. Dietary			251,673
B. Other			478,856
C. Nursing			220,849
D. Resident Care & Per Diem	74,8115	0.0000	951,378
4. Prop Exp & Per Diem	17,1713	0.0000	218,368
5. ROE/Use Per Diem	0,5014	0.0000	6,376
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,358.50		6,358.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	1,248,805.00		1,248,805.00
5. Direct Care Expense Per Diem	98,1997		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	12,717		12,717
2. Additional Services	110,381		110,381
3. Additional Services Exp & Per Diem	8,6798		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84,2479		1,071,381
2. Resident Care Component	181,6910		2,310,564
3. Property Cost Component	17,1713		218,368
4. ROE/Use Allow Component	0,5014		6,376
5 Total Cost Per Diem	283,6116		3,606,689



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028519600 - 2011/10

RI: 319.59

NM: 0.00

BARC HOUSING INC

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	85.435	182.082	267.517			
2. Inflate Line 1 by Inflation Factor 1.01939630 *	88.687	188.990	277.677			
3. Line 1 x 1.400 x Inflation Factor 1.02715482 *	89.350	190.403	279.753			
4. Current Period Cost	84.780	182.816	267.596			
5. Incentive Basis (line 3 - line 4)	4.570	7.587		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.780	182.816	267.596			
7. Incentive Line 5 x Oper 50% Res 50%	2.285	3.793	6.078	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.478	5.484	13.962	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.285	3.793	6.078	0.000	0.000	0.000
10. Final Incentive	2.285	3.793	6.078	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.065	186.609	273.674	0.000	0.000	0.000
12. Plus: Property Rate Component			17.171			0.000
13. Plus: ROE/Use Rate			0.501			0.000
14. Total Current Period Base			291.347			0.000
15. Prospective Rate: Line 11 x Inflation (1.04148077)	90.676	194.350	285.027	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.676	194.350	285.027	0.000	0.000	0.000
19. Property Rate Component			17.171			0.000
20. ROE Component + ROE Interim Component			0.501			0.000
21. Plus :Property Interim Rate Component *			0.126			0.000
22. Final Per Diem			302.83			0.00
23. Medicaid Days		12,717			0	
24. Resident Days		12,717			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			319.59			0.00

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

BARC HOUSING INC/Provider #0285196-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #218 - Effective 2/1/2010
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 9/30/2009	Allowable Prior Period FYE 9/30/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	84.223	84.223	100.000%	0.325
Resident Care	180.751	178.973	99.016%	0.000
Total	264.974	263.196		0.325
N-A/Medical				
Operating	0.000	0.000	0.000%	0.0000
Resident Care	0.000	0.000	0.000%	0.0000
Total	0.000	0.000		0.0000
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0193963 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02715482 IRR @ 10/1/2011 (Col. 9)
Operating	85.4350	1.595	88.687	89.350
Resident Care	182.0820	3.376	188.990	190.402
Total	267.517	4.971	277.677	279.752
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

BARC Housing Inc Provider #0285196-00 Cost Settlement - IRR #218 Effective - 2/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS					
Calculation of L4	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	84.248	181.691	265.939	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 2/1/2010	1.595	3.376	4.971	0.000	0.000	0.000
C. Prorated CS IRR eff 2/1/2010 - 4/12 of IRR comp.	0.532	1.125	1.657	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	84.780	182.816	267.596	0.000	0.000	0.000

PROPERTY COMPONENT	
Calculation of L21 - 4/12 of IRR comp.	
Property Interim Rate Component	0.378
Grossed Up Property Interim Rate Component	0.126



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028520000 - 2011/10
RI:223.93 / NM:300.58

PENSACOLA DEV CTR
 One Villa Drive
 Pensacola FL 32506

Provider Number: 028520000
 Date: 01/27/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.83</u>	<u>223.93</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>294.97</u>	<u>300.58</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

_____ For information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2011 through 03/31/2012

028520000 - 2011/10
RI: 223.93
NM: 300.58

PENSACOLA DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201104
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.835	123.387	171.222	47.835	196.254	244.089
2. Inflate Line 1 by Inflation Factor 1.02052486	48.817	125.919	174.736	48.817	200.282	249.099
3. Line 1 x 1.400 x Inflation Factor 1.02873480	49.210	126.932	176.142	49.210	201.894	251.103
4. Current Period Cost	51.783	127.022	178.806	51.783	201.233	253.016
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.661	0.661
6. Allowed Current Period Costs (Min of line 3 or 4)	49.210	126.932	176.142	49.210	201.233	250.443
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.330	0.330
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	6.037	6.037
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.330	0.330
10. Final Incentive	0.000	0.000	0.000	0.000	0.330	0.330
11. Current Period Base: (line 6 + line 10)	49.210	126.932	176.142	49.210	201.563	250.773
12. Plus: Property Rate Component	0.000	0.000	24.374	0.000	0.000	24.374
13. Plus: ROE/Use Rate	0.000	0.000	1.875	0.000	0.000	1.875
14. Total Current Period Base	0.000	0.000	202.391	0.000	0.000	277.022
15. Prospective Rate: Line 11 x Inflation (1.02712127)	50.544	130.375	180.919	50.544	207.030	257.574
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.544	130.375	180.919	50.544	207.030	257.574
19. Property Rate Component	0.000	0.000	24.374	0.000	0.000	24.374
20. ROE Component + ROE Interim Component	0.000	0.000	1.875	0.000	0.000	1.875
21. Plus :Property Interim Rate Component	0.000	0.000	0.000	0.000	0.000	0.000
22. Final Per Diem	207.17			283.82		
23. Medicaid Days	9,771			12,950		
24. Resident Days	9,771			12,950		
25. Medicaid Utilization	100.00%			100.00%		
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)	16.76			16.76		
28. N/A	0.00			0.00		
29. Final Per Diem After Adjustments	223.93			300.58		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028521800 - 2011/10
RI:318.39 / NM:402.44

ANN STORCK CENTER
 1790 S.W. 43rd Way
 Ft. Lauderdale FL 33317

Provider Number: 028521800
 Date: 01/27/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.43</u>	<u>318.39</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>394.81</u>	<u>402.44</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

ANN STORCK CENTER
1790 S.W. 43RD WAY
FT. LAUDERDALE FL 33317

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	365	17,032	17,397
2. Operating Expenses Component			
A. Administration			465,463
B. Plant Operation			585,241
C. Laundry			63,587
D. Housekeeping			145,587
E. Operating Expense Component & Per Diem	72.4193	72.4193	1,259,878
3. Resident Care			
A. Dietary			363,120
B. Other			0
C. Nursing			983,600
D. Resident Care & Per Diem	77.4110	77.4110	1,346,720
4. Prop Exp & Per Diem	15.0191	15.0191	261,287
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	17,032.00	17,214.50
3. Staffing Percent	1.0601528	98.9398472	100.00
4. Allocation of Direct Care	29,474.39	2,750,727.61	2,780,202.00
5. Direct Care Expense Per Diem	80.7517	161.5035	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	17,032	17,397
2. Additional Services	14,368	670,438	684,806
3. Additional Services Exp & Per Diem	39.3644	39.3634	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.4193	72.4193	1,259,878
2. Resident Care Component	197.5272	278.2780	4,811,728
3. Property Cost Component	15.0191	15.0191	261,287
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	284.9655	365.7163	6,332,893



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: October, 2011
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	9,771	12,950	22,721
2. Operating Expenses Component			
A. Administration			572,308
B. Plant Operation			424,549
C. Laundry			8,726
D. Housekeeping			170,988
E. Operating Expense Component & Per Diem	51.7834	51.7834	1,176,571
3. Resident Care			
A. Dietary			348,262
B. Other			0
C. Nursing			645,866
D. Resident Care & Per Diem	43.7537	43.7537	994,128
4. Prop Exp & Per Diem	24.3742	24.3742	553,806
5. ROE/Use Per Diem	1.8747	1.8747	42,595
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,885.50	12,950.00	17,835.50
3. Staffing Percent	27.3919991	72.6080009	100.00
4. Allocation of Direct Care	725,116.89	1,922,068.11	2,647,185.00
5. Direct Care Expense Per Diem	74.2111	148.4222	
C. Additional Services Expense			
1. Medicaid Inpatient Days	9,771	12,950	22,721
2. Additional Services	88,499	117,289	205,788
3. Additional Services Exp & Per Diem	9.0573	9.0571	
D. Medicaid Per Diem Cost			
1. Operating Component	51.7834	51.7834	1,176,571
2. Resident Care Component	127.0221	201.2330	3,847,101
3. Property Cost Component	24.3742	24.3742	553,806
4. ROE/Use Allow Component	1.8747	1.8747	42,595
5 Total Cost Per Diem	205.0544	279.2653	5,620,073



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028030501

Provider Name: **LAKE CITY CLUSTER**
 Provider Number: 28030501
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,684	8,684
2. Operating Expenses Component			
A. Administration			512,525
B. Plant Operation			119,764
C. Laundry			58,717
D. Housekeeping			14,414
E. Operating Expense Component & Per Diem	81.2322	81.2322	705,420
3. Resident Care			
A. Dietary			148,996
B. Other			0
C. Nursing			287,095
D. Resident Care & Per Diem	50.2178	50.2178	436,091
4. Prop Exp & Per Diem	3.7259	3.7259	32,356
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,684.00	8,684.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	876,696.00	876,696.00
5. Direct Care Expense Per Diem	50.4777	100.9553	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,684	8,684
2. Additional Services	0	170,080	170,080
3. Additional Services Exp & Per Diem	19.5854	19.5854	
D. Medicaid Per Diem Cost			
1. Operating Component	81.2322	81.2322	705,420
2. Resident Care Component	120.2809	170.7585	1,482,867
3. Property Cost Component	3.7259	3.7259	32,356
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	205.2389	255.7166	2,220,643



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028521800 - 2011/10
RI: 318.39
NM: 402.44

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.621	201.418	273.038	71.621	279.932	351.553
2. Inflate Line 1 by Inflation Factor 1.01939630	73.010	205.324	278.334	73.010	285.362	358.372
3. Line 1 x 1.400 x Inflation Factor 1.02715482	73.566	206.887	280.453	73.566	287.534	361.099
4. Current Period Cost	72.419	197.527	269.946	72.419	278.278	350.697
5. Incentive Basis (line 3 - line 4)	1.146	9.360		1.146	9.256	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.419	197.527	269.946	72.419	278.278	350.697
7. Incentive Line 5 x Oper 50% Res 50%	0.573	4.680	5.253	0.573	4.628	5.201
8. Incentive - Line 4 x Oper 10% Res 3%	7.242	5.926	13.168	7.242	8.348	15.590
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.573	4.680	5.253	0.573	4.628	5.201
10. Final Incentive	0.573	4.680	5.253	0.573	4.628	5.201
11. Current Period Base: (line 6 + line 10)	72.992	202.207	275.200	72.992	282.906	355.898
12. Plus: Property Rate Component			15.019			15.019
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			290.219			370.917
15. Prospective Rate: Line 11 x Inflation (1.04148077)	76.020	210.595	286.615	76.020	294.641	370.661
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.020	210.595	286.615	76.020	294.641	370.661
19. Property Rate Component			15.019			15.019
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			301.63			385.68
23. Medicaid Days		365			17,032	
24. Resident Days		365			17,032	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			318.39			402.44



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028522600 - 2011/10
RI:238.04 / NM:311.98

TALLAHASSEE DEVELOPMENTAL
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 01/27/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.66</u>	<u>238.04</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>306.14</u>	<u>311.98</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028522600

Provider Name: **TALLAHASSEE DEVELOPMENTAL**
 Provider Number: 28522600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2011
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,450	19,485	21,935
2. Operating Expenses Component			
A. Administration			640,052
B. Plant Operation			368,545
C. Laundry			8,148
D. Housekeeping			115,028
E. Operating Expense Component & Per Diem	51.5967	51.5967	1,131,773
3. Resident Care			
A. Dietary			436,624
B. Other			0
C. Nursing			745,074
D. Resident Care & Per Diem	53.8727	53.8727	1,181,698
4. Prop Exp & Per Diem	25.5489	25.5489	560,416
5. ROE/Use Per Diem	2.1008	2.1008	46,082
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,225.00	19,485.00	20,710.00
3. Staffing Percent	5.9150169	94.0849831	100.00
4. Allocation of Direct Care	180,758.01	2,875,158.99	3,055,917.00
5. Direct Care Expense Per Diem	73.7788	147.5576	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,450	19,485	21,935
2. Additional Services	26,478	210,585	237,063
3. Additional Services Exp & Per Diem	10.8073	10.8075	
D. Medicaid Per Diem Cost			
1. Operating Component	51.5967	51.5967	1,131,773
2. Resident Care Component	138.4588	212.2378	4,474,678
3. Property Cost Component	25.5489	25.5489	560,416
4. ROE/Use Allow Component	2.1008	2.1008	46,082
5 Total Cost Per Diem	217.7053	291.4843	6,212,949



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028522600 - 2011/10
RI: 238.04
NM: 311.98

TALLAHASSEE DEVELOPMENTAL

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201104
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.425	132.458	183.884	51.425	202.441	253.866
2. Inflate Line 1 by Inflation Factor 1.02052486	52.481	135.177	187.658	52.481	206.596	259.076
3. Line 1 x 1.400 x Inflation Factor 1.02873480	52.903	136.265	189.168	52.903	208.258	261.161
4. Current Period Cost	51.597	138.459	190.056	51.597	212.238	263.834
5. Incentive Basis (line 3 - line 4)	1.306	0.000		1.306	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.597	136.265	187.861	51.597	208.258	259.854
7. Incentive Line 5 x Oper 50% Res 50%	0.653	0.000	0.653	0.653	0.000	0.653
8. Incentive - Line 4 x Oper 10% Res 3%	5.160	0.000	5.160	5.160	0.000	5.160
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.653	0.000	0.653	0.653	0.000	0.653
10. Final Incentive	0.653	0.000	0.653	0.653	0.000	0.653
11. Current Period Base: (line 6 + line 10)	52.250	136.265	188.514	52.250	208.258	260.508
12. Plus: Property Rate Component			25.549			25.549
13. Plus: ROE/Use Rate			2.101			2.101
14. Total Current Period Base			216.164			288.157
15. Prospective Rate: Line 11 x Inflation (1.02712127)	53.667	139.960	193.627	53.667	213.906	267.573
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.667	139.960	193.627	53.667	213.906	267.573
19. Property Rate Component			25.549			25.549
20. ROE Component + ROE Interim Component			2.101			2.101
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			221.28			295.22
23. Medicaid Days		2,450			19,485	
24. Resident Days		2,450			19,485	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			238.04			311.98



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028524200 - 2011/10
RI:232.51 / NM:321.96

FT WALTON BCH DEVELOP CTR
 113 Barks Drive
 Ft. Walton Beach FL 32547

Provider Number: 028524200
 Date: 01/27/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.24</u>	<u>232.51</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>315.93</u>	<u>321.96</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: October, 2011
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	14,848	7,904	22,752
2. Operating Expenses Component			
A. Administration			640,182
B. Plant Operation			354,641
C. Laundry			2,800
D. Housekeeping			164,821
E. Operating Expense Component & Per Diem	51.0919	51.0919	1,162,444
3. Resident Care			
A. Dietary			333,046
B. Other			0
C. Nursing			546,746
D. Resident Care & Per Diem	38.6688	38.6688	879,792
4. Prop Exp & Per Diem	23.6594	23.6594	538,298
5. ROE/Use Per Diem	1.9529	1.9529	44,432
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	7,424.00	7,904.00	15,328.00
3. Staffing Percent	48.4342380	51.5657620	100.00
4. Allocation of Direct Care	1,311,058.15	1,395,824.85	2,706,883.00
5. Direct Care Expense Per Diem	88.2986	176.5973	
C. Additional Services Expense			
1. Medicaid Inpatient Days	14,848	7,904	22,752
2. Additional Services	105,591	56,210	161,801
3. Additional Services Exp & Per Diem	7.1115	7.1116	
D. Medicaid Per Diem Cost			
1. Operating Component	51.0919	51.0919	1,162,444
2. Resident Care Component	134.0789	222.3776	3,748,476
3. Property Cost Component	23.6594	23.6594	538,298
4. ROE/Use Allow Component	1.9529	1.9529	44,432
5 Total Cost Per Diem	210.7831	299.0818	5,493,650



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028524200 - 2011/10

RI: 232.51

NM: 321.96

FT WALTON BCH DEVELOP CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201104
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	48.544	132.465	181.010	48.544	216.061	264.605
2. Inflate Line 1 by Inflation Factor 1.02052486	49.541	135.184	184.725	49.541	220.495	270.036
3. Line 1 x 1.400 x Inflation Factor 1.02873480	49.939	136.272	186.211	49.939	222.269	272.208
4. Current Period Cost	51.092	134.079	185.171	51.092	222.378	273.470
5. Incentive Basis (line 3 - line 4)	0.000	2.193		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.939	134.079	184.018	49.939	222.269	272.208
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.096	1.096	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.022	4.022	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	1.096	1.096	0.000	0.000	0.000
10. Final Incentive	0.000	1.096	1.096	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.939	135.175	185.115	49.939	222.269	272.208
12. Plus: Property Rate Component			23.659			23.659
13. Plus: ROE/Use Rate			1.953			1.953
14. Total Current Period Base			210.727			297.821
15. Prospective Rate: Line 11 x Inflation (1.02712127)	51.294	138.841	190.135	51.294	228.297	279.591
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.294	138.841	190.135	51.294	228.297	279.591
19. Property Rate Component			23.659			23.659
20. ROE Component + ROE Interim Component			1.953			1.953
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			215.75			305.20
23. Medicaid Days		14,848			7,904	
24. Resident Days		14,848			7,904	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			232.51			321.96



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028526900 - 2011/10
RI:225.71 / NM:295.31

PANAMA CITY DEV CTR
 P.O. Box 456
 Panama City FL 32402

Provider Number: 028526900
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>203.55</u>	<u>225.71</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>289.80</u>	<u>295.31</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 10/2011

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	21,358	21,358
2. Operating Expenses Component			
A. Administration			570,490
B. Plant Operation			320,538
C. Laundry			5,235
D. Housekeeping			178,897
E. Operating Expense Component & Per Diem	50.3399	50.3399	1,075,160
3. Resident Care			
A. Dietary			379,730
B. Other			0
C. Nursing			602,391
D. Resident Care & Per Diem	45.9838	45.9838	982,121
4. Prop Exp & Per Diem	26.9953	26.9953	576,565
5. ROE/Use Per Diem	2.3625	2.3625	50,458
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	21,358.00	21,358.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,810,726.00	2,810,726.00
5. Direct Care Expense Per Diem	65.8003	131.6006	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	21,358	21,358
2. Additional Services	0	138,586	138,586
3. Additional Services Exp & Per Diem	6.4887	6.4887	
D. Medicaid Per Diem Cost			
1. Operating Component	50.3399	50.3399	1,075,160
2. Resident Care Component	118.2728	184.0731	3,931,433
3. Property Cost Component	26.9953	26.9953	576,565
4. ROE/Use Allow Component	2.3625	2.3625	50,458
5 Total Cost Per Diem	197.9705	263.7708	5,633,616



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028526900 - 2011/10
RI: 225.71
NM: 295.31

PANAMA CITY DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.997	118.409	169.406	50.997	183.626	234.623
2. Inflate Line 1 by Inflation Factor 1.01959670	51.996	120.730	172.726	51.996	187.225	239.221
3. Line 1 x 1.400 x Inflation Factor 1.02743538	52.396	121.658	174.053	52.396	188.664	241.060
4. Current Period Cost	50.340	118.273	168.613	50.340	184.073	234.413
5. Incentive Basis (line 3 - line 4)	2.056	3.385		2.056	4.591	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.340	118.273	168.613	50.340	184.073	234.413
7. Incentive Line 5 x Oper 50% Res 50%	1.028	1.692	2.720	1.028	2.296	3.323
8. Incentive - Line 4 x Oper 10% Res 3%	5.034	3.548	8.582	5.034	5.522	10.556
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.028	1.692	2.720	1.028	2.296	3.323
10. Final Incentive	1.028	1.692	2.720	1.028	2.296	3.323
11. Current Period Base: (line 6 + line 10)	51.368	119.965	171.333	51.368	186.369	237.736
12. Plus: Property Rate Component			26.995			26.995
13. Plus: ROE/Use Rate			2.362			2.362
14. Total Current Period Base			200.691			267.094
15. Prospective Rate: Line 11 x Inflation (1.04820279)	53.844	125.748	179.592	53.844	195.352	249.196
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.844	125.748	179.592	53.844	195.352	249.196
19. Property Rate Component			26.995			26.995
20. ROE Component + ROE Interim Component			2.362			2.362
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			208.95			278.55
23. Medicaid Days			0			21,358
24. Resident Days			0			21,358
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			225.71			295.31



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028530700 - 2011/10
RI:219.33 / NM:286.88

HILLSBOROUGH DEVELOPMENT
 14219 Bruce B Downs Boulevard
 Tampa FL 33613

Provider Number: 028530700
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>215.33</u>	<u>219.33</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>281.54</u>	<u>286.88</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	6,530	16,493	23,023
2. Operating Expenses Component			
A. Administration			581,988
B. Plant Operation			350,876
C. Laundry			4,319
D. Housekeeping			111,559
E. Operating Expense Component & Per Diem	45.5519	45.5519	1,048,742
3. Resident Care			
A. Dietary			338,985
B. Other			0
C. Nursing			694,374
D. Resident Care & Per Diem	44.8838	44.8838	1,033,359
4. Prop Exp & Per Diem	27.4772	27.4772	632,607
5. ROE/Use Per Diem	2.0532	2.0532	47,270
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,265.00	16,493.00	19,758.00
3. Staffing Percent	16.5249519	83.4750481	100.00
4. Allocation of Direct Care	409,093.86	2,066,519.14	2,475,613.00
5. Direct Care Expense Per Diem	62.6484	125.2967	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	6,530	16,493	23,023
2. Additional Services	52,331	132,173	184,504
3. Additional Services Exp & Per Diem	8.0139	8.0139	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.5519	45.5519	1,048,742
2. Resident Care Component	115.5461	178.1944	3,693,476
3. Property Cost Component	27.4772	27.4772	632,607
4. ROE/Use Allow Component	2.0532	2.0532	47,270
5 Total Cost Per Diem	190.6283	253.2767	5,422,095



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028530700 - 2011/10

RI: 219.33

NM: 286.88

HILLSBOROUGH DEVELOPMENT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.820	118.740	164.561	45.820	183.201	229.021
2. Inflate Line 1 by Inflation Factor 1.01959670	46.718	121.067	167.786	46.718	186.791	233.509
3. Line 1 x 1.400 x Inflation Factor 1.02743538	47.078	121.998	169.076	47.078	188.227	235.305
4. Current Period Cost	45.552	115.546	161.098	45.552	178.194	223.746
5. Incentive Basis (line 3 - line 4)	1.526	6.452		1.526	10.033	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.552	115.546	161.098	45.552	178.194	223.746
7. Incentive Line 5 x Oper 50% Res 50%	0.763	3.226	3.989	0.763	5.016	5.779
8. Incentive - Line 4 x Oper 10% Res 3%	4.555	3.466	8.022	4.555	5.346	9.901
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.763	3.226	3.989	0.763	5.016	5.779
10. Final Incentive	0.763	3.226	3.989	0.763	5.016	5.779
11. Current Period Base: (line 6 + line 10)	46.315	118.772	165.087	46.315	183.211	229.525
12. Plus: Property Rate Component			27.477			27.477
13. Plus: ROE/Use Rate			2.053			2.053
14. Total Current Period Base			194.617			259.056
15. Prospective Rate: Line 11 x Inflation (1.04820279)	48.547	124.497	173.045	48.547	192.042	240.589
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.547	124.497	173.045	48.547	192.042	240.589
19. Property Rate Component			27.477			27.477
20. ROE Component + ROE Interim Component			2.053			2.053
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			202.57			270.12
23. Medicaid Days		6,530			16,493	
24. Resident Days		6,530			16,493	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			219.33			286.88



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028531500 - 2011/10
RI:333.63 / NM:410.55

WOODHOUSE INC
 1001 N.E. 3rd Avenue
 Pompano Beach FL 33060

Provider Number: 028531500
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>327.36</u>	<u>333.63</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>402.76</u>	<u>410.55</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

028531500

Provider Name: **WOODHOUSE INC**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,744	5,582	8,326
2. Operating Expenses Component			
A. Administration			601,485
B. Plant Operation			193,841
C. Laundry			1,314
D. Housekeeping			92,799
E. Operating Expense Component & Per Diem	106.8267	106.8267	889,439
3. Resident Care			
A. Dietary			185,386
B. Other			0
C. Nursing			370,366
D. Resident Care & Per Diem	66.7490	66.7490	555,752
4. Prop Exp & Per Diem	21.7129	21.7129	180,782
5. ROE/Use Per Diem	3.0894	3.0894	25,722
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,372.00	5,582.00	6,954.00
3. Staffing Percent	19.7296520	80.2703480	100.00
4. Allocation of Direct Care	195,830.61	796,739.39	992,570.00
5. Direct Care Expense Per Diem	71.3668	142.7337	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,744	5,582	8,326
2. Additional Services	118,911	241,897	360,808
3. Additional Services Exp & Per Diem	43.3349	43.3352	
D. Medicaid Per Diem Cost			
1. Operating Component	106.8267	106.8267	889,439
2. Resident Care Component	181.4507	252.8178	1,909,130
3. Property Cost Component	21.7129	21.7129	180,782
4. ROE/Use Allow Component	3.0894	3.0894	25,722
5 Total Cost Per Diem	313.0797	384.4468	3,005,073



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028531500 - 2011/10

RI: 333.63

NM: 410.55

WOODHOUSE INC

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	89.764	205.001	294.765	89.764	293.673	383.437
2. Inflate Line 1 by Inflation Factor 1.01937455	91.503	208.973	300.476	91.503	299.363	390.866
3. Line 1 x 1.400 x Inflation Factor 1.02712438	92.198	210.562	302.760	92.198	301.639	393.837
4. Current Period Cost	106.827	181.451	288.277	106.827	252.818	359.645
5. Incentive Basis (line 3 - line 4)	0.000	29.111		0.000	48.821	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.198	181.451	273.649	92.198	252.818	345.016
7. Incentive Line 5 x Oper 50% Res 50%	0.000	14.555	14.555	0.000	24.411	24.411
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.444	5.444	0.000	7.585	7.585
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.444	5.444	0.000	7.585	7.585
10. Final Incentive	0.000	5.444	5.444	0.000	7.585	7.585
11. Current Period Base: (line 6 + line 10)	92.198	186.894	279.093	92.198	260.402	352.601
12. Plus: Property Rate Component			21.713			21.713
13. Plus: ROE/Use Rate			3.089			3.089
14. Total Current Period Base			303.895			377.403
15. Prospective Rate: Line 11 x Inflation (1.04648267)	96.484	195.582	292.066	96.484	272.507	368.991
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	96.484	195.582	292.066	96.484	272.507	368.991
19. Property Rate Component			21.713			21.713
20. ROE Component + ROE Interim Component			3.089			3.089
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			316.87			393.79
23. Medicaid Days		2,744			5,582	
24. Resident Days		2,744			5,582	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			333.63			410.55



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028533100 - 2011/10
RI:306.26 / NM:396.12

SUNRISE CAPE CORAL CLUS
 2821 Pine Island Road, S.W.
 Cape Coral FL 33991

Provider Number: 028533100
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.56</u>	<u>306.26</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>388.62</u>	<u>396.12</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Sunrise

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,701	8,701
2. Operating Expenses Component			
A. Administration			411,541
B. Plant Operation			153,083
C. Laundry			5,525
D. Housekeeping			88,909
E. Operating Expense Component & Per Diem	75.7451	75.7451	659,058
3. Resident Care			
A. Dietary			118,494
B. Other			156,957
C. Nursing			351,690
D. Resident Care & Per Diem	72.0769	72.0769	627,141
4. Prop Exp & Per Diem	21.3031	21.3031	185,358
5. ROE/Use Per Diem	5.7022	5.7022	49,615
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,701.00	8,701.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,450,899.00	1,450,899.00
5. Direct Care Expense Per Diem	83.3754	166.7508	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,701	8,701
2. Additional Services	0	117,426	117,426
3. Additional Services Exp & Per Diem	13.4957	13.4957	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.7451	75.7451	659,058
2. Resident Care Component	168.9480	252.3234	2,195,466
3. Property Cost Component	21.3031	21.3031	185,358
4. ROE/Use Allow Component	5.7022	5.7022	49,615
5 Total Cost Per Diem	271.6984	355.0738	3,089,497



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028533100 - 2011/10
RI: 306.26
NM: 396.12

SUNRISE CAPE CORAL CLUS

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.828	181.729	257.556	75.828	272.553	348.381
2. Inflate Line 1 by Inflation Factor 1.01937455	77.297	185.250	262.547	77.297	277.834	355.131
3. Line 1 x 1.400 x Inflation Factor 1.02712438	77.885	186.658	264.543	77.885	279.946	357.831
4. Current Period Cost	75.745	168.948	244.693	75.745	252.323	328.068
5. Incentive Basis (line 3 - line 4)	2.139	17.710		2.139	27.623	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.745	168.948	244.693	75.745	252.323	328.068
7. Incentive Line 5 x Oper 50% Res 50%	1.070	8.855	9.925	1.070	13.811	14.881
8. Incentive - Line 4 x Oper 10% Res 3%	7.575	5.068	12.643	7.575	7.570	15.144
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.070	5.068	6.138	1.070	7.570	8.639
10. Final Incentive	1.070	5.068	6.138	1.070	7.570	8.639
11. Current Period Base: (line 6 + line 10)	76.815	174.016	250.831	76.815	259.893	336.708
12. Plus: Property Rate Component			21.303			21.303
13. Plus: ROE/Use Rate			5.702			5.702
14. Total Current Period Base			277.837			363.713
15. Prospective Rate: Line 11 x Inflation (1.04648267)	80.385	182.105	262.491	80.385	271.974	352.359
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.385	182.105	262.491	80.385	271.974	352.359
19. Property Rate Component			21.303			21.303
20. ROE Component + ROE Interim Component			5.702			5.702
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.50			379.36
23. Medicaid Days			0		8,701	
24. Resident Days			0		8,701	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			306.26			396.12



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028535800 - 2011/10
RI:229.47 / NM:253.86

Bayview - Lynn Haven
 700 W. 23rd Street Suite 52
 Panama City FL 32405

Provider Number: 028535800
 Date: 01/27/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.27</u>	<u>229.47</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>249.17</u>	<u>253.86</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Residential CRF Inc.

1117 Central Ave
Connersville IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2011
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,491	334	1,825
2. Operating Expenses Component			
A. Administration			83,868
B. Plant Operation			17,330
C. Laundry			0
D. Housekeeping			3,159
E. Operating Expense Component & Per Diem	57,1819	57,1819	104,357
3. Resident Care			
A. Dietary			10,708
B. Other			0
C. Nursing			16,810
D. Resident Care & Per Diem	15,0784	15,0784	27,518
4. Prop Exp & Per Diem	22,6170	22,6170	41,276
5. ROE/Use Per Diem	1,1468	1,1468	2,093
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,118.25	334.00	1,452.25
3. Staffing Percent	77.0012050	22.9987950	100.00
4. Allocation of Direct Care	105,263.73	31,440.27	136,704.00
5. Direct Care Expense Per Diem	70.5994	94.1326	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,126	334	1,460
2. Additional Services	41,905	12,430	54,335
3. Additional Services Exp & Per Diem	37,2158	37,2156	
D. Medicaid Per Diem Cost			
1. Operating Component	57,1819	57,1819	104,357
2. Resident Care Component	122,8936	146,4265	218,557
3. Property Cost Component	22,6170	22,6170	41,276
4. ROE/Use Allow Component	1,1468	1,1468	2,093
5 Total Cost Per Diem	203.8393	227.3722	366,283



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028535800 - 2011/10

RI: 229.47

NM: 253.86

Bayview - Lynn Haven

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2010	12/31/2010	Unaudited [3]	201104
Prior Cost Report	01/01/2009	12/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.007	119.576	179.584	60.007	142.476	202.483
2. Inflate Line 1 by Inflation Factor 1.01980514	61.196	121.945	183.140	61.196	145.297	206.493
3. Line 1 x 1.400 x Inflation Factor 1.02772720	61.671	122.892	184.563	61.671	146.426	208.097
4. Current Period Cost	57.182	122.894	180.075	57.182	146.426	203.608
5. Incentive Basis (line 3 - line 4)	4.489	0.000		4.489	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.182	122.892	180.074	57.182	146.426	203.608
7. Incentive Line 5 x Oper 50% Res 50%	2.245	0.000	2.245	2.245	0.000	2.245
8. Incentive - Line 4 x Oper 10% Res 3%	5.718	0.000	5.718	5.718	0.000	5.718
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.245	0.000	2.245	2.245	0.000	2.245
10. Final Incentive	2.245	0.000	2.245	2.245	0.000	2.245
11. Current Period Base: (line 6 + line 10)	59.426	122.892	182.318	59.426	146.426	205.852
12. Plus: Property Rate Component			22.617			22.617
13. Plus: ROE/Use Rate			1.147			1.147
14. Total Current Period Base			206.082			229.616
15. Prospective Rate: Line 11 x Inflation (1.03637291)	61.588	127.362	188.950	61.588	151.752	213.340
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.588	127.362	188.950	61.588	151.752	213.340
19. Property Rate Component			22.617			22.617
20. ROE Component + ROE Interim Component			1.147			1.147
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			212.71			237.10
23. Medicaid Days		1,126			334	
24. Resident Days		1,491			334	
25. Medicaid Utilization		75.52%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			229.47			253.86



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028536600 - 2011/10
RI:256.35 / NM:286.36

SQUIRE COURT COMMUNITY HOME
 95 Squire Court
 Dunedin FL 34698

Provider Number: 028536600
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>251.61</u>	<u>256.35</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>281.03</u>	<u>286.36</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028536600

Provider Name: **SQUIRE COURT COMMUNITY HOME**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			100,804
B. Plant Operation			20,019
C. Laundry			777
D. Housekeeping			1,967
E. Operating Expense Component & Per Diem	56.4233	56.4233	123,567
3. Resident Care			
A. Dietary			19,397
B. Other			0
C. Nursing			21,101
D. Resident Care & Per Diem	18.4922	18.4922	40,498
4. Prop Exp & Per Diem	16.1091	16.1091	35,279
5. ROE/Use Per Diem	10.5909	10.5909	23,194
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	131,000.40	87,333.60	218,334.00
5. Direct Care Expense Per Diem	89.7263	119.6351	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	84,480	42,234	126,714
3. Additional Services Exp & Per Diem	57.8630	57.8548	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.4233	56.4233	123,567
2. Resident Care Component	166.0816	195.9821	385,546
3. Property Cost Component	16.1091	16.1091	35,279
4. ROE/Use Allow Component	10.5909	10.5909	23,194
5 Total Cost Per Diem	249.2048	279.1054	567,586



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028536600 - 2011/10

RI: 256.35

NM: 286.36

SQUIRE COURT COMMUNITY HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	36.553	161.507	198.060	36.553	189.432	225.985
2. Inflate Line 1 by Inflation Factor 1.01937455	37.261	164.636	201.897	37.261	193.102	230.364
3. Line 1 x 1.400 x Inflation Factor 1.02712438	37.545	165.888	203.432	37.545	194.570	232.115
4. Current Period Cost	56.423	166.082	222.505	56.423	195.982	252.405
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.545	165.888	203.432	37.545	194.570	232.115
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.545	165.888	203.432	37.545	194.570	232.115
12. Plus: Property Rate Component			16.109			16.109
13. Plus: ROE/Use Rate			10.591			10.591
14. Total Current Period Base			230.132			258.815
15. Prospective Rate: Line 11 x Inflation (1.04648267)	39.290	173.599	212.888	39.290	203.615	242.904
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.290	173.599	212.888	39.290	203.615	242.904
19. Property Rate Component			16.109			16.109
20. ROE Component + ROE Interim Component			10.591			10.591
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			239.59			269.60
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			256.35			286.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028537400 - 2011/10
RI:271.17 / NM:0.00

BAYVIEW - SAFETY HARBOR
 3438 S.R. 580
 Safety Harbor FL 34695

Provider Number: 028537400
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>266.14</u>	<u>271.17</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			99,138
B. Plant Operation			24,597
C. Laundry			357
D. Housekeeping			2,631
E. Operating Expense Component & Per Diem	57.8644	0.0000	126,723
3. Resident Care			
A. Dietary			18,725
B. Other			0
C. Nursing			16,380
D. Resident Care & Per Diem	16.0297	0.0000	35,105
4. Prop Exp & Per Diem	11.5525	0.0000	25,300
5. ROE/Use Per Diem	10.5155	0.0000	23,029
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	226,844.00		226,844.00
5. Direct Care Expense Per Diem	103.5817		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	122,162		122,162
3. Additional Services Exp & Per Diem	55.7817		
D. Medicaid Per Diem Cost			
1. Operating Component	57.8644		126,723
2. Resident Care Component	175.3932		384,111
3. Property Cost Component	11.5525		25,300
4. ROE/Use Allow Component	10.5155		23,029
5 Total Cost Per Diem	255.3256		559,163



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028537400 - 2011/10

RI: 271.17

NM: 0.00

BAYVIEW - SAFETY HARBOR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.273	188.981	229.254			
2. Inflate Line 1 by Inflation Factor 1.01937455	41.053	192.643	233.696			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	41.365	194.107	235.473			
4. Current Period Cost	57.864	175.393	233.258			
5. Incentive Basis (line 3 - line 4)	0.000	18.714		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.365	175.393	216.758			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9.357	9.357	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.262	5.262	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.262	5.262	0.000	0.000	0.000
10. Final Incentive	0.000	5.262	5.262	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.365	180.655	222.020	0.000	0.000	0.000
12. Plus: Property Rate Component			11.553			0.000
13. Plus: ROE/Use Rate			10.516			0.000
14. Total Current Period Base			244.088			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	43.288	189.052	232.340	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.288	189.052	232.340	0.000	0.000	0.000
19. Property Rate Component			11.553			0.000
20. ROE Component + ROE Interim Component			10.516			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			254.41			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			271.17			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028539100 - 2011/10
RI:400.59 / NM:488.16

Hendricks
 95154 Hendricks Road
 Fernandina Beach FL 32034

Provider Number: 028539100
 Date: 01/27/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>393.00</u>	<u>400.59</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>478.84</u>	<u>488.16</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
Care Ctrs of Nassau, LLC
95146 Hendricks Road
Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2011
 Cost Report: 06/01/2010 - 05/31/2011
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	6,321	7,781
2. Operating Expenses Component			
A. Administration			478,820
B. Plant Operation			386,187
C. Laundry			37,027
D. Housekeeping			131,098
E. Operating Expense Component & Per Diem	132.7762	132.7762	1,033,132
3. Resident Care			
A. Dietary			265,785
B. Other			0
C. Nursing			390,481
D. Resident Care & Per Diem	84.3421	84.3421	656,266
4. Prop Exp & Per Diem	69.3803	69.3803	539,848
5. ROE/Use Per Diem	3.9332	3.9332	30,604
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	6,321.00	7,051.00
3. Staffing Percent	10.3531414	89.6468586	100.00
4. Allocation of Direct Care	121,811.13	1,054,750.87	1,176,562.00
5. Direct Care Expense Per Diem	83.4323	166.8646	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	6,321	7,781
2. Additional Services	47,351	205,004	252,355
3. Additional Services Exp & Per Diem	32.4322	32.4322	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	132.7762	132.7762	1,033,132
2. Resident Care Component	200.2066	283.6389	2,085,183
3. Property Cost Component	69.3803	69.3803	539,848
4. ROE/Use Allow Component	3.9332	3.9332	30,604
5 Total Cost Per Diem	406.2963	489.7286	3,688,767



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028539100 - 2011/10
RI: 400.59
NM: 488.16

Hendricks

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201104
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	101.716	118.788	220.504	101.716	185.750	287.466
2. Inflate Line 1 by Inflation Factor 1.02052486 *	120.601	179.905	300.506	120.601	264.615	385.216
3. Line 1 x 1.400 x Inflation Factor 1.02873480 *	121.436	180.880	302.316	121.436	266.140	387.576
4. Current Period Cost	132.776	200.207	332.983	132.776	283.639	416.415
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	121.436	180.880	302.316	121.436	266.140	387.576
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	121.436	180.880	302.316	121.436	266.140	387.576
12. Plus: Property Rate Component			69.380			69.380
13. Plus: ROE/Use Rate			3.933			3.933
14. Total Current Period Base			375.629			460.890
15. Prospective Rate: Line 11 x Inflation (1.02712127)	124.729	185.786	310.515	124.729	273.359	398.088
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	124.729	185.786	310.515	124.729	273.359	398.088
19. Property Rate Component			69.380			69.380
20. ROE Component + ROE Interim Component			3.933			3.933
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			383.83			471.40
23. Medicaid Days		1,460			6,321	
24. Resident Days		1,460			6,321	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			400.59			488.16

* See Attachment



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028540400 - 2011/10
RI:224.66 / NM:248.20

Seaview CRF, Inc.
 1204 West 13th Street
 Panama City FL 32405

Provider Number: 028540400
 Date: 01/27/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>220.55</u>	<u>224.66</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>243.63</u>	<u>248.20</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

Residential CRF, Inc.
1117 Central Avenue
Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2011 to 10/2011

028540400

Provider Name: **Seaview CRF, Inc.**
Provider Number: 28540400
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: October, 2011
Cost Report: 01/01/2010 - 12/31/2010
Days In Reporting Period: 365
Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,177	730	1,907
2. Operating Expenses Component			
A. Administration			108,811
B. Plant Operation			17,262
C. Laundry			0
D. Housekeeping			3,710
E. Operating Expense Component & Per Diem	68.0561	68.0561	129,783
3. Resident Care			
A. Dietary			10,528
B. Other			0
C. Nursing			17,422
D. Resident Care & Per Diem	14.6565	14.6565	27,950
4. Prop Exp & Per Diem	20.5490	20.5490	39,187
5. ROE/Use Per Diem	1.0225	1.0225	1,950
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	882.75	730.00	1,612.75
3. Staffing Percent	54.7356999	45.2643001	100.00
4. Allocation of Direct Care	75,547.86	62,475.14	138,023.00
5. Direct Care Expense Per Diem	64.1868	85.5824	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,177	730	1,907
2. Additional Services	35,540	22,042	57,582
3. Additional Services Exp & Per Diem	30.1954	30.1945	
D. Medicaid Per Diem Cost			
1. Operating Component	68.0561	68.0561	129,783
2. Resident Care Component	109.0387	130.4334	223,555
3. Property Cost Component	20.5490	20.5490	39,187
4. ROE/Use Allow Component	1.0225	1.0225	1,950
5 Total Cost Per Diem	198.6664	220.0611	394,475



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028540400 - 2011/10

RI: 224.66

NM: 248.20

Seaview CRF, Inc.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2010	12/31/2010	Unaudited [3]	201104
Prior Cost Report	01/01/2009	12/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.424	111.137	177.560	66.424	135.199	201.622
2. Inflate Line 1 by Inflation Factor 1.01980514	67.739	113.338	181.077	67.739	137.876	205.615
3. Line 1 x 1.400 x Inflation Factor 1.02772720	68.265	114.218	182.484	68.265	138.947	207.213
4. Current Period Cost	68.056	109.039	177.095	68.056	130.433	198.490
5. Incentive Basis (line 3 - line 4)	0.209	5.180		0.209	8.514	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.056	109.039	177.095	68.056	130.433	198.490
7. Incentive Line 5 x Oper 50% Res 50%	0.105	2.590	2.694	0.105	4.257	4.362
8. Incentive - Line 4 x Oper 10% Res 3%	6.806	3.271	10.077	6.806	3.913	10.719
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.105	2.590	2.694	0.105	3.913	4.018
10. Final Incentive	0.105	2.590	2.694	0.105	3.913	4.018
11. Current Period Base: (line 6 + line 10)	68.161	111.628	179.789	68.161	134.346	202.507
12. Plus: Property Rate Component			20.549			20.549
13. Plus: ROE/Use Rate			1.023			1.023
14. Total Current Period Base			201.361			224.079
15. Prospective Rate: Line 11 x Inflation (1.03637291)	70.640	115.689	186.329	70.640	139.233	209.873
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.640	115.689	186.329	70.640	139.233	209.873
19. Property Rate Component			20.549			20.549
20. ROE Component + ROE Interim Component			1.023			1.023
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.90			231.44
23. Medicaid Days		1,177			730	
24. Resident Days		1,177			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			224.66			248.20



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028541200 - 2011/10
RI:281.52 / NM:318.36

Twin Lane Community Home
 2281 Twin Lane Drive
 Dundedun FL 34698

Provider Number: 028541200
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>276.28</u>	<u>281.52</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>312.40</u>	<u>318.36</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,698	365	2,063
2. Operating Expenses Component			
A. Administration			100,365
B. Plant Operation			17,876
C. Laundry			449
D. Housekeeping			2,017
E. Operating Expense Component & Per Diem	58.5104	58.5104	120,707
3. Resident Care			
A. Dietary			20,509
B. Other			0
C. Nursing			21,435
D. Resident Care & Per Diem	20.3316	20.3316	41,944
4. Prop Exp & Per Diem	16.8652	16.8652	34,793
5. ROE/Use Per Diem	11.5259	11.5259	23,778
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,273.50	365.00	1,638.50
3. Staffing Percent	77.7235276	22.2764724	100.00
4. Allocation of Direct Care	176,290.17	50,526.83	226,817.00
5. Direct Care Expense Per Diem	103.8222	138.4297	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,698	365	2,063
2. Additional Services	98,776	21,233	120,009
3. Additional Services Exp & Per Diem	58.1720	58.1726	
D. Medicaid Per Diem Cost			
1. Operating Component	58.5104	58.5104	120,707
2. Resident Care Component	182.3258	216.9338	388,770
3. Property Cost Component	16.8652	16.8652	34,793
4. ROE/Use Allow Component	11.5259	11.5259	23,778
5 Total Cost Per Diem	269.2274	303.8354	568,048



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028541200 - 2011/10
RI: 281.52
NM: 318.36

Twin Lane Community Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	38.050	186.201	224.250	38.050	221.061	259.111
2. Inflate Line 1 by Inflation Factor 1.01937455	38.787	189.808	228.595	38.787	225.344	264.131
3. Line 1 x 1.400 x Inflation Factor 1.02712438	39.082	191.251	230.333	39.082	227.057	266.139
4. Current Period Cost	58.510	182.326	240.836	58.510	216.934	275.444
5. Incentive Basis (line 3 - line 4)	0.000	8.925		0.000	10.123	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.082	182.326	221.408	39.082	216.934	256.016
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.463	4.463	0.000	5.062	5.062
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.470	5.470	0.000	6.508	6.508
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.463	4.463	0.000	5.062	5.062
10. Final Incentive	0.000	4.463	4.463	0.000	5.062	5.062
11. Current Period Base: (line 6 + line 10)	39.082	186.788	225.870	39.082	221.995	261.077
12. Plus: Property Rate Component			16.865			16.865
13. Plus: ROE/Use Rate			11.526			11.526
14. Total Current Period Base			254.262			289.468
15. Prospective Rate: Line 11 x Inflation (1.04648267)	40.899	195.471	236.369	40.899	232.314	273.213
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.899	195.471	236.369	40.899	232.314	273.213
19. Property Rate Component			16.865			16.865
20. ROE Component + ROE Interim Component			11.526			11.526
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			264.76			301.60
23. Medicaid Days		1,698			365	
24. Resident Days		1,698			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			281.52			318.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028545500 - 2011/10
RI:283.40 / NM:0.00

Second Street Group Home
 3841 S.E. 2nd Street
 Ocala FL 34471

Provider Number: 028545500
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.12</u>	<u>283.40</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,118	0	2,118
2. Operating Expenses Component			
A. Administration			145,380
B. Plant Operation			29,300
C. Laundry			713
D. Housekeeping			2,073
E. Operating Expense Component & Per Diem	83.7894	0.0000	177,466
3. Resident Care			
A. Dietary			22,682
B. Other			0
C. Nursing			10,656
D. Resident Care & Per Diem	15.7403	0.0000	33,338
4. Prop Exp & Per Diem	18.4896	0.0000	39,161
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,588.50		1,588.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	232,564.00		232,564.00
5. Direct Care Expense Per Diem	109.8036		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,118		2,118
2. Additional Services	77,475		77,475
3. Additional Services Exp & Per Diem	36.5793		
D. Medicaid Per Diem Cost			
1. Operating Component	83.7894		177,466
2. Resident Care Component	162.1232		343,377
3. Property Cost Component	18.4896		39,161
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	264.4023		560,004



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028545500 - 2011/10

RI: 283.40

NM: 0.00

Second Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.504	156.361	230.865			
2. Inflate Line 1 by Inflation Factor 1.01937455	75.947	159.391	235.338			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	76.525	160.602	237.127			
4. Current Period Cost	83.789	162.123	245.913			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	76.525	160.602	237.127			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.525	160.602	237.127	0.000	0.000	0.000
12. Plus: Property Rate Component			18.490			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			255.617			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	80.082	168.068	248.149	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.082	168.068	248.149	0.000	0.000	0.000
19. Property Rate Component			18.490			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			266.64			0.00
23. Medicaid Days		2,118			0	
24. Resident Days		2,118			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			283.40			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028546300 - 2011/10
RI:283.17 / NM:318.22

107th Place Home
5321 S.E. 107th Place
Bellevue FL 34420

Provider Number: 028546300
Date: 01/27/2012
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>277.90</u>	<u>283.17</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>312.26</u>	<u>318.22</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (13)
Home Office:
Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			146,902
B. Plant Operation			30,381
C. Laundry			560
D. Housekeeping			2,649
E. Operating Expense Component & Per Diem	82.4164	82.4164	180,492
3. Resident Care			
A. Dietary			20,765
B. Other			0
C. Nursing			14,069
D. Resident Care & Per Diem	15.9059	15.9059	34,834
4. Prop Exp & Per Diem	21.9662	21.9662	48,106
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	178,008.95	47,469.05	225,478.00
5. Direct Care Expense Per Diem	97.5391	130.0522	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	66,607	13,324	79,931
3. Additional Services Exp & Per Diem	36.4970	36.5041	
D. Medicaid Per Diem Cost			
1. Operating Component	82.4164	82.4164	180,492
2. Resident Care Component	149.9421	182.4622	340,243
3. Property Cost Component	21.9662	21.9662	48,106
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	254.3247	286.8449	568,841



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2011 through 03/31/2012

028546300 - 2011/10

RI: 283.17

NM: 318.22

107th Place Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.055	159.216	236.271	77.055	193.717	270.771
2. Inflate Line 1 by Inflation Factor 1.01937455	78.547	162.301	240.849	78.547	197.470	276.017
3. Line 1 x 1.400 x Inflation Factor 1.02712438	79.145	163.535	242.680	79.145	198.971	278.116
4. Current Period Cost	82.416	149.942	232.359	82.416	182.462	264.879
5. Incentive Basis (line 3 - line 4)	0.000	13.593		0.000	16.509	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.145	149.942	229.087	79.145	182.462	261.607
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.797	6.797	0.000	8.254	8.254
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.498	4.498	0.000	5.474	5.474
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.498	4.498	0.000	5.474	5.474
10. Final Incentive	0.000	4.498	4.498	0.000	5.474	5.474
11. Current Period Base: (line 6 + line 10)	79.145	154.440	233.585	79.145	187.936	267.081
12. Plus: Property Rate Component			21.966			21.966
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			255.551			289.047
15. Prospective Rate: Line 11 x Inflation (1.04648267)	82.823	161.619	244.443	82.823	196.672	279.495
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.823	161.619	244.443	82.823	196.672	279.495
19. Property Rate Component			21.966			21.966
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			266.41			301.46
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			283.17			318.22



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028547100 - 2011/10
RI:229.96 / NM:0.00

Sunrise Group Home #17
 19963 N.W. 62nd Place
 Miami Lakes FL 33015

Provider Number: 028547100
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.74</u>	<u>229.96</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis

<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			57,699
B. Plant Operation			24,921
C. Laundry			1,305
D. Housekeeping			1,546
E. Operating Expense Component & Per Diem	39.0279	0.0000	85,471
3. Resident Care			
A. Dietary			22,294
B. Other			41,387
C. Nursing			-765
D. Resident Care & Per Diem	28.7288	0.0000	62,916
4. Prop Exp & Per Diem	18.2868	0.0000	40,048
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	242,726.00		242,726.00
5. Direct Care Expense Per Diem	110.8338		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	3,065		3,065
3. Additional Services Exp & Per Diem	1.3995		
D. Medicaid Per Diem Cost			
1. Operating Component	39.0279		85,471
2. Resident Care Component	140.9621		308,707
3. Property Cost Component	18.2868		40,048
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	198.2767		434,226



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028547100 - 2011/10

RI: 229.96

NM: 0.00

Sunrise Group Home #17

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.960	157.920	199.880			
2. Inflate Line 1 by Inflation Factor 1.01937455	42.773	160.980	203.753			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	43.098	162.204	205.302			
4. Current Period Cost	39.028	140.962	179.990			
5. Incentive Basis (line 3 - line 4)	4.070	21.242		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.028	140.962	179.990			
7. Incentive Line 5 x Oper 50% Res 50%	2.035	10.621	12.656	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.903	4.229	8.132	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.035	4.229	6.264	0.000	0.000	0.000
10. Final Incentive	2.035	4.229	6.264	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.063	145.191	186.254	0.000	0.000	0.000
12. Plus: Property Rate Component			18.287			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			204.541			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	42.972	151.940	194.912	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.972	151.940	194.912	0.000	0.000	0.000
19. Property Rate Component			18.287			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			213.20			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			229.96			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028548000 - 2011/10
RI:237.44 / NM:281.19

Sunrise Group Home #16
 3210 S.W. 138th Court
 Miami FL 33175

Provider Number: 028548000
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.07</u>	<u>237.44</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>275.96</u>	<u>281.19</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis

<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management :
 DPODS - DCF (11)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	353	2,178
2. Operating Expenses Component			
A. Administration			65,022
B. Plant Operation			25,660
C. Laundry			1,849
D. Housekeeping			4,378
E. Operating Expense Component & Per Diem	44.4945	44.4945	96,909
3. Resident Care			
A. Dietary			16,517
B. Other			32,813
C. Nursing			966
D. Resident Care & Per Diem	23.0927	23.0927	50,296
4. Prop Exp & Per Diem	19.3476	19.3476	42,139
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	353.00	1,721.75
3. Staffing Percent	79.4976042	20.5023958	100.00
4. Allocation of Direct Care	224,000.40	57,769.60	281,770.00
5. Direct Care Expense Per Diem	122.7399	163.6533	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	353	2,178
2. Additional Services	4,159	804	4,963
3. Additional Services Exp & Per Diem	2.2789	2.2776	
D. Medicaid Per Diem Cost			
1. Operating Component	44.4945	44.4945	96,909
2. Resident Care Component	148.1116	189.0236	337,029
3. Property Cost Component	19.3476	19.3476	42,139
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	211.9537	252.8657	476,077



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028548000 - 2011/10

RI: 237.44

NM: 281.19

Sunrise Group Home #16

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 03/01/2011 - 03/31/2011 Days Eligible: 152 of 182

Eligibility factor :83.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.834	152.034	191.868	39.834	193.971	233.805
2. Inflate Line 1 by Inflation Factor 1.01937455	40.606	154.980	195.586	40.606	197.729	238.334
3. Line 1 x 1.400 x Inflation Factor 1.02712438	40.914	156.158	197.073	40.914	199.232	240.146
4. Current Period Cost	44.494	148.112	192.606	44.494	189.024	233.518
5. Incentive Basis (line 3 - line 4)	0.000	8.047		0.000	10.208	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.914	148.112	189.026	40.914	189.024	229.938
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.023	4.023	0.000	5.104	5.104
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.443	4.443	0.000	5.671	5.671
9. Incentive - Min of Line 7,8 x Eligibility factor 83.52%	0.000	3.360	3.360	0.000	4.263	4.263
10. Final Incentive	0.000	3.360	3.360	0.000	4.263	4.263
11. Current Period Base: (line 6 + line 10)	40.914	151.472	192.386	40.914	193.286	234.201
12. Plus: Property Rate Component			19.348			19.348
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			211.734			253.548
15. Prospective Rate: Line 11 x Inflation (1.04648267)	42.816	158.513	201.329	42.816	202.271	245.087
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.816	158.513	201.329	42.816	202.271	245.087
19. Property Rate Component			19.348			19.348
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			220.68			264.43
23. Medicaid Days		1,825			353	
24. Resident Days		1,825			353	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			237.44			281.19



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028552800 - 2011/10
RI:223.44 / NM:264.51

Sunrise Group Home #12
 1219 S.E. 26th Terrace
 Cape Coral FL 33904

Provider Number: 028552800
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.35</u>	<u>223.44</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>259.61</u>	<u>264.51</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,343	730	2,073
2. Operating Expenses Component			
A. Administration			80,145
B. Plant Operation			22,801
C. Laundry			578
D. Housekeeping			726
E. Operating Expense Component & Per Diem	50.2894	50.2894	104,250
3. Resident Care			
A. Dietary			11,261
B. Other			34,440
C. Nursing			0
D. Resident Care & Per Diem	22.0458	22.0458	45,701
4. Prop Exp & Per Diem	13.3811	13.3811	27,739
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,007.25	730.00	1,737.25
3. Staffing Percent	57.9795654	42.0204346	100.00
4. Allocation of Direct Care	153,526.41	111,267.59	264,794.00
5. Direct Care Expense Per Diem	114.3160	152.4214	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,343	730	2,073
2. Additional Services	5,452	2,964	8,416
3. Additional Services Exp & Per Diem	4.0596	4.0603	
D. Medicaid Per Diem Cost			
1. Operating Component	50.2894	50.2894	104,250
2. Resident Care Component	140.4214	178.5275	318,911
3. Property Cost Component	13.3811	13.3811	27,739
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	204.0919	242.1980	450,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028552800 - 2011/10

RI: 223.44

NM: 264.51

Sunrise Group Home #12

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.020	153.462	192.482	39.020	193.417	232.437
2. Inflate Line 1 by Inflation Factor 1.01937455	39.776	156.436	196.211	39.776	197.164	236.940
3. Line 1 x 1.400 x Inflation Factor 1.02712438	40.078	157.625	197.703	40.078	198.663	238.741
4. Current Period Cost	50.289	140.421	190.711	50.289	178.527	228.817
5. Incentive Basis (line 3 - line 4)	0.000	17.204		0.000	20.136	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.078	140.421	180.499	40.078	178.527	218.606
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.602	8.602	0.000	10.068	10.068
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.213	4.213	0.000	5.356	5.356
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.213	4.213	0.000	5.356	5.356
10. Final Incentive	0.000	4.213	4.213	0.000	5.356	5.356
11. Current Period Base: (line 6 + line 10)	40.078	144.634	184.712	40.078	183.883	223.961
12. Plus: Property Rate Component			13.381			13.381
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			198.093			237.342
15. Prospective Rate: Line 11 x Inflation (1.04648267)	41.941	151.357	193.298	41.941	192.431	234.372
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.941	151.357	193.298	41.941	192.431	234.372
19. Property Rate Component			13.381			13.381
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.68			247.75
23. Medicaid Days		1,343			730	
24. Resident Days		1,343			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			223.44			264.51



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028553600 - 2011/10
RI:299.74 / NM:345.73

Sunrise Group Home #13
 1950 Country Meadows Circle
 Sarasota FL 34235

Provider Number: 028553600
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.14</u>	<u>299.74</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>339.22</u>	<u>345.73</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			134,495
B. Plant Operation			55,429
C. Laundry			254
D. Housekeeping			1,611
E. Operating Expense Component & Per Diem	87,5749	87,5749	191,789
3. Resident Care			
A. Dietary			12,278
B. Other			55,633
C. Nursing			0
D. Resident Care & Per Diem	31,0096	31,0096	67,911
4. Prop Exp & Per Diem	21,9402	21,9402	48,049
5. ROE/Use Per Diem	0,8813	0,8813	1,930
B. Direct Care Expense			
1. Staffing	0,75	1,00	
2. Total Staffing Required	1,368,75	365,00	1,733,75
3. Staffing Percent	78,9473684	21,0526316	100,00
4. Allocation of Direct Care	231,705,79	61,788,21	293,494,00
5. Direct Care Expense Per Diem	126,9621	169,2828	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	34,592	6,918	41,510
3. Additional Services Exp & Per Diem	18,9545	18,9534	
D. Medicaid Per Diem Cost			
1. Operating Component	87,5749	87,5749	191,789
2. Resident Care Component	176,9262	219,2458	402,915
3. Property Cost Component	21,9402	21,9402	48,049
4. ROE/Use Allow Component	0,8813	0,8813	1,930
5 Total Cost Per Diem	287,3225	329,6421	644,683



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028553600 - 2011/10
RI: 299.74
NM: 345.73

Sunrise Group Home #13

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.223	179.368	245.591	66.223	223.750	289.974
2. Inflate Line 1 by Inflation Factor 1.01937455	67.506	182.843	250.349	67.506	228.085	295.592
3. Line 1 x 1.400 x Inflation Factor 1.02712438	68.019	184.233	252.253	68.019	229.819	297.839
4. Current Period Cost	87.575	176.926	264.501	87.575	219.246	306.821
5. Incentive Basis (line 3 - line 4)	0.000	7.307		0.000	10.574	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.019	176.926	244.946	68.019	219.246	287.265
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.653	3.653	0.000	5.287	5.287
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.308	5.308	0.000	6.577	6.577
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.653	3.653	0.000	5.287	5.287
10. Final Incentive	0.000	3.653	3.653	0.000	5.287	5.287
11. Current Period Base: (line 6 + line 10)	68.019	180.580	248.599	68.019	224.533	292.552
12. Plus: Property Rate Component			21.940			21.940
13. Plus: ROE/Use Rate			0.881			0.881
14. Total Current Period Base			271.421			315.374
15. Prospective Rate: Line 11 x Inflation (1.04648267)	71.181	188.973	260.155	71.181	234.969	306.151
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.181	188.973	260.155	71.181	234.969	306.151
19. Property Rate Component			21.940			21.940
20. ROE Component + ROE Interim Component			0.881			0.881
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.98			328.97
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			299.74			345.73



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028554400 - 2011/10
RI:303.36 / NM:0.00

Coletta Drive Group Home
 1604 Coletta Drive
 Orlando FL 32807

Provider Number: 028554400
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	297.69	303.36	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40222

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,166	0	2,166
2. Operating Expenses Component			
A. Administration			147,146
B. Plant Operation			27,176
C. Laundry			1,007
D. Housekeeping			2,938
E. Operating Expense Component & Per Diem	82.3024	0.0000	178,267
3. Resident Care			
A. Dietary			23,986
B. Other			0
C. Nursing			10,742
D. Resident Care & Per Diem	16.0332	0.0000	34,728
4. Prop Exp & Per Diem	18.1376	0.0000	39,286
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,624.50		1,624.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	239,202.00		239,202.00
5. Direct Care Expense Per Diem	110.4349		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,166		2,166
2. Additional Services	89,026		89,026
3. Additional Services Exp & Per Diem	41.1016		
D. Medicaid Per Diem Cost			
1. Operating Component	82.3024		178,267
2. Resident Care Component	167.5697		362,956
3. Property Cost Component	18.1376		39,286
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	268.0097		580,509



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028554400 - 2011/10
RI: 303.36
NM: 0.00

Coletta Drive Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.317	199.554	282.871			
2. Inflate Line 1 by Inflation Factor 1.01937455	84.931	203.420	288.351			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	85.577	204.966	290.543			
4. Current Period Cost	82.302	167.570	249.872			
5. Incentive Basis (line 3 - line 4)	3.275	37.397		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.302	167.570	249.872			
7. Incentive Line 5 x Oper 50% Res 50%	1.637	18.698	20.336	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	8.230	5.027	13.257	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.637	5.027	6.664	0.000	0.000	0.000
10. Final Incentive	1.637	5.027	6.664	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.940	172.597	256.537	0.000	0.000	0.000
12. Plus: Property Rate Component			18.138			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			274.674			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	87.841	180.620	268.461	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.841	180.620	268.461	0.000	0.000	0.000
19. Property Rate Component			18.138			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.60			0.00
23. Medicaid Days		2,166			0	
24. Resident Days		2,166			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			303.36			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028555200 - 2011/10
RI:223.39 / NM:250.18

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 01/27/2012
 FYE: 12/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>219.30</u>	<u>223.39</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>245.57</u>	<u>250.18</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Residential CRF, Inc.

1117 Central Avenue

Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2011 to 10/2011

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: October, 2011
 Cost Report: 01/01/2010 - 12/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,126	730	1,856
2. Operating Expenses Component			
A. Administration			96,942
B. Plant Operation			17,636
C. Laundry			0
D. Housekeeping			3,745
E. Operating Expense Component & Per Diem	63.7516	63.7516	118,323
3. Resident Care			
A. Dietary			11,247
B. Other			0
C. Nursing			17,029
D. Resident Care & Per Diem	15.2349	15.2349	28,276
4. Prop Exp & Per Diem	21.0447	21.0447	39,059
5. ROE/Use Per Diem	1.2365	1.2365	2,295
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	844.50	730.00	1,574.50
3. Staffing Percent	53.6360749	46.3639251	100.00
4. Allocation of Direct Care	79,502.07	68,722.93	148,225.00
5. Direct Care Expense Per Diem	70.6057	94.1410	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,126	730	1,856
2. Additional Services	31,650	20,519	52,169
3. Additional Services Exp & Per Diem	28.1083	28.1082	
D. Medicaid Per Diem Cost			
1. Operating Component	63.7516	63.7516	118,323
2. Resident Care Component	113.9490	137.4841	228,670
3. Property Cost Component	21.0447	21.0447	39,059
4. ROE/Use Allow Component	1.2365	1.2365	2,295
5 Total Cost Per Diem	199.9819	223.5170	388,347



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

02855200 - 2011/10
RI: 223.39
NM: 250.18

Gulfview

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2010	12/31/2010	Unaudited [3]	201104
Prior Cost Report	01/01/2009	12/31/2009	Desk Audited [2]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.028	110.547	173.575	63.028	137.635	200.663
2. Inflate Line 1 by Inflation Factor 1.01980514	64.276	112.737	177.013	64.276	140.361	204.637
3. Line 1 x 1.400 x Inflation Factor 1.02772720	64.775	113.613	178.388	64.775	141.452	206.227
4. Current Period Cost	63.752	113.949	177.701	63.752	137.484	201.236
5. Incentive Basis (line 3 - line 4)	1.024	0.000	1.024	1.024	3.967	4.991
6. Allowed Current Period Costs (Min of line 3 or 4)	63.752	113.613	177.364	63.752	137.484	201.236
7. Incentive Line 5 x Oper 50% Res 50%	0.512	0.000	0.512	0.512	1.984	2.496
8. Incentive - Line 4 x Oper 10% Res 3%	6.375	0.000	6.375	6.375	4.125	10.500
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.512	0.000	0.512	0.512	1.984	2.496
10. Final Incentive	0.512	0.000	0.512	0.512	1.984	2.496
11. Current Period Base: (line 6 + line 10)	64.264	113.613	177.876	64.264	139.468	203.731
12. Plus: Property Rate Component			21.045			21.045
13. Plus: ROE/Use Rate			1.237			1.237
14. Total Current Period Base			200.157			226.013
15. Prospective Rate: Line 11 x Inflation (1.03637291)	66.601	117.745	184.346	66.601	144.541	211.142
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.601	117.745	184.346	66.601	144.541	211.142
19. Property Rate Component			21.045			21.045
20. ROE Component + ROE Interim Component			1.237			1.237
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.63			233.42
23. Medicaid Days		1,126			730	
24. Resident Days		1,126			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			223.39			250.18



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028557900 - 2011/10
RI:237.60 / NM:0.00

Sunrise 148th Court
 5436 S.W. 148th Court
 Miami FL 33185

Provider Number: 028557900
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>233.23</u>	<u>237.60</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			60,718
B. Plant Operation			29,223
C. Laundry			2,290
D. Housekeeping			2,410
E. Operating Expense Component & Per Diem	43.2151	0.0000	94,641
3. Resident Care			
A. Dietary			18,342
B. Other			43,676
C. Nursing			825
D. Resident Care & Per Diem	28.6954	0.0000	62,843
4. Prop Exp & Per Diem	17.5215	0.0000	38,372
5. ROE/Use Per Diem	0.1018	0.0000	223
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	250,070.00		250,070.00
5. Direct Care Expense Per Diem	114.1872		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	7,571		7,571
3. Additional Services Exp & Per Diem	3.4571		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.2151		94,641
2. Resident Care Component	146.3397		320,484
3. Property Cost Component	17.5215		38,372
4. ROE/Use Allow Component	0.1018		223
5 Total Cost Per Diem	207.1781		453,720



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028557900 - 2011/10
RI: 237.60
NM: 0.00

Sunrise 148th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.550	160.567	203.117			
2. Inflate Line 1 by Inflation Factor 1.01937455	43.374	163.678	207.052			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	43.704	164.923	208.626			
4. Current Period Cost	43.215	146.340	189.555			
5. Incentive Basis (line 3 - line 4)	0.489	18.583		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.215	146.340	189.555			
7. Incentive Line 5 x Oper 50% Res 50%	0.244	9.292	9.536	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.322	4.390	8.712	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.244	4.390	4.635	0.000	0.000	0.000
10. Final Incentive	0.244	4.390	4.635	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.459	150.730	194.189	0.000	0.000	0.000
12. Plus: Property Rate Component			17.521			0.000
13. Plus: ROE/Use Rate			0.102			0.000
14. Total Current Period Base			211.813			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	45.479	157.736	203.216	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.479	157.736	203.216	0.000	0.000	0.000
19. Property Rate Component			17.521			0.000
20. ROE Component + ROE Interim Component			0.102			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			220.84			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			237.60			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028558700 - 2011/10
RI:220.48 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015

Provider Number: 028558700
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>216.45</u>	<u>220.48</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			62,186
B. Plant Operation			33,817
C. Laundry			2,779
D. Housekeeping			5,434
E. Operating Expense Component & Per Diem	47.5872	0.0000	104,216
3. Resident Care			
A. Dietary			20,927
B. Other			41,579
C. Nursing			357
D. Resident Care & Per Diem	28.7046	0.0000	62,863
4. Prop Exp & Per Diem	20.5735	0.0000	45,056
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	216,735.00		216,735.00
5. Direct Care Expense Per Diem	98.9658		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	1,701		1,701
3. Additional Services Exp & Per Diem	0.7767		
D. Medicaid Per Diem Cost			
1. Operating Component	47.5872		104,216
2. Resident Care Component	128.4470		281,299
3. Property Cost Component	20.5735		45,056
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	196.6078		430,571



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028558700 - 2011/10
RI: 220.48
NM: 0.00

Sunrise Oakmont

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.582	141.989	183.571			
2. Inflate Line 1 by Inflation Factor 1.01937455	42.387	144.740	187.127			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	42.710	145.840	188.550			
4. Current Period Cost	47.587	128.447	176.034			
5. Incentive Basis (line 3 - line 4)	0.000	17.393		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.710	128.447	171.157			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.697	8.697	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.853	3.853	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.853	3.853	0.000	0.000	0.000
10. Final Incentive	0.000	3.853	3.853	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.710	132.300	175.010	0.000	0.000	0.000
12. Plus: Property Rate Component			20.574			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			195.584			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	44.695	138.450	183.145	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.695	138.450	183.145	0.000	0.000	0.000
19. Property Rate Component			20.574			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			203.72			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			220.48			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028559500 - 2011/10
RI:245.88 / NM:0.00

Sunrise 53rd Ct.
 10228 S.W. 53rd Court
 Cooper City FL 33328

Provider Number: 028559500
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.35</u>	<u>245.88</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,188	0	2,188
2. Operating Expenses Component			
A. Administration			63,073
B. Plant Operation			26,224
C. Laundry			1,636
D. Housekeeping			2,432
E. Operating Expense Component & Per Diem	42.6714	0.0000	93,365
3. Resident Care			
A. Dietary			21,669
B. Other			39,377
C. Nursing			6,975
D. Resident Care & Per Diem	31.0882	0.0000	68,021
4. Prop Exp & Per Diem	19.5910	0.0000	42,865
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,641.00		1,641.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	261,440.00		261,440.00
5. Direct Care Expense Per Diem	119.4881		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,188		2,188
2. Additional Services	1,810		1,810
3. Additional Services Exp & Per Diem	0.8272		
D. Medicaid Per Diem Cost			
1. Operating Component	42.6714		93,365
2. Resident Care Component	151.4036		331,271
3. Property Cost Component	19.5910		42,865
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	213.6659		467,501



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028559500 - 2011/10
RI: 245.88
NM: 0.00

Sunrise 53rd Ct.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.675	160.209	204.884			
2. Inflate Line 1 by Inflation Factor 1.01937455	45.540	163.313	208.854			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	45.886	164.555	210.441			
4. Current Period Cost	42.671	151.404	194.075			
5. Incentive Basis (line 3 - line 4)	3.215	13.151		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.671	151.404	194.075			
7. Incentive Line 5 x Oper 50% Res 50%	1.608	6.576	8.183	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.267	4.542	8.809	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.608	4.542	6.150	0.000	0.000	0.000
10. Final Incentive	1.608	4.542	6.150	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.279	155.946	200.225	0.000	0.000	0.000
12. Plus: Property Rate Component			19.591			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			219.816			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	46.337	163.194	209.532	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.337	163.194	209.532	0.000	0.000	0.000
19. Property Rate Component			19.591			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			229.12			0.00
23. Medicaid Days		2,188			0	
24. Resident Days		2,188			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			245.88			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028560900 - 2011/10
RI:244.31 / NM:285.23

Sunrise 55th Court
 8430 S.W. 55th Court
 Davie FL 33328

Provider Number: 028560900
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.81</u>	<u>244.31</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>279.92</u>	<u>285.23</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,902	91	1,993
2. Operating Expenses Component			
A. Administration			66,849
B. Plant Operation			21,163
C. Laundry			1,826
D. Housekeeping			1,904
E. Operating Expense Component & Per Diem	46.0321	46.0321	91,742
3. Resident Care			
A. Dietary			20,361
B. Other			31,627
C. Nursing			0
D. Resident Care & Per Diem	26.0853	26.0853	51,988
4. Prop Exp & Per Diem	13.3101	13.3101	26,527
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,426.50	91.00	1,517.50
3. Staffing Percent	94.0032949	5.9967051	100.00
4. Allocation of Direct Care	234,445.16	14,955.84	249,401.00
5. Direct Care Expense Per Diem	123.2624	164.3499	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,902	91	1,993
2. Additional Services	9,252	442	9,694
3. Additional Services Exp & Per Diem	4.8644	4.8571	
D. Medicaid Per Diem Cost			
1. Operating Component	46.0321	46.0321	91,742
2. Resident Care Component	154.2121	195.2924	311,083
3. Property Cost Component	13.3101	13.3101	26,527
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	213.5543	254.6346	429,352



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028560900 - 2011/10

RI: 244.31

NM: 285.23

Sunrise 55th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.675	166.545	211.220	44.675	195.293	239.968
2. Inflate Line 1 by Inflation Factor 1.01937455	45.541	169.772	215.313	45.541	199.077	244.617
3. Line 1 x 1.400 x Inflation Factor 1.02712438	45.887	171.063	216.950	45.887	200.590	246.477
4. Current Period Cost	46.032	154.212	200.244	46.032	195.292	241.324
5. Incentive Basis (line 3 - line 4)	0.000	16.851		0.000	5.298	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.887	154.212	200.099	45.887	195.292	241.179
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.425	8.425	0.000	2.649	2.649
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.626	4.626	0.000	5.859	5.859
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.626	4.626	0.000	2.649	2.649
10. Final Incentive	0.000	4.626	4.626	0.000	2.649	2.649
11. Current Period Base: (line 6 + line 10)	45.887	158.838	204.725	45.887	197.941	243.828
12. Plus: Property Rate Component			13.310			13.310
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			218.035			257.138
15. Prospective Rate: Line 11 x Inflation (1.04648267)	48.020	166.222	214.241	48.020	207.142	255.162
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.020	166.222	214.241	48.020	207.142	255.162
19. Property Rate Component			13.310			13.310
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.55			268.47
23. Medicaid Days		1,902			91	
24. Resident Days		1,902			91	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			244.31			285.23



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028561700 - 2011/10
RI:236.80 / NM:0.00

Sunrise Wentworth
 18711 Wentworth Drive
 Miami Lakes FL 33015

Provider Number: 028561700
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.45</u>	<u>236.80</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,151	0	2,151
2. Operating Expenses Component			
A. Administration			60,105
B. Plant Operation			21,986
C. Laundry			1,504
D. Housekeeping			1,988
E. Operating Expense Component & Per Diem	39.7875	0.0000	85,583
3. Resident Care			
A. Dietary			20,794
B. Other			38,637
C. Nursing			544
D. Resident Care & Per Diem	27.8824	0.0000	59,975
4. Prop Exp & Per Diem	19.6439	0.0000	42,254
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,613.25		1,613.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	268,541.00		268,541.00
5. Direct Care Expense Per Diem	124.8447		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,151		2,151
2. Additional Services	4,188		4,188
3. Additional Services Exp & Per Diem	1,9470		
D. Medicaid Per Diem Cost			
1. Operating Component	39.7875		85,583
2. Resident Care Component	154.6741		332,704
3. Property Cost Component	19.6439		42,254
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	214.1055		460,541



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028561700 - 2011/10

RI: 236.80

NM: 0.00

Sunrise Wentworth

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 10/27/2010 - 11/30/2010 Days Eligible: 148 of 182

Eligibility factor :81.32%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.644	147.333	186.976			
2. Inflate Line 1 by Inflation Factor 1.01937455	40.412	150.187	190.599			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	40.719	151.329	192.048			
4. Current Period Cost	39.788	154.674	194.462			
5. Incentive Basis (line 3 - line 4)	0.932	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.788	151.329	191.117			
7. Incentive Line 5 x Oper 50% Res 50%	0.466	0.000	0.466	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.979	0.000	3.979	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 81.32%	0.379	0.000	0.379	0.000	0.000	0.000
10. Final Incentive	0.379	0.000	0.379	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.166	151.329	191.495	0.000	0.000	0.000
12. Plus: Property Rate Component			19.644			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			211.139			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	42.033	158.363	200.397	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.033	158.363	200.397	0.000	0.000	0.000
19. Property Rate Component			19.644			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			220.04			0.00
23. Medicaid Days		2,151			0	
24. Resident Days		2,151			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			236.80			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028563300 - 2011/10
RI:337.93 / NM:0.00

TUNIS STREET GROUP HOME

4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.58</u>	<u>337.93</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,099	0	2,099
2. Operating Expenses Component			
A. Administration			158,524
B. Plant Operation			27,062
C. Laundry			848
D. Housekeeping			2,022
E. Operating Expense Component & Per Diem	89.7837	0.0000	188,456
3. Resident Care			
A. Dietary			24,728
B. Other			0
C. Nursing			43,363
D. Resident Care & Per Diem	32.4397	0.0000	68,091
4. Prop Exp & Per Diem	18.5617	0.0000	38,961
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,574.25		1,574.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	237,271.00		237,271.00
5. Direct Care Expense Per Diem	113.0400		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,099		2,099
2. Additional Services	124,121		124,121
3. Additional Services Exp & Per Diem	59.1334		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	89.7837		188,456
2. Resident Care Component	204.6131		429,483
3. Property Cost Component	18.5617		38,961
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	312.9586		656,900



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028563300 - 2011/10

RI: 337.93

NM: 0.00

TUNIS STREET GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	82.187	199.475	281.662			
2. Inflate Line 1 by Inflation Factor 1.01937455	83.779	203.340	287.119			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	84.416	204.886	289.302			
4. Current Period Cost	89.784	204.613	294.397			
5. Incentive Basis (line 3 - line 4)	0.000	0.273		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	84.416	204.613	289.029			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.136	0.136	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.138	6.138	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.136	0.136	0.000	0.000	0.000
10. Final Incentive	0.000	0.136	0.136	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	84.416	204.749	289.166	0.000	0.000	0.000
12. Plus: Property Rate Component			18.562			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			307.727			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	88.340	214.267	302.607	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.340	214.267	302.607	0.000	0.000	0.000
19. Property Rate Component			18.562			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			321.17			0.00
23. Medicaid Days		2,099				0
24. Resident Days		2,099				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			337.93			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028565000 - 2011/10
RI:303.54 / NM:369.99

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810

Provider Number: 028565000
 Date: 01/27/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.86</u>	<u>303.54</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>366.00</u>	<u>369.99</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: October, 2011
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	12,993	10,012	23,005
2. Operating Expenses Component			1,253,494
A. Administration			349,503
B. Plant Operation			42,143
C. Laundry			22,214
D. Housekeeping			1,667,354
E. Operating Expense Component & Per Diem	72.4779	72.4779	
3. Resident Care			510,395
A. Dietary			45,443
B. Other			711,015
C. Nursing			1,266,853
D. Resident Care & Per Diem	55.0686	55.0686	
4. Prop Exp & Per Diem	27.8097	27.8097	639,762
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,496.50	10,012.00	16,508.50
3. Staffing Percent	39.3524548	60.6475452	100.00
4. Allocation of Direct Care	813,854.81	1,254,262.19	2,068,117.00
5. Direct Care Expense Per Diem	62.6379	125.2759	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	12,993	10,012	23,005
2. Additional Services	727,506	560,596	1,288,102
3. Additional Services Exp & Per Diem	55.9921	55.9924	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.4779	72.4779	1,667,354
2. Resident Care Component	173.6987	236.3369	4,623,072
3. Property Cost Component	27.8097	27.8097	639,762
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	273.9863	336.6245	6,930,188



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028565000 - 2011/10
RI: 303.54
NM: 369.99

LAKEVIEW COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2009	11/30/2010	Unaudited [3]	201104
Prior Cost Report	12/01/2008	11/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.956	175.012	245.968	70.956	238.643	309.599
2. Inflate Line 1 by Inflation Factor 1.01971346	72.355	178.462	250.817	72.355	243.348	315.703
3. Line 1 x 1.400 x Inflation Factor 1.02759884	72.915	179.842	252.757	72.915	245.229	318.144
4. Current Period Cost	72.478	173.699	246.177	72.478	236.337	308.815
5. Incentive Basis (line 3 - line 4)	0.437	6.144		0.437	8.893	
6. Allowed Current Period Costs (Min of line 3 or 4)	72.478	173.699	246.177	72.478	236.337	308.815
7. Incentive Line 5 x Oper 50% Res 50%	0.218	3.072	3.290	0.218	4.446	4.665
8. Incentive - Line 4 x Oper 10% Res 3%	7.248	5.211	12.459	7.248	7.090	14.338
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.218	3.072	3.290	0.218	4.446	4.665
10. Final Incentive	0.218	3.072	3.290	0.218	4.446	4.665
11. Current Period Base: (line 6 + line 10)	72.696	176.770	249.467	72.696	240.783	313.479
12. Plus: Property Rate Component			27.810			27.810
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			277.276			341.289
15. Prospective Rate: Line 11 x Inflation (1.03807826)	75.464	183.502	258.966	75.464	249.952	325.416
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.464	183.502	258.966	75.464	249.952	325.416
19. Property Rate Component			27.810			27.810
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.78			353.23
23. Medicaid Days		12,993			10,012	
24. Resident Days		12,993			10,012	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			303.54			369.99



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028566800 - 2011/10
RI:309.46 / NM:366.81

WASHINGTON SQUARE
 1401 North U.S. Highway 1
 Titusville FL 32796

Provider Number: 028566800
 Date: 01/27/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.67</u>	<u>309.46</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>359.89</u>	<u>366.81</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleig
 Rate Semester: October, 2011
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,224	18,923	23,147
2. Operating Expenses Component			
A. Administration			1,320,766
B. Plant Operation			332,400
C. Laundry			34,150
D. Housekeeping			21,410
E. Operating Expense Component & Per Diem	73.8206	73.8206	1,708,726
3. Resident Care			
A. Dietary			602,416
B. Other			43,666
C. Nursing			834,084
D. Resident Care & Per Diem	63.9463	63.9463	1,480,166
4. Prop Exp & Per Diem	28.9209	28.9209	669,432
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,112.00	18,923.00	21,035.00
3. Staffing Percent	10.0404088	89.9595912	100.00
4. Allocation of Direct Care	225,952.37	2,024,477.63	2,250,430.00
5. Direct Care Expense Per Diem	53.4925	106.9850	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,224	18,923	23,147
2. Additional Services	247,225	1,107,545	1,354,770
3. Additional Services Exp & Per Diem	58.5286	58.5290	
D. Medicaid Per Diem Cost			
1. Operating Component	73.8206	73.8206	1,708,726
2. Resident Care Component	175.9675	229.4604	5,085,366
3. Property Cost Component	28.9209	28.9209	669,432
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	278.7090	332.2019	7,463,524



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028566800 - 2011/10

RI: 309.46

NM: 366.81

WASHINGTON SQUARE

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2009	11/30/2010	Unaudited [3]	201104
Prior Cost Report	12/01/2008	11/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.332	178.139	251.471	73.332	233.622	306.954
2. Inflate Line 1 by Inflation Factor 1.01971346	74.778	181.650	256.428	74.778	238.228	313.005
3. Line 1 x 1.400 x Inflation Factor 1.02759884	75.356	183.055	258.411	75.356	240.070	315.426
4. Current Period Cost	73.821	175.967	249.788	73.821	229.460	303.281
5. Incentive Basis (line 3 - line 4)	1.535	7.088		1.535	10.609	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.821	175.967	249.788	73.821	229.460	303.281
7. Incentive Line 5 x Oper 50% Res 50%	0.768	3.544	4.311	0.768	5.305	6.072
8. Incentive - Line 4 x Oper 10% Res 3%	7.382	5.279	12.661	7.382	6.884	14.266
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.768	3.544	4.311	0.768	5.305	6.072
10. Final Incentive	0.768	3.544	4.311	0.768	5.305	6.072
11. Current Period Base: (line 6 + line 10)	74.588	179.511	254.100	74.588	234.765	309.353
12. Plus: Property Rate Component			28.921			28.921
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			283.021			338.274
15. Prospective Rate: Line 11 x Inflation (1.03807826)	77.429	186.347	263.775	77.429	243.705	321.133
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.429	186.347	263.775	77.429	243.705	321.133
19. Property Rate Component			28.921			28.921
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.70			350.05
23. Medicaid Days		4,224			18,923	
24. Resident Days		4,224			18,923	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			309.46			366.81



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028567600 - 2011/10
RI:292.17 / NM:344.82

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 01/27/2012
 FYE: 11/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.72</u>	<u>292.17</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>338.33</u>	<u>344.82</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Jordan, Ashleigh
 Rate Semester: October, 2011
 Cost Report: 12/01/2009 - 11/30/2010
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,414	20,458	22,872
2. Operating Expenses Component			
A. Administration			1,232,348
B. Plant Operation			317,638
C. Laundry			36,587
D. Housekeeping			22,111
E. Operating Expense Component & Per Diem	70.3342	70.3342	1,608,684
3. Resident Care			
A. Dietary			512,027
B. Other			55,078
C. Nursing			790,266
D. Resident Care & Per Diem	59.3464	59.3464	1,357,371
4. Prop Exp & Per Diem	28.0192	28.0192	640,854
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,207.00	20,458.00	21,665.00
3. Staffing Percent	5.5711978	94.4288022	100.00
4. Allocation of Direct Care	119,994.35	2,033,839.65	2,153,834.00
5. Direct Care Expense Per Diem	49.7077	99.4154	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,414	20,458	22,872
2. Additional Services	138,924	1,177,349	1,316,273
3. Additional Services Exp & Per Diem	57.5493	57.5496	
D. Medicaid Per Diem Cost			
1. Operating Component	70.3342	70.3342	1,608,684
2. Resident Care Component	166.6034	216.3113	4,827,478
3. Property Cost Component	28.0192	28.0192	640,854
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	264.9567	314.6647	7,077,016



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028567600 - 2011/10

RI: 292.17

NM: 344.82

HOWELL BRANCH COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/01/2009	11/30/2010	Unaudited [3]	201104
Prior Cost Report	12/01/2008	11/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.231	165.243	233.474	68.231	215.576	283.807
2. Inflate Line 1 by Inflation Factor 1.01971346	69.576	168.501	238.076	69.576	219.826	289.402
3. Line 1 x 1.400 x Inflation Factor 1.02759884	70.114	169.804	239.917	70.114	221.526	291.640
4. Current Period Cost	70.334	166.603	236.938	70.334	216.311	286.646
5. Incentive Basis (line 3 - line 4)	0.000	3.200		0.000	5.215	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.114	166.603	236.717	70.114	216.311	286.425
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.600	1.600	0.000	2.607	2.607
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.998	4.998	0.000	6.489	6.489
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.600	1.600	0.000	2.607	2.607
10. Final Incentive	0.000	1.600	1.600	0.000	2.607	2.607
11. Current Period Base: (line 6 + line 10)	70.114	168.204	238.317	70.114	218.919	289.032
12. Plus: Property Rate Component			28.019			28.019
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.336			317.051
15. Prospective Rate: Line 11 x Inflation (1.03807826)	72.783	174.609	247.392	72.783	227.255	300.038
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.783	174.609	247.392	72.783	227.255	300.038
19. Property Rate Component			28.019			28.019
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			275.41			328.06
23. Medicaid Days		2,414			20,458	
24. Resident Days		2,414			20,458	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			292.17			344.82



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028568400 - 2011/10
RI:253.00 / NM:0.00

Sunrise 157th Terrace
 9790 S. W. 157th Terrace
 Miami FL 33157

Provider Number: 028568400
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>248.33</u>	<u>253.00</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami Fl 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,046	0	2,046
2. Operating Expenses Component			
A. Administration			61,418
B. Plant Operation			21,559
C. Laundry			1,007
D. Housekeeping			2,830
E. Operating Expense Component & Per Diem	42.4311	0.0000	86,814
3. Resident Care			
A. Dietary			18,267
B. Other			36,412
C. Nursing			2,483
D. Resident Care & Per Diem	27.9384	0.0000	57,162
4. Prop Exp & Per Diem	12.5929	0.0000	25,765
5. ROE/Use Per Diem	1.3416	0.0000	2,745
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,534.50		1,534.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	262,995.00		262,995.00
5. Direct Care Expense Per Diem	128.5411		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,046		2,046
2. Additional Services	14,075		14,075
3. Additional Services Exp & Per Diem	6.8793		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	42.4311		86,814
2. Resident Care Component	163.3587		334,232
3. Property Cost Component	12.5929		25,765
4. ROE/Use Allow Component	1.3416		2,745
5 Total Cost Per Diem	219.7243		449,556



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028568400 - 2011/10

RI: 253.00

NM: 0.00

Sunrise 157th Terrace

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.839	168.448	213.287			
2. Inflate Line 1 by Inflation Factor 1.01937455	45.708	171.711	217.419			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	46.056	173.017	219.072			
4. Current Period Cost	42.431	163.359	205.790			
5. Incentive Basis (line 3 - line 4)	3.624	9.658		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.431	163.359	205.790			
7. Incentive Line 5 x Oper 50% Res 50%	1.812	4.829	6.641	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.243	4.901	9.144	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.812	4.829	6.641	0.000	0.000	0.000
10. Final Incentive	1.812	4.829	6.641	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.243	168.188	212.431	0.000	0.000	0.000
12. Plus: Property Rate Component			12.593			0.000
13. Plus: ROE/Use Rate			1.342			0.000
14. Total Current Period Base			226.366			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	46.300	176.006	222.305	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.300	176.006	222.305	0.000	0.000	0.000
19. Property Rate Component			12.593			0.000
20. ROE Component + ROE Interim Component			1.342			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			236.24			0.00
23. Medicaid Days		2,046				0
24. Resident Days		2,046				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			253.00			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028569200 - 2011/10
RI:290.37 / NM:335.28

Sunrise 145th St. Group Home
 14935 S.W. 145th Street
 Miami FL 33196

Provider Number: 028569200
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.95</u>	<u>290.37</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>328.97</u>	<u>335.28</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			87,172
B. Plant Operation			46,418
C. Laundry			1,893
D. Housekeeping			1,967
E. Operating Expense Component & Per Diem	62.7626	62.7626	137,450
3. Resident Care			
A. Dietary			20,467
B. Other			34,431
C. Nursing			12,301
D. Resident Care & Per Diem	30.6845	30.6845	67,199
4. Prop Exp & Per Diem	27.5475	27.5475	60,329
5. ROE/Use Per Diem	2.2096	2.2096	4,839
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	45,343.30	302,288.70	347,632.00
5. Direct Care Expense Per Diem	124.2282	165.6376	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,749	28,747	34,496
3. Additional Services Exp & Per Diem	15.7507	15.7518	
D. Medicaid Per Diem Cost			
1. Operating Component	62.7626	62.7626	137,450
2. Resident Care Component	170.6634	212.0739	449,327
3. Property Cost Component	27.5475	27.5475	60,329
4. ROE/Use Allow Component	2.2096	2.2096	4,839
5 Total Cost Per Diem	263.1830	304.5935	651,945



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028569200 - 2011/10

RI: 290.37

NM: 335.28

Sunrise 145th St. Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	56.600	174.373	230.973	56.600	217.617	274.217
2. Inflate Line 1 by Inflation Factor 1.01937455	57.697	177.752	235.448	57.697	221.833	279.530
3. Line 1 x 1.400 x Inflation Factor 1.02712438	58.135	179.103	237.238	58.135	223.520	281.655
4. Current Period Cost	62.763	170.663	233.426	62.763	212.074	274.836
5. Incentive Basis (line 3 - line 4)	0.000	8.440		0.000	11.446	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.135	170.663	228.799	58.135	212.074	270.209
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.220	4.220	0.000	5.723	5.723
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.120	5.120	0.000	6.362	6.362
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.220	4.220	0.000	5.723	5.723
10. Final Incentive	0.000	4.220	4.220	0.000	5.723	5.723
11. Current Period Base: (line 6 + line 10)	58.135	174.883	233.019	58.135	217.797	275.932
12. Plus: Property Rate Component			27.547			27.547
13. Plus: ROE/Use Rate			2.210			2.210
14. Total Current Period Base			262.776			305.689
15. Prospective Rate: Line 11 x Inflation (1.04648267)	60.838	183.012	243.850	60.838	227.921	288.758
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.838	183.012	243.850	60.838	227.921	288.758
19. Property Rate Component			27.547			27.547
20. ROE Component + ROE Interim Component			2.210			2.210
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.61			318.52
23. Medicaid Days		365			1,825	
24. Resident Days		365			1,825	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			290.37			335.28



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031256800 - 2011/10
RI:377.37 / NM:466.44

Mentor Avon Park Cluster
 55 East College Drive
 Avon Park FL 33825

Provider Number: 031256800
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.13</u>	<u>377.37</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>457.54</u>	<u>466.44</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,291	8,291
2. Operating Expenses Component			
A. Administration			516,690
B. Plant Operation			230,738
C. Laundry			0
D. Housekeeping			74,282
E. Operating Expense Component & Per Diem	99.1087	99.1087	821,710
3. Resident Care			
A. Dietary			199,041
B. Other			0
C. Nursing			751,688
D. Resident Care & Per Diem	114.6700	114.6700	950,729
4. Prop Exp & Per Diem	11.4492	11.4492	94,925
5. ROE/Use Per Diem	0.9322	0.9322	7,729
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,291.00	8,291.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,259,326.00	1,259,326.00
5. Direct Care Expense Per Diem	75.9454	151.8907	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,291	8,291
2. Additional Services	0	135,127	135,127
3. Additional Services Exp & Per Diem	16.2980	16.2980	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99.1087	99.1087	821,710
2. Resident Care Component	206.9134	282.8588	2,345,182
3. Property Cost Component	11.4492	11.4492	94,925
4. ROE/Use Allow Component	0.9322	0.9322	7,729
5 Total Cost Per Diem	318.4034	394.3488	3,269,546



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031256800 - 2011/10

RI: 377.37

NM: 466.44

Mentor Avon Park Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	116.817	207.999	324.816	116.817	290.229	407.045
2. Inflate Line 1 by Inflation Factor 1.01959670	*	126.902	221.670	348.572	126.902	315.105	442.007
3. Line 1 x 1.400 x Inflation Factor 1.02743538	*	127.818	223.300	351.118	127.818	317.380	445.198
4. Current Period Cost		103.657	212.510	316.167	103.657	294.053	397.710
5. Incentive Basis (line 3 - line 4)		24.161	10.790		24.161	23.327	
6. Allowed Current Period Costs (Min of line 3 or 4)		103.657	212.510	316.167	103.657	294.053	397.710
7. Incentive Line 5 x Oper 50% Res 50%		12.080	5.395	17.475	12.080	11.664	23.744
8. Incentive - Line 4 x Oper 10% Res 3%		10.366	6.375	16.741	10.366	8.822	19.187
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		10.366	5.395	15.761	10.366	8.822	19.187
10. Final Incentive		10.366	5.395	15.761	10.366	8.822	19.187
11. Current Period Base: (line 6 + line 10)		114.023	217.905	331.928	114.023	302.875	416.897
12. Plus: Property Rate Component			11.449				11.449
13. Plus: ROE/Use Rate			0.932				0.932
14. Total Current Period Base			344.309				429.279
15. Prospective Rate: Line 11 x Inflation (1.04820279)		119.519	228.409	347.928	119.519	317.474	436.993
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		119.519	228.409	347.928	119.519	317.474	436.993
19. Property Rate Component			11.449				11.449
20. ROE Component + ROE Interim Component			0.932				0.932
21. Plus :Property Interim Rate Component	*		0.303				0.303
22. Final Per Diem			360.61				449.68
23. Medicaid Days			0			8,291	
24. Resident Days			0			8,291	
25. Medicaid Utilization			NA			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000							
27. Quality Assessment-Medicaid Share (16.76)			16.76				16.76
28. N/A			0.00				0.00
29. Final Per Diem After Adjustments			377.37				466.44

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Mentor Avon Park/Provider #0312568-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #217 - Effective 1/1/2010
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	109.550	109.550	100.000%	7.459
Resident Care	201.941	201.941	100.000%	6.058
Total	311.491	311.491		13.517
N-A/Medical				
Operating	109.550	109.550	100.000%	7.4590
Resident Care	281.775	281.775	100.000%	8.4530
Total	391.325	391.325		15.9120
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	116.8170	7.796	126.902	127.818
Resident Care	207.9990	9.594	221.669	223.300
Total	324.816	17.390	348.571	351.117
N-A/Medical				
Operating	116.8170	7.796	126.902	127.818
Resident Care	290.2290	19.189	315.106	317.381
Total	407.046	26.985	442.008	445.198

Mentor Avon Park Cluster Provider #0312568-00 Cost Settlement - IRR #217 Effective - 1/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS								
	Calculation of L4				Non-Ambulatory Medical				
	Residential/Institutional		Residential/Institutional		Operating		Resident Care		Total
A. Current Period Cost	Operating	Resident Care	Total	Operating	Resident Care	Total	Operating	Resident Care	Total
	99,109	206,913	306,022	99,109	282,859	381,968	99,109	282,859	381,968
B. Cost Settlement for IRR Effective 1/1/2010	7,796	9,594	17,390	7,796	19,189	26,985	7,796	19,189	26,985
C. Prorated CS IRR eff 1/1/2010 - 7/12 of IRR comp.	4,548	5,597	10,144	4,548	11,194	15,741	4,548	11,194	15,741
D. Grossed Up Current Period (Line A plus Line C)	103,657	212,510	316,166	103,657	294,053	397,709	103,657	294,053	397,709

PROPERTY COMPONENT	
Calculation of L21 - 7/12 of IRR comp.	
Property Interim Rate Component	0.520
Grossed Up Property Interim Rate Component	0.303



Florida Agency For Health Care Administration
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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031257600 - 2011/10
RI:397.65 / NM:493.86

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>390.11</u>	<u>397.65</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>484.42</u>	<u>493.86</u>	<u>10/01/2011</u>

Rate Type:

<u> </u> X	Interim	<u> </u> X	Prospective
<u> </u>	Total Interim	<u> </u> X	Total Prospective
<u> </u> X	Interim Component	<u> </u>	Prospective Adjusted for New Cost
<u> </u>	Settlement Based on Costs	<u> </u>	

Basis

<u> </u>	Budget	<u> </u>	Desk Audited Costs
<u> </u> X	Unaudited Costs	<u> </u>	Desk Audit - Interim Portion
<u> </u>	Field Audited Costs	<u> </u>	Desk Audit - Prospective Portion
<u> </u>	Field Audit - Interim Portion	<u> </u>	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

031257600

Provider Name: **Mentor Eagle Watch Cluster**
Provider Number: 31257600
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
Rate Semester: October, 2011
Cost Report: 06/01/2009 - 05/31/2010
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	619	7,435	8,054
2. Operating Expenses Component			
A. Administration			526,082
B. Plant Operation			198,719
C. Laundry			0
D. Housekeeping			67,634
E. Operating Expense Component & Per Diem	98.3902	98.3902	792,435
3. Resident Care			
A. Dietary			161,591
B. Other			0
C. Nursing			737,448
D. Resident Care & Per Diem	111.6264	111.6264	899,039
4. Prop Exp & Per Diem	7.7296	7.7296	62,254
5. ROE/Use Per Diem	2.1271	2.1271	17,132
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	309.50	7,435.00	7,744.50
3. Staffing Percent	3.9963845	96.0036155	100.00
4. Allocation of Direct Care	55,404.64	1,330,964.36	1,386,369.00
5. Direct Care Expense Per Diem	89.5067	179.0134	
C. Additional Services Expense			
1. Medicaid Inpatient Days	619	7,435	8,054
2. Additional Services	18,379	220,743	239,122
3. Additional Services Exp & Per Diem	29.6914	29.6897	
D. Medicaid Per Diem Cost			
1. Operating Component	98.3902	98.3902	792,435
2. Resident Care Component	230.8245	320.3295	2,524,530
3. Property Cost Component	7.7296	7.7296	62,254
4. ROE/Use Allow Component	2.1271	2.1271	17,132
5 Total Cost Per Diem	339.0715	428.5764	3,396,351



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031257600 - 2011/10

RI: 397.65

NM: 493.86

Mentor Eagle Watch Cluster

Ownership:State Cluster[2]

Incentive Rating: Ineligible[1] from 09/22/2010 - 10/28/2010 Days Eligible: 155 of 182

Eligibility factor :85.16%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	124.162	239.795	363.957	124.162	339.450	463.612
2. Inflate Line 1 by Inflation Factor 1.01959670	126.595	244.494	371.090	126.595	346.102	472.698
3. Line 1 x 1.400 x Inflation Factor 1.02743538	127.569	246.374	373.943	127.569	348.763	476.332
4. Current Period Cost	98.390	230.825	329.215	98.390	320.329	418.720
5. Incentive Basis (line 3 - line 4)	29.178	15.550		29.178	28.434	
6. Allowed Current Period Costs (Min of line 3 or 4)	98.390	230.825	329.215	98.390	320.329	418.720
7. Incentive Line 5 x Oper 50% Res 50%	14.589	7.775	22.364	14.589	14.217	28.806
8. Incentive - Line 4 x Oper 10% Res 3%	9.839	6.925	16.764	9.839	9.610	19.449
9. Incentive - Min of Line 7,8 x Eligibility factor 85.16%	8.379	5.897	14.277	8.379	8.184	16.564
10. Final Incentive	8.379	5.897	14.277	8.379	8.184	16.564
11. Current Period Base: (line 6 + line 10)	106.770	236.722	343.492	106.770	328.514	435.283
12. Plus: Property Rate Component			7.730			7.730
13. Plus: ROE/Use Rate			2.127			2.127
14. Total Current Period Base			353.348			445.140
15. Prospective Rate: Line 11 x Inflation (1.04820279)	111.916	248.133	360.049	111.916	344.349	456.265
16. Interim Rate Component: *	0.000	10.980	10.980	0.000	10.980	10.980
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	111.916	259.113	371.029	111.916	355.329	467.245
19. Property Rate Component			7.730			7.730
20. ROE Component + ROE Interim Component			2.127			2.127
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			380.89			477.10
23. Medicaid Days		619			7,435	
24. Resident Days		619			7,435	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			397.65			493.86

* See Attachment

IRR #228 - Mentor Eagle Watch - Provider #0312576-00 Granted
Staffing Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 9/1/2010 - Rate Semester 10/1/2011

Residential/Institutional (Level of Care 7)					
Residential/Institutional IRR Effective 9/1/2010	\$	10.98			
Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	111.916	248.133	7.730	2.127	369.91
Prospective Rate w/o ROE	111.916	248.133	7.730	0.000	367.78
Allocation %	0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR	0.000	10.980	0.000	0.000	10.98
Final Per Diem (Line 22)	111.916	259.113	7.730	2.127	380.89

L22. Final Per Diem Rate - LOC 7	380.89				
L26. Less: Medicaid Trend Adjustment	0.00				
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)	16.76				
L28. Plus: Supplemental Rate Add-on	0.00				
L29. Final Per Diem After Adjustments	397.65				

Non - Ambulatory/Medical (Level of Care 8, 9)					
Non-Ambulatory/Medical IRR Effective 9/1/2010	\$	10.98			
Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	111.916	344.349	7.730	2.127	466.12
Prospective Rate w/o ROE	111.916	344.349	7.730	0.000	464.00
Allocation %	0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR	0.000	10.980	0.000	0.000	10.98
Final Per Diem (Line 22)	111.916	355.329	7.730	2.127	477.10

L22. Final Per Diem Rate - LOC 8, 9	477.10				
L26. Less: Medicaid Trend Adjustment	0.00				
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)	16.76				
L28. Plus: Supplemental Rate Add-on	0.00				
L29. Final Per Diem After Adjustments	493.86				



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 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031258400 - 2011/10
RI:399.42 / NM:498.07

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>391.85</u>	<u>399.42</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>488.55</u>	<u>498.07</u>	<u>10/01/2011</u>

Rate Type:

<u>X</u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u>X</u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u>X</u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

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 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa FL 33619

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	700	7,912	8,612
2. Operating Expenses Component			
A. Administration			593,810
B. Plant Operation			306,421
C. Laundry			0
D. Housekeeping			94,177
E. Operating Expense Component & Per Diem	115.4677	115.4677	994,408
3. Resident Care			
A. Dietary			124,811
B. Other			0
C. Nursing			744,222
D. Resident Care & Per Diem	100.9095	100.9095	869,033
4. Prop Exp & Per Diem	14.0307	14.0307	120,832
5. ROE/Use Per Diem	2.1179	2.1179	18,239
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	350.00	7,912.00	8,262.00
3. Staffing Percent	4.2362624	95.7637376	100.00
4. Allocation of Direct Care	63,961.80	1,445,902.20	1,509,864.00
5. Direct Care Expense Per Diem	91.3740	182.7480	
C. Additional Services Expense			
1. Medicaid Inpatient Days	700	7,912	8,612
2. Additional Services	15,161	171,354	186,515
3. Additional Services Exp & Per Diem	21.6586	21.6575	
D. Medicaid Per Diem Cost			
1. Operating Component	115.4677	115.4677	994,408
2. Resident Care Component	213.9421	305.3150	2,565,412
3. Property Cost Component	14.0307	14.0307	120,832
4. ROE/Use Allow Component	2.1179	2.1179	18,239
5 Total Cost Per Diem	345.5584	436.9313	3,698,891



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031258400 - 2011/10

RI: 399.42

NM: 498.07

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	122.550	231.685	354.234	122.550	329.262	451.812
2. Inflate Line 1 by Inflation Factor 1.01959670	124.951	246.255	371.206	124.951	345.745	470.696
3. Line 1 x 1.400 x Inflation Factor 1.02743538	125.912	248.071	373.983	125.912	348.326	474.238
4. Current Period Cost	115.468	222.300	337.768	115.468	313.673	429.141
5. Incentive Basis (line 3 - line 4)	10.444	25.771		10.444	34.652	
6. Allowed Current Period Costs (Min of line 3 or 4)	115.468	222.300	337.768	115.468	313.673	429.141
7. Incentive Line 5 x Oper 50% Res 50%	5.222	12.885	18.107	5.222	17.326	22.548
8. Incentive - Line 4 x Oper 10% Res 3%	11.547	6.669	18.216	11.547	9.410	20.957
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.222	6.669	11.891	5.222	9.410	14.632
10. Final Incentive	5.222	6.669	11.891	5.222	9.410	14.632
11. Current Period Base: (line 6 + line 10)	120.690	228.969	349.659	120.690	323.083	443.773
12. Plus: Property Rate Component			14.031			14.031
13. Plus: ROE/Use Rate			2.118			2.118
14. Total Current Period Base			365.808			459.922
15. Prospective Rate: Line 11 x Inflation (1.04820279)	126.508	240.006	366.514	126.508	338.657	465.164
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	126.508	240.006	366.514	126.508	338.657	465.164
19. Property Rate Component			14.031			14.031
20. ROE Component + ROE Interim Component			2.118			2.118
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			382.66			481.31
23. Medicaid Days		700			7,912	
24. Resident Days		700			7,912	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			399.42			498.07

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Point West Cluster/Provider #0312584-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #224 - Effective 4/1/2010
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	122.340	122.340	100.000%	0.443
Resident Care	230.420	230.420	100.000%	1.885
Total	352.760	352.760		2.328
N-A/Medical				
Operating	122.340	122.340	100.000%	0.4430
Resident Care	321.306	321.306	100.000%	9.6390
Total	443.646	443.646		10.0820
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	122.5500	0.000	124.952	125.912
Resident Care	231.6850	10.030	246.255	248.071
Total	354.235	10.030	371.207	373.984
N-A/Medical				
Operating	122.5500	0.000	124.952	125.912
Resident Care	329.2620	10.030	345.744	348.325
Total	451.812	10.030	470.696	474.238

Mentor Point West Cluster Provider #0312584-00 Cost Settlement - IRR #224 Effective - 4/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS						
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical	
	Operating	Resident Care	Total	Operating	Resident Care	Resident Care	Total
A. Current Period Cost	115.468	213.942	329.410	115.468	305.315	420.783	
B. Cost Settlement for IRR Effective 4/1/2010	0.000	10.030	10.030	0.000	10.030	10.030	
C. Prorated CS IRR eff 4/1/2010 - 10/12 of IRR comp.	0.000	8.358	8.358	0.000	8.358	8.358	
D. Grossed Up Current Period (Line A plus Line C)	115.468	222.300	337.768	115.468	313.673	429.141	

PROPERTY COMPONENT	
Calculation of L21 - 10/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031259200 - 2011/10
RI:364.39 / NM:451.27

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>327.53</u>	<u>364.39</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>442.67</u>	<u>451.27</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,676	8,676
2. Operating Expenses Component			
A. Administration			548,035
B. Plant Operation			248,498
C. Laundry			0
D. Housekeeping			87,462
E. Operating Expense Component & Per Diem	101.8897	101.8897	883,995
3. Resident Care			
A. Dietary			117,644
B. Other			0
C. Nursing			861,321
D. Resident Care & Per Diem	112.8360	112.8360	978,965
4. Prop Exp & Per Diem	11.4121	11.4121	99,011
5. ROE/Use Per Diem	1.6502	1.6502	14,317
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,676.00	8,676.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,397,794.00	1,397,794.00
5. Direct Care Expense Per Diem	80.5552	161.1104	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,676	8,676
2. Additional Services	0	71,907	71,907
3. Additional Services Exp & Per Diem	8.2880	8.2880	
D. Medicaid Per Diem Cost			
1. Operating Component	101.8897	101.8897	883,995
2. Resident Care Component	201.6792	282.2344	2,448,666
3. Property Cost Component	11.4121	11.4121	99,011
4. ROE/Use Allow Component	1.6502	1.6502	14,317
5 Total Cost Per Diem	316.6312	397.1864	3,445,989



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2011 through 03/31/2012

031259200 - 2011/10

RI: 364.39

NM: 451.27

Mentor Hodges Cluster

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 03/24/2011 - 03/31/2011 Days Eligible: 175 of 182

Eligibility factor :96.15%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	119.889	225.461	345.351	119.889	316.535	436.424
2. Inflate Line 1 by Inflation Factor 1.01959670	122.239	229.880	352.118	122.239	322.738	444.976
3. Line 1 x 1.400 x Inflation Factor 1.02743538	123.178	231.647	354.825	123.178	325.219	448.397
4. Current Period Cost	101.890	201.679	303.569	101.890	282.234	384.124
5. Incentive Basis (line 3 - line 4)	21.289	29.968		21.289	42.984	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.890	201.679	303.569	101.890	282.234	384.124
7. Incentive Line 5 x Oper 50% Res 50%	10.644	14.984	25.628	10.644	21.492	32.137
8. Incentive - Line 4 x Oper 10% Res 3%	10.189	6.050	16.239	10.189	8.467	18.656
9. Incentive - Min of Line 7,8 x Eligibility factor 96.15%	9.797	5.818	15.615	9.797	8.141	17.938
10. Final Incentive	9.797	5.818	15.615	9.797	8.141	17.938
11. Current Period Base: (line 6 + line 10)	111.687	207.497	319.184	111.687	290.376	402.063
12. Plus: Property Rate Component			11.412			11.412
13. Plus: ROE/Use Rate			1.650			1.650
14. Total Current Period Base			332.246			415.125
15. Prospective Rate: Line 11 x Inflation (1.04820279)	117.070	217.499	334.569	117.070	304.373	421.443
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	117.070	217.499	334.569	117.070	304.373	421.443
19. Property Rate Component			11.412			11.412
20. ROE Component + ROE Interim Component			1.650			1.650
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			347.63			434.51
23. Medicaid Days			0			8,676
24. Resident Days			0			8,676
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			364.39			451.27



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031260600 - 2011/10
RI:412.93 / NM:543.16

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

Provider Number: 031260600
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>370.92</u>	<u>412.93</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>532.74</u>	<u>543.16</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 10/2011

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,252	8,252
2. Operating Expenses Component			
A. Administration			596,205
B. Plant Operation			277,261
C. Laundry			0
D. Housekeeping			94,183
E. Operating Expense Component & Per Diem	117.2624	117.2624	967,649
3. Resident Care			
A. Dietary			162,169
B. Other			0
C. Nursing			821,382
D. Resident Care & Per Diem	119.1894	119.1894	983,551
4. Prop Exp & Per Diem	8.2082	8.2082	67,734
5. ROE/Use Per Diem	2.5583	2.5583	21,111
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,252.00	8,252.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,495,336.00	1,495,336.00
5. Direct Care Expense Per Diem	90.6045	181.2089	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,252	8,252
2. Additional Services	0	210,568	210,568
3. Additional Services Exp & Per Diem	25.5172	25.5172	
D. Medicaid Per Diem Cost			
1. Operating Component	117.2624	117.2624	967,649
2. Resident Care Component	235.3111	325.9155	2,689,455
3. Property Cost Component	8.2082	8.2082	67,734
4. ROE/Use Allow Component	2.5583	2.5583	21,111
5 Total Cost Per Diem	363.3399	453.9444	3,745,949



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031260600 - 2011/10

RI: 412.93

NM: 543.16

Mentor Kinkaid Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	109.241	205.114	314.355	109.241	294.988	404.229
2. Inflate Line 1 by Inflation Factor 1.01959670	111.382	209.134	320.516	111.382	300.769	412.151
3. Line 1 x 1.400 x Inflation Factor 1.02743538	112.238	210.741	322.980	112.238	303.081	415.320
4. Current Period Cost	117.262	235.311	352.573	117.262	325.916	443.178
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	112.238	210.741	322.980	112.238	303.081	415.320
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	112.238	210.741	322.980	112.238	303.081	415.320
12. Plus: Property Rate Component			8.208			8.208
13. Plus: ROE/Use Rate			2.558			2.558
14. Total Current Period Base			333.746			426.086
15. Prospective Rate: Line 11 x Inflation (1.04820279)	117.649	220.900	338.548	117.649	317.691	435.339
16. Interim Rate Component: *	12.725	33.430	46.155	12.725	66.860	79.585
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	130.374	254.330	384.703	130.374	384.551	514.924
19. Property Rate Component			8.208			8.208
20. ROE Component + ROE Interim Component			2.558			2.558
21. Plus :Property Interim Rate Component *			0.705			0.705
22. Final Per Diem			396.17			526.40
23. Medicaid Days			0		8,252	
24. Resident Days			0		8,252	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			412.93			543.16

* See Attachment

Mentor Kincaid Cluster - Provider #0312606-00
Interim Rate Analysis - ICF/DD Plan Section IV.G. (GRANTED)
Rate Semester 10/1/2011

Residential/Institutional		Residential/Institutional (Level of Care 7)				
Description		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
L15.	Prospective Rate	117.649	220.900	8.208	2.558	349.32
L16 & 21.	Interim Rate # 223 (extrapolated rate)	12.725	17.445	0.705	0.000	30.875
L16 & 21.	Interim Rate # 225 (extrapolated rate)		12.910			12.910
L16 & 21.	Interim Rate # 232 (extrapolated rate)		3.075			3.075
L22.	Final Per Diem	130.374	254.330	8.913	2.558	396.18

L1. Total Per Diem Rate - LOC 7 **396.18**
L2. Less: Medicaid Trend Adjustment 0.00000% 0.00
L3. Plus: Quality Assessment - Medicaid Share (\$16.76) 16.76
L4. Plus: Supplemental Rate Add-on 0.00
L29. Final Per Diem After Adjustments
412.94

Non-Ambulatory/Medical		Non - Ambulatory/Medical (Level of Care 8, 9)				
Description		Operating Component	Resident Care Component	Property Component	ROE Component	Totals
L15.	Prospective Rate	117.649	317.691	8.208	2.558	446.11
L16 & 21.	Interim Rate # 223	12.725	34.890	0.705	0.000	48.320
L16 & 21.	Interim Rate # 225		25.820			25.820
L16 & 21.	Interim Rate # 232		6.150			6.150
L22.	Final Per Diem	130.374	384.551	8.913	2.558	526.40

L1. Total Per Diem Rate - LOC 8, 9 **526.40**
L2. Less: Medicaid Trend Adjustment 0.00000% 0.00
L3. Plus: Quality Assessment - Medicaid Share (\$16.76) 16.76
L4. Plus: Supplemental Rate Add-on 0.00
L29. Final Per Diem After Adjustments
543.16

IRR #223 - Mentor Kinkaid Cluster - Provider #0312606-00
Cost Settlement Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 3/1/2010 - Rate Semester 10/1/2011

Residential/Institutional IRR Effective 3/1/2010	Residential/Institutional (Level of Care 7)					
	Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
		\$ 30.88				
Prospective Rate (Line 15)		117.649	220.900	8.208	2.558	349.32
Prospective Rate w/o ROE		117.649	220.900	8.208	0.000	346.76
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		12.725	17.445	0.705	0.000	30.88
Final Per Diem (Line 22)		130.374	238.345	8.913	2.558	380.19

L22. Final Per Diem Rate - LOC 7	380.19
L26. Less: Medicaid Trend Adjustment 0.00000%	0.00
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)	16.76
L28. Plus: Supplemental Rate Add-on	0.00
L29. Final Per Diem After Adjustments	396.95

Non-Ambulatory/Medical IRR Effective 3/1/2010	Non - Ambulatory/Medical (Level of Care 8, 9)					
	Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
		\$ 48.32				
Prospective Rate (Line 15)		117.649	317.691	8.208	2.558	446.11
Prospective Rate w/o ROE		117.649	317.691	8.208	0.000	443.55
Allocation %		26.335%	72.206%	1.459%	0.000%	100%
Allocation of IRR		12.725	34.890	0.705	0.000	48.32
Final Per Diem (Line 22)		130.374	352.581	8.913	2.558	494.43

L22. Final Per Diem Rate - LOC 8, 9	494.43
L26. Less: Medicaid Trend Adjustment 0.00000%	0.00
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)	16.76
L28. Plus: Supplemental Rate Add-on	0.00
L29. Final Per Diem After Adjustments	511.19

IRR #225 - Mentor Kincaid Cluster - Provider #0312606-00
Interim Rate Analysis - ICF/DD Plan Section IV.G. (GRANTED)
Effective Date 4/1/2010 - Rate Semester 10/1/2011

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 4/1/2010	\$	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	12.91	117.649	220.900	8.208	2.558	349.32
Prospective Rate w/o ROE		117.649	220.900	8.208	0.000	346.76
Allocation of IRR		0.000	12.910	0.000	0.000	12.91
Final Per Diem (Line 22)		117.649	233.810	8.208	2.558	362.23
362.23						
L22. Final Per Diem Rate - LOC 7		0.00				
L26. Less: Medicaid Trend Adjustment	0.000000%	16.76				
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)		0.00				
L28. Plus: Supplemental Rate Add-on		378.99				
L29. Final Per Diem After Adjustments						
Non - Ambulatory/Medical (Level of Care 8, 9)						
Non-Ambulatory/Medical IRR Effective 4/1/2010	\$	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	25.82	117.649	317.691	8.208	2.558	446.11
Prospective Rate w/o ROE		117.649	317.691	8.208	0.000	443.55
Allocation of IRR		0.000	25.820	0.000	0.000	25.82
Final Per Diem (Line 22)		117.649	343.511	8.208	2.558	471.93
471.93						
L22. Final Per Diem Rate - LOC 8, 9		0.00				
L26. Less: Medicaid Trend Adjustment	0.000000%	16.76				
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)		0.00				
L28. Plus: Supplemental Rate Add-on		488.69				
L29. Final Per Diem After Adjustments						

IRR #232 - Mentor Kinkaid Cluster - Provider #0312606-00 Granted
Staffing Interim Rate - ICF/DD Plan Section IV.G.
Effective Date 4/1/2011 - Rate Semester 10/1/2011

		Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 4/1/2011	\$	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	6.15	117.649	220.900	8.208	2.558	349.32
Prospective Rate w/o ROE		117.649	220.900	8.208	0.000	346.76
Allocation %		0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR		-	3.075	-	-	3.08
Final Per Diem (Line 22)		117.649	223.975	8.208	2.558	352.39

L22. Final Per Diem Rate - LOC 7
352.39
L26. Less: Medicaid Trend Adjustment 0.00000%
0.00
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)
16.76
L28. Plus: Supplemental Rate Add-on
0.00
L29. Final Per Diem After Adjustments
369.15

		Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 4/1/2011	\$	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	10.98	117.649	317.691	8.208	2.558	446.11
Prospective Rate w/o ROE		117.649	317.691	8.208	0.000	443.55
Allocation %		0.000%	100.000%	0.000%	0.000%	100%
Allocation of IRR		-	6.150	-	-	6.15
Final Per Diem (Line 22)		117.649	323.841	8.208	2.558	452.26

L22. Final Per Diem Rate - LOC 8, 9
452.26
L26. Less: Medicaid Trend Adjustment 0.00000%
0.00
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)
16.76
L28. Plus: Supplemental Rate Add-on
0.00
L29. Final Per Diem After Adjustments
469.02



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031261400 - 2011/10
RI:412.44 / NM:507.52

Mentor Flamingo Cluster
 1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>370.48</u>	<u>412.44</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>497.81</u>	<u>507.52</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (9)
 Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,976	7,976
2. Operating Expenses Component			
A. Administration			601,481
B. Plant Operation			318,200
C. Laundry			0
D. Housekeeping			76,735
E. Operating Expense Component & Per Diem	124.9268	124.9268	996,416
3. Resident Care			
A. Dietary			121,868
B. Other			0
C. Nursing			786,174
D. Resident Care & Per Diem	113.8468	113.8468	908,042
4. Prop Exp & Per Diem	10.4199	10.4199	83,109
5. ROE/Use Per Diem	3.6799	3.6799	29,351
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,976.00	7,976.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,404,885.00	1,404,885.00
5. Direct Care Expense Per Diem	88.0695	176.1390	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,976	7,976
2. Additional Services	0	147,947	147,947
3. Additional Services Exp & Per Diem	18.5490	18.5490	
D. Medicaid Per Diem Cost			
1. Operating Component	124.9268	124.9268	996,416
2. Resident Care Component	220.4653	308.5349	2,460,874
3. Property Cost Component	10.4199	10.4199	83,109
4. ROE/Use Allow Component	3.6799	3.6799	29,351
5 Total Cost Per Diem	359.4919	447.5614	3,569,750



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031261400 - 2011/10

RI: 412.44

NM: 507.52

Mentor Flamingo Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	144,998	230,567	375,565	144,998	324,719	469,717
2. Inflate Line 1 by Inflation Factor 1.01959670	147,839	235,086	382,925	147,839	331,083	478,922
3. Line 1 x 1.400 x Inflation Factor 1.02743538	148,976	236,893	385,869	148,976	333,628	482,604
4. Current Period Cost	124,927	220,465	345,392	124,927	308,535	433,462
5. Incentive Basis (line 3 - line 4)	24,049	16,428		24,049	25,093	
6. Allowed Current Period Costs (Min of line 3 or 4)	124,927	220,465	345,392	124,927	308,535	433,462
7. Incentive Line 5 x Oper 50% Res 50%	12,025	8,214	20,238	12,025	12,547	24,571
8. Incentive - Line 4 x Oper 10% Res 3%	12,493	6,614	19,107	12,493	9,256	21,749
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	12,025	6,614	18,638	12,025	9,256	21,281
10. Final Incentive	12,025	6,614	18,638	12,025	9,256	21,281
11. Current Period Base: (line 6 + line 10)	136,951	227,079	364,031	136,951	317,791	454,742
12. Plus: Property Rate Component			10,420			10,420
13. Plus: ROE/Use Rate			3,680			3,680
14. Total Current Period Base			378,130			468,842
15. Prospective Rate: Line 11 x Inflation (1.04820279)	143,553	238,025	381,578	143,553	333,109	476,662
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	143,553	238,025	381,578	143,553	333,109	476,662
19. Property Rate Component			10,420			10,420
20. ROE Component + ROE Interim Component			3,680			3,680
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			395.68			490.76
23. Medicaid Days			0			7,976
24. Resident Days			0			7,976
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			412.44			507.52



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031262200 - 2011/10
RI:351.83 / NM:410.82

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>345.20</u>	<u>351.83</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>403.03</u>	<u>410.82</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			111,431
B. Plant Operation			52,934
C. Laundry			0
D. Housekeeping			4,281
E. Operating Expense Component & Per Diem	77.0073	77.0073	168,646
3. Resident Care			
A. Dietary			17,228
B. Other			0
C. Nursing			69,107
D. Resident Care & Per Diem	39.4224	39.4224	86,335
4. Prop Exp & Per Diem	21.0886	21.0886	46,184
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	294,291.32	78,477.68	372,769.00
5. Direct Care Expense Per Diem	161.2555	215.0074	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	16,848	3,370	20,218
3. Additional Services Exp & Per Diem	9.2318	9.2329	
D. Medicaid Per Diem Cost			
1. Operating Component	77.0073	77.0073	168,646
2. Resident Care Component	209.9097	263.6626	479,322
3. Property Cost Component	21.0886	21.0886	46,184
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	308.0056	361.7585	694,152



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031262200 - 2011/10

RI: 351.83

NM: 410.82

Mentor Barranger Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	94.498	213.895	308.393	94.498	271.129	365.627
2. Inflate Line 1 by Inflation Factor 1.01959670	96.350	218.087	314.437	96.350	276.442	372.792
3. Line 1 x 1.400 x Inflation Factor 1.02743538	97.090	219.764	316.854	97.090	278.567	375.658
4. Current Period Cost	77.007	209.910	286.917	77.007	263.663	340.670
5. Incentive Basis (line 3 - line 4)	20.083	9.854		20.083	14.905	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.007	209.910	286.917	77.007	263.663	340.670
7. Incentive Line 5 x Oper 50% Res 50%	10.042	4.927	14.969	10.042	7.452	17.494
8. Incentive - Line 4 x Oper 10% Res 3%	7.701	6.297	13.998	7.701	7.910	15.611
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.701	4.927	12.628	7.701	7.452	15.153
10. Final Incentive	7.701	4.927	12.628	7.701	7.452	15.153
11. Current Period Base: (line 6 + line 10)	84.708	214.837	299.545	84.708	271.115	355.823
12. Plus: Property Rate Component			21.089			21.089
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			320.633			376.912
15. Prospective Rate: Line 11 x Inflation (1.04820279)	88.791	225.192	313.984	88.791	284.184	372.975
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.791	225.192	313.984	88.791	284.184	372.975
19. Property Rate Component			21.089			21.089
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			335.07			394.06
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			351.83			410.82



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031263100 - 2011/10
RI:309.34 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514

Provider Number: 031263100
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.55</u>	<u>309.34</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Cost
 Settlement Based on Costs

Basis

Budget Desk Audited Costs
 Unaudited Costs Desk Audit - Interim Portion
 Field Audited Costs Desk Audit - Prospective Portion
 Field Audit - Interim Portion

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Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			101,562
B. Plant Operation			57,951
C. Laundry			0
D. Housekeeping			2,735
E. Operating Expense Component & Per Diem	74.0858	0.0000	162,248
3. Resident Care			
A. Dietary			18,892
B. Other			0
C. Nursing			32,088
D. Resident Care & Per Diem	23.2785	0.0000	50,980
4. Prop Exp & Per Diem	17.7667	0.0000	38,909
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	316,589.00		316,589.00
5. Direct Care Expense Per Diem	144.5612		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	16,591		16,591
3. Additional Services Exp & Per Diem	7.5758		
D. Medicaid Per Diem Cost			
1. Operating Component	74.0858		162,248
2. Resident Care Component	175.4155		384,160
3. Property Cost Component	17.7667		38,909
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.2680		585,317



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031263100 - 2011/10

RI: 309.34

NM: 0.00

Mentor Greenridge Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	90.521	191.856	282.377			
2. Inflate Line 1 by Inflation Factor 1.01959670	92.295	195.616	287.911			
3. Line 1 x 1.400 x Inflation Factor 1.02743538	93.005	197.119	290.124			
4. Current Period Cost	74.086	175.416	249.501			
5. Incentive Basis (line 3 - line 4)	18.919	21.704		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.086	175.416	249.501			
7. Incentive Line 5 x Oper 50% Res 50%	9.459	10.852	20.311	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.409	5.262	12.671	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.409	5.262	12.671	0.000	0.000	0.000
10. Final Incentive	7.409	5.262	12.671	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.494	180.678	262.172	0.000	0.000	0.000
12. Plus: Property Rate Component			17.767			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.939			0.000
15. Prospective Rate: Line 11 x Inflation (1.04820279)	85.423	189.387	274.810	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.423	189.387	274.810	0.000	0.000	0.000
19. Property Rate Component			17.767			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.58			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			309.34			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031264900 - 2011/10

RI:369.75 / NM:454.19

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514

Provider Number: 031264900
 Date: 01/30/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>332.32</u>	<u>369.75</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>445.53</u>	<u>454.19</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,719	8,719
2. Operating Expenses Component			
A. Administration			546,403
B. Plant Operation			313,148
C. Laundry			0
D. Housekeeping			82,540
E. Operating Expense Component & Per Diem	108.0503	108.0503	942,091
3. Resident Care			
A. Dietary			164,142
B. Other			0
C. Nursing			786,183
D. Resident Care & Per Diem	108.9947	108.9947	950,325
4. Prop Exp & Per Diem	7.3721	7.3721	64,277
5. ROE/Use Per Diem	1.6523	1.6523	14,406
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,719.00	8,719.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,283,030.00	1,283,030.00
5. Direct Care Expense Per Diem	73.5767	147.1533	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,719	8,719
2. Additional Services	0	147,888	147,888
3. Additional Services Exp & Per Diem	16.9616	16.9616	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	108.0503	108.0503	942,091
2. Resident Care Component	199.5330	273.1096	2,381,243
3. Property Cost Component	7.3721	7.3721	64,277
4. ROE/Use Allow Component	1.6523	1.6523	14,406
5 Total Cost Per Diem	316.6076	390.1843	3,402,017



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031264900 - 2011/10

RI: 369.75

NM: 454.19

Mentor Pensacola Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	124.249	213.550	337.799	124.249	295.112	419.361
2. Inflate Line 1 by Inflation Factor 1.01959670	*	126.684	226.999	353.683	126.684	319.426	446.110
3. Line 1 x 1.400 x Inflation Factor 1.02743538	*	127.658	228.673	356.331	127.658	321.739	449.397
4. Current Period Cost		108.050	204.166	312.216	108.050	282.375	390.425
5. Incentive Basis (line 3 - line 4)		19.608	24.507		19.608	39.364	
6. Allowed Current Period Costs (Min of line 3 or 4)		108.050	204.166	312.216	108.050	282.375	390.425
7. Incentive Line 5 x Oper 50% Res 50%		9.804	12.254	22.058	9.804	19.682	29.486
8. Incentive - Line 4 x Oper 10% Res 3%		10.805	6.125	16.930	10.805	8.471	19.276
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%		9.804	6.125	15.929	9.804	8.471	18.275
10. Final Incentive		9.804	6.125	15.929	9.804	8.471	18.275
11. Current Period Base: (line 6 + line 10)		117.854	210.291	328.145	117.854	290.846	408.700
12. Plus: Property Rate Component			7.372			7.372	
13. Plus: ROE/Use Rate			1.652			1.652	
14. Total Current Period Base			337.169			417.725	
15. Prospective Rate: Line 11 x Inflation (1.04820279)		123.535	220.428	343.962	123.535	304.866	428.401
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		123.535	220.428	343.963	123.535	304.866	428.401
19. Property Rate Component			7.372			7.372	
20. ROE Component + ROE Interim Component			1.652			1.652	
21. Plus :Property Interim Rate Component			0.000			0.000	
22. Final Per Diem			352.99			437.43	
23. Medicaid Days			0			8,719	
24. Resident Days			0			8,719	
25. Medicaid Utilization			NA			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000							
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76	
28. N/A			0.00			0.00	
29. Final Per Diem After Adjustments			369.75			454.19	

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester				
Mentor Pensacola Cluster/Provider #0312649-00				
Adjustment to Prior Period Cost (L1, L2, L3)				
Staffing IRR #215 - Effective 12/1/2009				
Status: COST SETTLEMENT				
A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	114.557	114.557	100.000%	9.899
Resident Care	207.330	207.330	100.000%	6.220
Total	321.887	321.887		16.119
N-A/Medical				
Operating	114.557	114.557	100.000%	9.8990
Resident Care	286.517	286.517	100.000%	8.5960
Total	401.074	401.074		18.4950
B @ 10/1/2011	8	9	10	11
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	(L3) Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	124.2490	0.000	126.684	127.658
Resident Care	213.5500	9.265	227.000	228.674
Total	337.799	9.265	353.684	356.332
N-A/Medical				
Operating	124.2490	0.000	126.684	127.658
Resident Care	295.1120	18.530	319.425	321.739
Total	419.361	18.530	446.109	449.396

Mentor Pensacola Cluster Provider #0312649-00 Cost Settlement - IRR #215 Effective - 12/1/2009 Calculation of L4	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS					
	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	108.050	199.533	307.583	108.050	273.110	381.160
B. Cost Settlement for IRR Effective 12/1/2009	0.000	9.265	9.265	0.000	18.530	18.530
C. Prorated CS IRR eff 12/1/2009 - 6/12 of IRR comp.	0.000	4.633	4.633	0.000	9.265	9.265
D. Grossed Up Current Period (Line A plus Line C)	108.050	204.166	312.216	108.050	282.375	390.425

PROPERTY COMPONENT	
Calculation of L21 - 6/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



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 Tallahassee, Florida 32308

031265700 - 2011/10

RI:406.82 / NM:402.88

Mentor Caprona Group Home
 111 N.E Caprona Avenue
 Port St. Lucie FL 34983

Provider Number: 031265700

Date: 01/30/2012

FYE: 05/31/2010

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>399.11</u>	<u>406.82</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>395.25</u>	<u>402.88</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input checked="" type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel 
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Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,006	92	2,098
2. Operating Expenses Component			
A. Administration			93,595
B. Plant Operation			63,866
C. Laundry			0
D. Housekeeping			4,964
E. Operating Expense Component & Per Diem	77.4190	77.4190	162,425
3. Resident Care			
A. Dietary			21,746
B. Other			0
C. Nursing			54,629
D. Resident Care & Per Diem	36.4037	36.4037	76,375
4. Prop Exp & Per Diem	23.8875	23.8875	50,116
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,504.50	92.00	1,596.50
3. Staffing Percent	94.2373943	5.7626057	100.00
4. Allocation of Direct Care	310,237.04	18,970.96	329,208.00
5. Direct Care Expense Per Diem	154.6546	206.2061	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,006	92	2,098
2. Additional Services	27,879	1,279	29,158
3. Additional Services Exp & Per Diem	13.8978	13.9022	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.4190	77.4190	162,425
2. Resident Care Component	204.9561	256.5120	434,741
3. Property Cost Component	23.8875	23.8875	50,116
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	306.2626	357.8184	647,282



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031265700 - 2011/10

RI: 406.82

NM: 402.88

Mentor Caprona Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.971	242.712	326.683	83.971	263.715	347.685
2. Inflate Line 1 by Inflation Factor 1.01959670	85.617	247.469	333.085	85.616	268.882	354.499
3. Line 1 x 1.400 x Inflation Factor 1.02743538	86.275	249.371	335.646	86.274	270.950	357.224
4. Current Period Cost	77.419	204.956	282.375	77.419	256.512	333.931
5. Incentive Basis (line 3 - line 4)	8.856	44.415		8.855	14.438	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.419	204.956	282.375	77.419	256.512	333.931
7. Incentive Line 5 x Oper 50% Res 50%	4.428	22.208	26.636	4.428	7.219	11.647
8. Incentive - Line 4 x Oper 10% Res 3%	7.742	6.149	13.891	7.742	7.695	15.437
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.428	6.149	10.577	4.428	7.219	11.647
10. Final Incentive	4.428	6.149	10.577	4.428	7.219	11.647
11. Current Period Base: (line 6 + line 10)	81.847	211.105	292.952	81.847	263.731	345.577
12. Plus: Property Rate Component			23.888			23.888
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			316.839			369.465
15. Prospective Rate: Line 11 x Inflation (1.04820279)	85.792	221.281	307.073	85.792	276.443	362.235
16. Interim Rate Component: *	14.214	41.075	55.289	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	100.006	262.356	362.362	85.792	276.443	362.235
19. Property Rate Component			23.888			23.888
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component *			3.812			0.000
22. Final Per Diem			390.06			386.12
23. Medicaid Days		2,006			92	
24. Resident Days		2,006			92	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			406.82			402.88

* See Attachment

IRR #227 - Mentor Caprona Group Home - Provider #0312657-00
Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 9/1/2010 - Rate Semester 10/1/2011

Residential/Institutional (Level of Care 7)				
Residential/Institutional IRR Effective 9/1/2010	\$	59.10		
Description	Operating Component	Resident Care Component	Property Component	ROE Component
Prospective Rate (Line 15)	85.792	221.281	23.888	
Prospective Rate w/o ROE	85.792	221.281	23.888	0.000
Allocation %	24.050%	69.500%	6.450%	0.000%
Allocation of IRR	14.214	41.075	3.812	0.000
Final Per Diem (Line 22)	100.006	262.356	27.700	0.000
				330.96

L22. Final Per Diem Rate - LOC 7	390.06			
L26. Less: Medicaid Trend Adjustment	0.00			
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)	16.76			
L28. Plus: Supplemental Rate Add-on	0.00			
L29. Final Per Diem After Adjustments	406.82			

Non - Ambulatory/Medical (Level of Care 8, 9)				
Non-Ambulatory/Medical IRR Effective 9/1/2010	\$	-		
Description	Operating Component	Resident Care Component	Property Component	ROE Component
Prospective Rate (Line 15)	85.792	276.443	23.888	
Prospective Rate w/o ROE	85.792	276.443	23.888	0.000
Allocation %	0.000%	0.000%	0.000%	0.000%
Allocation of IRR	0.000	0.000	0.000	0.000
Final Per Diem (Line 22)	85.792	276.443	23.888	0.000
				386.12

L22. Final Per Diem Rate - LOC 8, 9	386.12			
L26. Less: Medicaid Trend Adjustment	0.00			
L27. Plus: Quality Assessment - Medicaid Share (L2 + 16.76)	16.76			
L28. Plus: Supplemental Rate Add-on	0.00			
L29. Final Per Diem After Adjustments	402.88			



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031266500 - 2011/10
RI:316.44 / NM:367.77

Mentor Rich Street Group
 2318 Rich Street
 Port St. Lucie FL 34984

Provider Number: 031266500
 Date: 01/30/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>310.51</u>	<u>316.44</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>360.83</u>	<u>367.77</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


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Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,688	320	2,008
2. Operating Expenses Component			
A. Administration			87,086
B. Plant Operation			54,443
C. Laundry			0
D. Housekeeping			3,952
E. Operating Expense Component & Per Diem	72.4507	72.4507	145,481
3. Resident Care			
A. Dietary			19,644
B. Other			0
C. Nursing			13,860
D. Resident Care & Per Diem	16.6853	16.6853	33,504
4. Prop Exp & Per Diem	22.9353	22.9353	46,054
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,266.00	320.00	1,586.00
3. Staffing Percent	79.8234552	20.1765448	100.00
4. Allocation of Direct Care	234,980.30	59,394.70	294,375.00
5. Direct Care Expense Per Diem	139.2063	185.6084	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,688	320	2,008
2. Additional Services	25,656	4,864	30,520
3. Additional Services Exp & Per Diem	15.1991	15.2000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.4507	72.4507	145,481
2. Resident Care Component	171.0906	217.4937	358,399
3. Property Cost Component	22.9353	22.9353	46,054
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	266.4766	312.8797	549,934



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031266500 - 2011/10

RI: 316.44

NM: 367.77

Mentor Rich Street Group

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	74.764	192.499	267.264	74.764	238.724	313.488
2. Inflate Line 1 by Inflation Factor 1.01959670 *	81.463	209.931	291.394	81.463	259.022	340.486
3. Line 1 x 1.400 x Inflation Factor 1.02743538 *	82.049	211.440	293.489	82.049	260.894	342.943
4. Current Period Cost	75.504	179.059	254.563	75.504	226.606	302.110
5. Incentive Basis (line 3 - line 4)	6.545	32.381		6.545	34.288	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.504	179.059	254.563	75.504	226.606	302.110
7. Incentive Line 5 x Oper 50% Res 50%	3.273	16.190	19.463	3.273	17.144	20.417
8. Incentive - Line 4 x Oper 10% Res 3%	7.550	5.372	12.922	7.550	6.798	14.349
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.273	5.372	8.644	3.273	6.798	10.071
10. Final Incentive	3.273	5.372	8.644	3.273	6.798	10.071
11. Current Period Base: (line 6 + line 10)	78.777	184.431	263.207	78.777	233.404	312.181
12. Plus: Property Rate Component			22.935			22.935
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			286.143			335.116
15. Prospective Rate: Line 11 x Inflation (1.04820279)	82.574	193.321	275.895	82.574	244.655	327.229
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	82.574	193.321	275.895	82.574	244.655	327.229
19. Property Rate Component			22.935			22.935
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component *			0.850			0.850
22. Final Per Diem			299.68			351.01
23. Medicaid Days		1,688			320	
24. Resident Days		1,688			320	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			316.44			367.77

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Mentor Rich Street Group/Provider #0312665-00
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #216 - Effective 1/1/2010
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	70.812	70.812	100.000%	4.074
Resident Care	186.893	186.893	100.000%	5.607
Total	257.705	257.705		9.681
N-A/Medical				
Operating	70.812	70.812	100.000%	4.0740
Resident Care	231.771	231.771	100.000%	6.9530
Total	302.583	302.583		11.0270
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	74.7640	5.234	81.463	82.049
Resident Care	192.4990	13.659	209.930	211.439
Total	267.263	18.893	291.393	293.488
N-A/Medical				
Operating	74.7640	5.234	81.463	82.049
Resident Care	238.7240	15.620	259.022	260.893
Total	313.488	20.854	340.485	342.943

Mentor Rich Street Group Provider #0312665-00 Cost Settlement - IRR #216 Effective - 1/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS						
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical	
	Operating	Resident Care	Total	Operating	Resident Care	Resident Care	Total
A. Current Period Cost	72.451	171.091	243.542	72.451	217.494	289.945	
B. Cost Settlement for IRR Effective 1/1/2010	5.234	13.659	18.893	5.234	15.620	20.854	
C. Prorated CS IRR eff 1/1/2010 - 7/12 of IRR comp.	3.053	7.968	11.021	3.053	9.112	12.165	
D. Grossed Up Current Period (Line A plus Line C)	75.504	179.059	254.563	75.504	226.606	302.110	

PROPERTY COMPONENT	
Calculation of L21 - 7/12 of IRR comp.	
Property Interim Rate Component	1.457
Grossed Up Property Interim Rate Component	0.850



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031267300 - 2011/10
RI:363.61 / NM:443.47

Mentor Sandpiper Cluster
 1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 01/27/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>356.75</u>	<u>363.61</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>435.03</u>	<u>443.47</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

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Distribution:

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Home Office:

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,100	7,088	8,188
2. Operating Expenses Component			
A. Administration			507,843
B. Plant Operation			198,053
C. Laundry			0
D. Housekeeping			67,679
E. Operating Expense Component & Per Diem	94,4767	94,4767	773,575
3. Resident Care			
A. Dietary			181,990
B. Other			0
C. Nursing			799,350
D. Resident Care & Per Diem	119,8510	119,8510	981,340
4. Prop Exp & Per Diem	12,2651	12,2651	100,427
5. ROE/Use Per Diem	3,1364	3,1364	25,681
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	550.00	7,088.00	7,638.00
3. Staffing Percent	7.2008379	92.7991621	100.00
4. Allocation of Direct Care	81,016.48	1,044,081.52	1,125,098.00
5. Direct Care Expense Per Diem	73.6513	147.3027	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,100	7,088	8,188
2. Additional Services	24,906	160,488	185,394
3. Additional Services Exp & Per Diem	22,6418	22,6422	
D. Medicaid Per Diem Cost			
1. Operating Component	94,4767	94,4767	773,575
2. Resident Care Component	216,1442	289,7959	2,291,832
3. Property Cost Component	12,2651	12,2651	100,427
4. ROE/Use Allow Component	3,1364	3,1364	25,681
5 Total Cost Per Diem	326.0224	399.6741	3,191,515



Florida Agency For Health Care Administration
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 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031267300 - 2011/10

RI: 363.61

NM: 443.47

Mentor Sandpiper Cluster

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	105.433	209.074	314.507	105.433	284.389	389.822
2. Inflate Line 1 by Inflation Factor 1.01959670	107.499	213.171	320.670	107.499	289.962	397.462
3. Line 1 x 1.400 x Inflation Factor 1.02743538	108.326	214.810	323.136	108.326	292.191	400.517
4. Current Period Cost	94.477	216.144	310.621	94.477	289.796	384.273
5. Incentive Basis (line 3 - line 4)	13.849	0.000		13.849	2.396	
6. Allowed Current Period Costs (Min of line 3 or 4)	94.477	214.810	309.287	94.477	289.796	384.273
7. Incentive Line 5 x Oper 50% Res 50%	6.925	0.000	6.925	6.925	1.198	8.122
8. Incentive - Line 4 x Oper 10% Res 3%	9.448	0.000	9.448	9.448	8.694	18.142
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.925	0.000	6.925	6.925	1.198	8.122
10. Final Incentive	6.925	0.000	6.925	6.925	1.198	8.122
11. Current Period Base: (line 6 + line 10)	101.401	214.810	316.211	101.401	290.994	392.395
12. Plus: Property Rate Component			12.265			12.265
13. Plus: ROE/Use Rate			3.136			3.136
14. Total Current Period Base			331.613			407.796
15. Prospective Rate: Line 11 x Inflation (1.04820279)	106.289	225.164	331.453	106.289	305.020	411.309
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.289	225.164	331.453	106.289	305.020	411.309
19. Property Rate Component			12.265			12.265
20. ROE Component + ROE Interim Component			3.136			3.136
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.85			426.71
23. Medicaid Days		1,100			7,088	
24. Resident Days		1,100			7,088	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			363.61			443.47



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

031345900 - 2011/10

RI:373.10 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900

Date: 01/30/2012

FYE: 05/31/2010

Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>366.05</u>	<u>373.10</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<u>X</u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u>X</u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u>X</u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	17,363	0	17,363
2. Operating Expenses Component			
A. Administration			904,167
B. Plant Operation			389,137
C. Laundry			47,182
D. Housekeeping			282,659
E. Operating Expense Component & Per Diem	93.4830	0.0000	1,623,145
3. Resident Care			
A. Dietary			412,181
B. Other			0
C. Nursing			513,558
D. Resident Care & Per Diem	53.3168	0.0000	925,739
4. Prop Exp & Per Diem	31.6809	0.0000	550,076
5. ROE/Use Per Diem	1.3408	0.0000	23,281
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,681.50		8,681.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,286,254.00		2,286,254.00
5. Direct Care Expense Per Diem	131.6739		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	17,363		17,363
2. Additional Services	382,551		382,551
3. Additional Services Exp & Per Diem	22.0325		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	93.4830		1,623,145
2. Resident Care Component	207.0232		3,594,544
3. Property Cost Component	31.6809		550,076
4. ROE/Use Allow Component	1.3408		23,281
5 Total Cost Per Diem	333.5280		5,791,046



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

031345900 - 2011/10

RI: 373.10

NM: 0.00

New Horizons Village

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 10/21/2010 - 11/24/2010 Days Eligible: 148 of 182

Eligibility factor :81.32%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	98.794	190.579	289.373			
2. Inflate Line 1 by Inflation Factor 1.01959670 *	100.730	212.595	313.325			
3. Line 1 x 1.400 x Inflation Factor 1.02743538 *	101.504	214.089	315.594			
4. Current Period Cost	93.483	210.070	303.553			
5. Incentive Basis (line 3 - line 4)	8.021	4.019		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	93.483	210.070	303.553			
7. Incentive Line 5 x Oper 50% Res 50%	4.011	2.010	6.020	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.348	6.302	15.650	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 81.32%	3.261	1.634	4.896	0.000	0.000	0.000
10. Final Incentive	3.261	1.634	4.896	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	96.744	211.704	308.449	0.000	0.000	0.000
12. Plus: Property Rate Component			31.681			0.000
13. Plus: ROE/Use Rate			1.341			0.000
14. Total Current Period Base			341.470			0.000
15. Prospective Rate: Line 11 x Inflation (1.04820279)	101.408	221.909	323.317	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	101.408	221.909	323.317	0.000	0.000	0.000
19. Property Rate Component			31.681			0.000
20. ROE Component + ROE Interim Component			1.341			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			356.34			0.00
23. Medicaid Days		17,363				0
24. Resident Days		17,363				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			373.10			0.00

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

New Horizons Village/Provider #0313459-00
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing IRR #214 - Effective 8/1/2009
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	92.749	92.749	100.000%	6.515
Resident Care	186.963	186.963	100.000%	3.855
Total	279.712	279.712		10.370
N-A/Medical				
Operating	0.000	0.000	0.000%	0.0000
Resident Care	0.000	0.000	0.000%	0.0000
Total	0.000	0.000		0.0000
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	98.7940	0.000	100.730	101.504
Resident Care	190.5790	18.282	212.596	214.090
Total	289.373	18.282	313.326	315.594
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000

New Horizons Village Provider #0313459-00 Cost Settlement - IRR #214 Effective - 8/1/2009 Calculation of L4	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS					
	Residential/Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	93.483	207.023	300.506	0.000	0.000	0.000
B. Cost Settlement for IRR Effective 8/1/2009	0.000	18.282	18.282	0.000	0.000	0.000
C. Prorated CS IRR eff 8/1/2009 - 2/12 of IRR comp.	0.000	3.047	3.047	0.000	0.000	0.000
D. Grossed Up Current Period (Line A plus Line C)	93.483	210.070	303.553	0.000	0.000	0.000

PROPERTY COMPONENT	
Calculation of L21 - 2/12 of IRR comp.	
Property Interim Rate Component	0.000
Grossed Up Property Interim Rate Component	0.000



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2011
 Cost Report: 09/01/2009 - 11/30/2010
 Days In Reporting Period: 456
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	27,167	0	27,167
2. Operating Expenses Component			
A. Administration			747,090
B. Plant Operation			271,785
C. Laundry			47,973
D. Housekeeping			92,012
E. Operating Expense Component & Per Diem	42.6569	0.0000	1,158,860
3. Resident Care			
A. Dietary			411,612
B. Other			0
C. Nursing			447,914
D. Resident Care & Per Diem	31.6386	0.0000	859,526
4. Prop Exp & Per Diem	23.3361	0.0000	633,972
5. ROE/Use Per Diem	0.5026	0.0000	13,653
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	13,583.50		13,583.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,632,498.00		2,632,498.00
5. Direct Care Expense Per Diem	96.9006		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	27,167		27,167
2. Additional Services	425,328		425,328
3. Additional Services Exp & Per Diem	15.6561		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	42.6569		1,158,860
2. Resident Care Component	144.1952		3,917,352
3. Property Cost Component	23.3361		633,972
4. ROE/Use Allow Component	0.5026		13,653
5 Total Cost Per Diem	210.6908		5,723,837



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

000169300 - 2011/10
RI: 239.70
NM: 0.00

St. Augustine Center for Living

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	09/01/2009	11/30/2010	Unaudited [3]	201104
Prior Cost Report	06/01/2008	08/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.129	144.128	189.257			
2. Inflate Line 1 by Inflation Factor 1.02450884	46.235	147.660	193.896			
3. Line 1 x 1.400 x Inflation Factor 1.03431238	46.678	149.073	195.751			
4. Current Period Cost	42.657	144.195	186.852			
5. Incentive Basis (line 3 - line 4)	4.021	4.878		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.657	144.195	186.852			
7. Incentive Line 5 x Oper 50% Res 50%	2.010	2.439	4.449	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.266	4.326	8.592	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.010	2.439	4.449	0.000	0.000	0.000
10. Final Incentive	2.010	2.439	4.449	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.667	146.634	191.302	0.000	0.000	0.000
12. Plus: Property Rate Component			23.336			0.000
13. Plus: ROE/Use Rate			0.503			0.000
14. Total Current Period Base			215.140			0.000
15. Prospective Rate: Line 11 x Inflation (1.04075161)	46.488	152.610	199.097	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.488	152.610	199.097	0.000	0.000	0.000
19. Property Rate Component			23.336			0.000
20. ROE Component + ROE Interim Component			0.503			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			222.94			0.00
23. Medicaid Days		27,167			0	
24. Resident Days		27,167			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			239.70			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

001069500 - 2011/10
RI:357.38 / NM:426.27

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>321.26</u>	<u>357.38</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>418.17</u>	<u>426.27</u>	<u>10/01/2011</u>

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Ctrs of Nassau, LLC

 95146 Hendricks Road

 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	5,681	5,681
2. Operating Expenses Component			
A. Administration			238,341
B. Plant Operation			222,859
C. Laundry			30,009
D. Housekeeping			110,979
E. Operating Expense Component & Per Diem	106.0004	106.0004	602,188
3. Resident Care			
A. Dietary			149,137
B. Other			0
C. Nursing			156,303
D. Resident Care & Per Diem	53.7652	53.7652	305,440
4. Prop Exp & Per Diem	70.2626	70.2626	399,162
5. ROE/Use Per Diem	2.1229	2.1229	12,060
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	5,681.00	5,681.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	724,946.00	724,946.00
5. Direct Care Expense Per Diem	63.8044	127.6089	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	5,681	5,681
2. Additional Services	0	142,239	142,239
3. Additional Services Exp & Per Diem	25.0377	25.0377	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	106.0004	106.0004	602,188
2. Resident Care Component	142.6073	206.4117	1,172,625
3. Property Cost Component	70.2626	70.2626	399,162
4. ROE/Use Allow Component	2.1229	2.1229	12,060
5 Total Cost Per Diem	320.9931	384.7976	2,186,035



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

001069500 - 2011/10

RI: 357.38

NM: 426.27

Minor North

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	99.006	115.623	214.629	99.006	180.801	279.807
2. Inflate Line 1 by Inflation Factor 1.01959670 *	111.259	151.172	262.431	111.259	219.591	330.850
3. Line 1 x 1.400 x Inflation Factor 1.02743538 *	112.035	152.078	264.113	112.035	221.008	333.043
4. Current Period Cost	106.000	142.607	248.608	106.000	206.412	312.412
5. Incentive Basis (line 3 - line 4)	6.035	9.471		6.035	14.597	
6. Allowed Current Period Costs (Min of line 3 or 4)	106.000	142.607	248.608	106.000	206.412	312.412
7. Incentive Line 5 x Oper 50% Res 50%	3.017	4.735	7.753	3.017	7.298	10.316
8. Incentive - Line 4 x Oper 10% Res 3%	10.600	4.278	14.878	10.600	6.192	16.792
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.017	4.278	7.296	3.017	6.192	9.210
10. Final Incentive	3.017	4.278	7.296	3.017	6.192	9.210
11. Current Period Base: (line 6 + line 10)	109.018	146.885	255.903	109.018	212.604	321.622
12. Plus: Property Rate Component			70.263			70.263
13. Plus: ROE/Use Rate			2.123			2.123
14. Total Current Period Base			328.289			394.007
15. Prospective Rate: Line 11 x Inflation (1.04820279)	114.273	153.966	268.238	114.273	222.852	337.125
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.273	153.966	268.238	114.273	222.852	337.125
19. Property Rate Component			70.263			70.263
20. ROE Component + ROE Interim Component			2.123			2.123
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			340.62			409.51
23. Medicaid Days			0		5,681	
24. Resident Days			0		5,681	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			357.38			426.27

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Minor North/Provider #0010695-00
Adjustment to Prior Period Cost (L1, L2, L3)
CHOW IRR #211 - Effective 6/1/2009
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	96.406	96.406	100.000%	2.566
Resident Care	115.383	115.383	100.000%	0.202
Total	211.789	211.789		2.768
N-A/Medical				
Operating	96.406	96.406	100.000%	2.5660
Resident Care	181.352	180.681	99.630%	0.0000
Total	277.758	277.087		2.5660
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	99.0060	10.313	111.259	112.035
Resident Care	115.6230	33.283	151.172	152.078
Total	214.629	43.596	262.431	264.113
N-A/Medical				
Operating	99.0060	10.313	111.259	112.035
Resident Care	180.8010	35.247	219.591	221.008
Total	279.807	45.560	330.850	333.044



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

001071000 - 2011/10
RI:375.91 / NM:451.47

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 01/31/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	368.81	375.91	10/01/2011
#8 Non-Ambulatory & #9 Medical	442.87	451.47	10/01/2011

Rate Type:

<input checked="" type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input checked="" type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Ctrs of Nassau, LLC

 95146 Hendricks Road

 Fernandina Beach FL 32034

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	470	5,180	5,650
2. Operating Expenses Component			
A. Administration			233,686
B. Plant Operation			208,663
C. Laundry			17,451
D. Housekeeping			99,227
E. Operating Expense Component & Per Diem	98.9428	98.9428	559,027
3. Resident Care			
A. Dietary			188,177
B. Other			0
C. Nursing			216,720
D. Resident Care & Per Diem	71.6632	71.6632	404,897
4. Prop Exp & Per Diem	70.5788	70.5788	398,770
5. ROE/Use Per Diem	2.1021	2.1021	11,877
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	235.00	5,180.00	5,415.00
3. Staffing Percent	4.3397969	95.6602031	100.00
4. Allocation of Direct Care	33,013.10	727,692.90	760,706.00
5. Direct Care Expense Per Diem	70.2406	140.4813	
C. Additional Services Expense			
1. Medicaid Inpatient Days	470	5,180	5,650
2. Additional Services	12,490	137,640	150,130
3. Additional Services Exp & Per Diem	26.5745	26.5714	
D. Medicaid Per Diem Cost			
1. Operating Component	98.9428	98.9428	559,027
2. Resident Care Component	168.4783	238.7159	1,315,733
3. Property Cost Component	70.5788	70.5788	398,770
4. ROE/Use Allow Component	2.1021	2.1021	11,877
5 Total Cost Per Diem	340.1020	410.3396	2,285,407



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

001071000 - 2011/10

RI: 375.91

NM: 451.47

Minor South

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 01/19/2011 - 03/04/2011 Days Eligible: 138 of 182

Eligibility factor :75.82%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201010
Prior Cost Report	06/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	99.006	115.623	214.629	99.006	180.801	279.807
2. Inflate Line 1 by Inflation Factor 1.01959670 *	104.202	177.043	281.245	104.202	251.895	356.097
3. Line 1 x 1.400 x Inflation Factor 1.02743538 *	104.978	177.949	282.927	104.978	253.312	358.290
4. Current Period Cost	98.943	168.478	267.421	98.943	238.716	337.659
5. Incentive Basis (line 3 - line 4)	6.035	9.471		6.035	14.596	
6. Allowed Current Period Costs (Min of line 3 or 4)	98.943	168.478	267.421	98.943	238.716	337.659
7. Incentive Line 5 x Oper 50% Res 50%	3.018	4.735	7.753	3.018	7.298	10.316
8. Incentive - Line 4 x Oper 10% Res 3%	9.894	5.054	14.949	9.894	7.161	17.056
9. Incentive - Min of Line 7,8 x Eligibility factor 75.82%	2.288	3.591	5.879	2.288	5.430	7.718
10. Final Incentive	2.288	3.591	5.879	2.288	5.430	7.718
11. Current Period Base: (line 6 + line 10)	101.231	172.069	273.300	101.231	244.146	345.377
12. Plus: Property Rate Component			70.579			70.579
13. Plus: ROE/Use Rate			2.102			2.102
14. Total Current Period Base			345.981			418.058
15. Prospective Rate: Line 11 x Inflation (1.04820279)	106.111	180.363	286.474	106.111	255.915	362.025
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.111	180.363	286.474	106.111	255.915	362.025
19. Property Rate Component			70.579			70.579
20. ROE Component + ROE Interim Component			2.102			2.102
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			359.15			434.71
23. Medicaid Days		470			5,180	
24. Resident Days		470			5,180	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			375.91			451.47

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Minor South/Provider #0010710-00
Adjustment to Prior Period Cost (L1, L2, L3)
CHOW IRR #212 - Effective 6/1/2009
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	96.406	96.406	100.000%	2.566
Resident Care	115.383	115.383	100.000%	0.202
Total	211.789	211.789		2.768
N-A/Medical				
Operating	96.406	96.406	100.000%	2.5660
Resident Care	181.352	180.681	99.630%	0.0000
Total	277.758	277.087		2.5660
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0195967 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.02743538 IRR @ 10/1/2011 (Col. 9)
Operating	99.0060	3.256	104.202	104.978
Resident Care	115.6230	59.154	177.043	177.949
Total	214.629	62.410	281.245	282.927
N-A/Medical				
Operating	99.0060	3.256	104.202	104.978
Resident Care	180.8010	67.551	251.895	253.312
Total	279.807	70.807	356.097	358.291



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028000300 - 2011/10
RI:280.23 / NM:0.00

Sandy Park Development Center
2975 Garden Street
North Ft. Myers FL 33917

Provider Number: 028000300
Date: 01/27/2012
FYE: 12/31/2009
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	275.00	280.23	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (8)
Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 10/2011

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 01/01/2009 - 12/31/2009
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	23,149	0	23,149
2. Operating Expenses Component			
A. Administration			772,887
B. Plant Operation			396,115
C. Laundry			36,144
D. Housekeeping			161,005
E. Operating Expense Component & Per Diem	59.0156	0.0000	1,366,151
3. Resident Care			
A. Dietary			411,456
B. Other			0
C. Nursing			142,954
D. Resident Care & Per Diem	23.9496	0.0000	554,410
4. Prop Exp & Per Diem	18.6051	0.0000	430,689
5. ROE/Use Per Diem	0.0076	0.0000	175
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,574.50		11,574.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,160,663.00		3,160,663.00
5. Direct Care Expense Per Diem	136.5356		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	23,149		23,149
2. Additional Services	273,231		273,231
3. Additional Services Exp & Per Diem	11.8031		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.0156		1,366,151
2. Resident Care Component	172.2884		3,988,304
3. Property Cost Component	18.6051		430,689
4. ROE/Use Allow Component	0.0076		175
5 Total Cost Per Diem	249.9166		5,785,319



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028000300 - 2011/10
RI: 280.23
NM: 0.00

Sandy Park Development Center

Ownership: Private[3]

Incentive Rating: Days Eligible: 182 of 182 Eligibility Factor: 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	01/01/2009	12/31/2009	Unaudited [3]	201004
Prior Cost Report	01/01/2008	12/31/2008	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	55.873	170.129	226.002			
2. Inflate Line 1 by Inflation Factor 1.02327225	57.173	174.088	231.261			
3. Line 1 x 1.400 x Inflation Factor 1.03258115	57.693	175.672	233.365			
4. Current Period Cost	59.016	172.288	231.304			
5. Incentive Basis (line 3 - line 4)	0.000	3.383	3.383	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	57.693	172.288	229.982			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.692	1.692	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.169	5.169	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.692	1.692	0.000	0.000	0.000
10. Final Incentive	0.000	1.692	1.692	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.693	173.980	231.673	0.000	0.000	0.000
12. Plus: Property Rate Component			18.605			0.000
13. Plus: ROE/Use Rate			0.008			0.000
14. Total Current Period Base			250.286			0.000
15. Prospective Rate: Line 11 x Inflation (1.05689842)	60.976	183.879	244.855	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.976	183.879	244.855	0.000	0.000	0.000
19. Property Rate Component			18.605			0.000
20. ROE Component + ROE Interim Component			0.008			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.47			0.00
23. Medicaid Days		23,149				0
24. Resident Days		23,149				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			280.23			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028018601 - 2011/10
RI:323.36 / NM:419.48

ST PETERSBURG CLUSTER

1101 102nd Avenue North
St. Petersburg FL 33716

Provider Number: 028018601
Date: 01/27/2012
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>317.29</u>	<u>323.36</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>411.51</u>	<u>419.48</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (29)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	8,253	8,618
2. Operating Expenses Component			
A. Administration			470,391
B. Plant Operation			192,628
C. Laundry			4,414
D. Housekeeping			53,404
E. Operating Expense Component & Per Diem	83.6432	83.6432	720,837
3. Resident Care			
A. Dietary			173,573
B. Other			112,900
C. Nursing			463,728
D. Resident Care & Per Diem	87.0505	87.0505	750,201
4. Prop Exp & Per Diem	9.1157	9.1157	78,559
5. ROE/Use Per Diem	2.9851	2.9851	25,726
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,253.00	8,435.50
3. Staffing Percent	2.1634758	97.8365242	100.00
4. Allocation of Direct Care	33,137.42	1,498,537.58	1,531,675.00
5. Direct Care Expense Per Diem	90.7874	181.5749	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	8,253	8,618
2. Additional Services	6,150	139,080	145,230
3. Additional Services Exp & Per Diem	16.8493	16.8521	
D. Medicaid Per Diem Cost			
1. Operating Component	83.6432	83.6432	720,837
2. Resident Care Component	194.6872	285.4774	2,427,106
3. Property Cost Component	9.1157	9.1157	78,559
4. ROE/Use Allow Component	2.9851	2.9851	25,726
5 Total Cost Per Diem	290.4313	381.2214	3,252,228



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028018601 - 2011/10

RI: 323.36

NM: 419.48

ST PETERSBURG CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.753	202.331	281.084	78.753	291.372	370.125
2. Inflate Line 1 by Inflation Factor 1.01937455	80.279	206.251	286.530	80.279	297.017	377.296
3. Line 1 x 1.400 x Inflation Factor 1.02712438	80.889	207.819	288.708	80.889	299.275	380.165
4. Current Period Cost	83.643	194.687	278.330	83.643	285.477	369.121
5. Incentive Basis (line 3 - line 4)	0.000	13.132		0.000	13.798	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.889	194.687	275.577	80.889	285.477	366.367
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.566	6.566	0.000	6.899	6.899
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.841	5.841	0.000	8.564	8.564
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.841	5.841	0.000	6.899	6.899
10. Final Incentive	0.000	5.841	5.841	0.000	6.899	6.899
11. Current Period Base: (line 6 + line 10)	80.889	200.528	281.417	80.889	292.376	373.266
12. Plus: Property Rate Component			9.116			9.116
13. Plus: ROE/Use Rate			2.985			2.985
14. Total Current Period Base			293.518			385.367
15. Prospective Rate: Line 11 x Inflation (1.04648267)	84.649	209.849	294.498	84.649	305.967	390.616
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.649	209.849	294.498	84.649	305.967	390.616
19. Property Rate Component			9.116			9.116
20. ROE Component + ROE Interim Component			2.985			2.985
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.60			402.72
23. Medicaid Days		365			8,253	
24. Resident Days		365			8,253	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			323.36			419.48



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028019401 - 2011/10
RI:423.70 / NM:530.77

LAUREL HILL CLUSTER
 2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 01/27/2012
 FYE: 05/31/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>380.55</u>	<u>423.70</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>520.61</u>	<u>530.77</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Quest South

 P.O. Box 1300

 Apopka FL 3270400

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2011 to 10/2011

028019401

Provider Name: **LAUREL HILL CLUSTER**
Provider Number: 28019401
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
Rate Semester: October, 2011
Cost Report: 06/01/2010 - 05/31/2011
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,574	8,574
2. Operating Expenses Component			
A. Administration			631,889
B. Plant Operation			352,924
C. Laundry			71,857
D. Housekeeping			34,794
E. Operating Expense Component & Per Diem	127,2993	127,2993	1,091,464
3. Resident Care			
A. Dietary			190,839
B. Other			0
C. Nursing			1,042,782
D. Resident Care & Per Diem	143,8793	143,8793	1,233,621
4. Prop Exp & Per Diem	18,6993	18,6993	160,328
5. ROE/Use Per Diem	3,4146	3,4146	29,277
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,574.00	8,574.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,774,936.00	1,774,936.00
5. Direct Care Expense Per Diem	103.5069	207.0138	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,126	8,126
2. Additional Services	0	106,135	106,135
3. Additional Services Exp & Per Diem	13,0612	13,0612	
D. Medicaid Per Diem Cost			
1. Operating Component	127,2993	127,2993	1,091,464
2. Resident Care Component	260,4473	363,9542	3,114,692
3. Property Cost Component	18,6993	18,6993	160,328
4. ROE/Use Allow Component	3,4146	3,4146	29,277
5 Total Cost Per Diem	409.8606	513.3674	4,395,761



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028019401 - 2011/10

RI: 423.70

NM: 530.77

LAUREL HILL CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2010	05/31/2011	Unaudited [3]	201104
Prior Cost Report	06/01/2009	05/31/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.971	259.288	367.259	107.971	361.338	469.309
2. Inflate Line 1 by Inflation Factor 1.02052486	110.187	264.610	374.797	110.187	368.755	478.942
3. Line 1 x 1.400 x Inflation Factor 1.02873480	111.074	266.739	377.812	111.074	371.721	482.795
4. Current Period Cost	127.299	260.447	387.747	127.299	363.954	491.254
5. Incentive Basis (line 3 - line 4)	0.000	6.292		0.000	7.767	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.074	260.447	371.521	111.074	363.954	475.028
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.146	3.146	0.000	3.884	3.884
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.813	7.813	0.000	10.919	10.919
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.146	3.146	0.000	3.884	3.884
10. Final Incentive	0.000	3.146	3.146	0.000	3.884	3.884
11. Current Period Base: (line 6 + line 10)	111.074	263.593	374.667	111.074	367.838	478.911
12. Plus: Property Rate Component			18.699			18.699
13. Plus: ROE/Use Rate			3.415			3.415
14. Total Current Period Base			396.781			501.025
15. Prospective Rate: Line 11 x Inflation (1.02712127)	114.086	270.742	384.828	114.086	377.814	491.900
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.086	270.742	384.828	114.086	377.814	491.900
19. Property Rate Component			18.699			18.699
20. ROE Component + ROE Interim Component			3.415			3.415
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			406.94			514.01
23. Medicaid Days			0		8,126	
24. Resident Days			0		8,574	
25. Medicaid Utilization		NA			94.77%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			423.70			530.77



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028020801 - 2011/10
RI:309.56 / NM:408.97

MCCAULEY CLUSTER
 1385 McCauley Road
 Tallahassee FL 32308

Provider Number: 028020801
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>303.77</u>	<u>309.56</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>401.21</u>	<u>408.97</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	625	7,318	7,943
2. Operating Expenses Component			
A. Administration			344,901
B. Plant Operation			128,660
C. Laundry			5,427
D. Housekeeping			27,351
E. Operating Expense Component & Per Diem	63.7466	63.7466	506,339
3. Resident Care			
A. Dietary			114,242
B. Other			123,963
C. Nursing			491,113
D. Resident Care & Per Diem	91.8190	91.8190	729,318
4. Prop Exp & Per Diem	13.6788	13.6788	108,651
5. ROE/Use Per Diem	2.2116	2.2116	17,567
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	312.50	7,318.00	7,630.50
3. Staffing Percent	4.0954066	95.9045934	100.00
4. Allocation of Direct Care	60,985.31	1,428,129.69	1,489,115.00
5. Direct Care Expense Per Diem	97.5765	195.1530	
C. Additional Services Expense			
1. Medicaid Inpatient Days	625	7,318	7,943
2. Additional Services	5,752	67,350	73,102
3. Additional Services Exp & Per Diem	9.2032	9.2033	
D. Medicaid Per Diem Cost			
1. Operating Component	63.7466	63.7466	506,339
2. Resident Care Component	198.5987	296.1753	2,291,535
3. Property Cost Component	13.6788	13.6788	108,651
4. ROE/Use Allow Component	2.2116	2.2116	17,567
5 Total Cost Per Diem	278.2357	375.8123	2,924,092



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028020801 - 2011/10
RI: 309.56
NM: 408.97

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.663	196.165	259.828	63.663	287.247	350.909
2. Inflate Line 1 by Inflation Factor 1.01937455	64.896	199.966	264.862	64.896	292.812	357.708
3. Line 1 x 1.400 x Inflation Factor 1.02712438	65.390	201.486	266.876	65.390	295.038	360.428
4. Current Period Cost	63.747	198.599	262.345	63.747	296.175	359.922
5. Incentive Basis (line 3 - line 4)	1.643	2.888	0.000	1.643	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	63.747	198.599	262.345	63.747	295.038	358.785
7. Incentive Line 5 x Oper 50% Res 50%	0.822	1.444	2.265	0.822	0.000	0.822
8. Incentive - Line 4 x Oper 10% Res 3%	6.375	5.958	12.333	6.375	0.000	6.375
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.822	1.444	2.265	0.822	0.000	0.822
10. Final Incentive	0.822	1.444	2.265	0.822	0.000	0.822
11. Current Period Base: (line 6 + line 10)	64.568	200.042	264.611	64.568	295.038	359.606
12. Plus: Property Rate Component			13.679			13.679
13. Plus: ROE/Use Rate			2.212			2.212
14. Total Current Period Base			280.501			375.497
15. Prospective Rate: Line 11 x Inflation (1.04648267)	67.569	209.341	276.910	67.569	308.752	376.322
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.569	209.341	276.910	67.569	308.752	376.322
19. Property Rate Component			13.679			13.679
20. ROE Component + ROE Interim Component			2.212			2.212
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.80			392.21
23. Medicaid Days		625			7,318	
24. Resident Days		625			7,318	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			309.56			408.97



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028028301 - 2011/10
RI:310.00 / NM:391.31

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.90</u>	<u>310.00</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>383.91</u>	<u>391.31</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,657	7,657
2. Operating Expenses Component			
A. Administration			400,370
B. Plant Operation			154,586
C. Laundry			6,149
D. Housekeeping			55,206
E. Operating Expense Component & Per Diem	80.4899	80.4899	616,311
3. Resident Care			
A. Dietary			146,016
B. Other			158,440
C. Nursing			521,422
D. Resident Care & Per Diem	107.8592	107.8592	825,878
4. Prop Exp & Per Diem	12.6753	12.6753	97,055
5. ROE/Use Per Diem	1.2706	1.2706	9,729
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,657.00	7,657.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,156,633.00	1,156,633.00
5. Direct Care Expense Per Diem	75.5278	151.0556	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,657	7,657
2. Additional Services	0	71,004	71,004
3. Additional Services Exp & Per Diem	9.2731	9.2731	
D. Medicaid Per Diem Cost			
1. Operating Component	80.4899	80.4899	616,311
2. Resident Care Component	192.6601	268.1879	2,053,515
3. Property Cost Component	12.6753	12.6753	97,055
4. ROE/Use Allow Component	1.2706	1.2706	9,729
5 Total Cost Per Diem	287.0959	362.6237	2,776,610



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028028301 - 2011/10

RI: 310.00

NM: 391.31

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 03/16/2011 - 03/31/2011 Days Eligible: 167 of 182

Eligibility factor :91.76%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.337	184.500	259.837	75.337	260.154	335.491
2. Inflate Line 1 by Inflation Factor 1.01937455	76.797	188.074	264.871	76.797	265.194	341.991
3. Line 1 x 1.400 x Inflation Factor 1.02712438	77.381	189.504	266.885	77.381	267.210	344.591
4. Current Period Cost	80.490	192.660	273.150	80.490	268.188	348.678
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.381	189.504	266.885	77.381	267.210	344.591
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 91.76%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	77.381	189.504	266.885	77.381	267.210	344.591
12. Plus: Property Rate Component			12.675			12.675
13. Plus: ROE/Use Rate			1.271			1.271
14. Total Current Period Base			280.831			358.537
15. Prospective Rate: Line 11 x Inflation (1.04648267)	80.978	198.313	279.290	80.978	279.631	360.609
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.978	198.313	279.290	80.978	279.631	360.609
19. Property Rate Component			12.675			12.675
20. ROE Component + ROE Interim Component			1.271			1.271
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			293.24			374.55
23. Medicaid Days			0		7,657	
24. Resident Days			0		7,657	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			310.00			391.31



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028029101 - 2011/10
RI:333.87 / NM:440.23

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	327.60	333.87	10/01/2011
#8 Non-Ambulatory & #9 Medical	416.89	440.23	10/01/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)

Home Office:

Sunrise Community

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

028029101

Provider Name: **MAHAN CLUSTER**
Provider Number: 28029101
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
Rate Semester: October, 2011
Cost Report: 07/01/2009 - 06/30/2010
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	5,079	5,809
2. Operating Expenses Component			
A. Administration			272,001
B. Plant Operation			141,690
C. Laundry			5,518
D. Housekeeping			27,040
E. Operating Expense Component & Per Diem	76.8203	76.8203	446,249
3. Resident Care			
A. Dietary			130,384
B. Other			100,161
C. Nursing			460,068
D. Resident Care & Per Diem	118.8867	118.8867	690,613
4. Prop Exp & Per Diem	16.7036	16.7036	97,031
5. ROE/Use Per Diem	3.2782	3.2782	19,043
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	365.00	5,079.00	5,444.00
3. Staffing Percent	6.7046289	93.2953711	100.00
4. Allocation of Direct Care	71,717.00	997,947.00	1,069,664.00
5. Direct Care Expense Per Diem	98.2425	196.4849	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	5,079	5,809
2. Additional Services	5,962	41,478	47,440
3. Additional Services Exp & Per Diem	8.1671	8.1666	
D. Medicaid Per Diem Cost			
1. Operating Component	76.8203	76.8203	446,249
2. Resident Care Component	225.2963	323.5382	1,807,717
3. Property Cost Component	16.7036	16.7036	97,031
4. ROE/Use Allow Component	3.2782	3.2782	19,043
5 Total Cost Per Diem	322.0984	420.3403	2,370,040



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028029101 - 2011/10

RI: 333.87

NM: 440.23

MAHAN CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	67.977	208.453	276.430	67.977	307.404	375.381
2. Inflate Line 1 by Inflation Factor 1.01937455	69.294	212.492	281.786	69.294	313.360	382.654
3. Line 1 x 1.400 x Inflation Factor 1.02712438	69.821	214.107	283.928	69.821	315.742	385.563
4. Current Period Cost	76.820	225.296	302.117	76.820	323.538	400.359
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	69.821	214.107	283.928	69.821	315.742	385.563
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	69.821	214.107	283.928	69.821	315.742	385.563
12. Plus: Property Rate Component			16.704			16.704
13. Plus: ROE/Use Rate			3.278			3.278
14. Total Current Period Base			303.910			405.545
15. Prospective Rate: Line 11 x Inflation (1.04648267)	73.067	224.060	297.126	73.067	330.419	403.485
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.067	224.060	297.126	73.067	330.419	403.485
19. Property Rate Component			16.704			16.704
20. ROE Component + ROE Interim Component			3.278			3.278
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			317.11			423.47
23. Medicaid Days		730			5,079	
24. Resident Days		730			5,079	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			333.87			440.23



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028030501 - 2011/10
RI:228.27 / NM:282.68

LAKE CITY CLUSTER
 673 N. W. Cluster Drive
 Lake City FL 32055

Provider Number: 028030501
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	205.84	228.27	10/01/2011
#8 Non-Ambulatory & #9 Medical	277.42	282.68	10/01/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028030501 - 2011/10

RI: 228.27

NM: 282.68

LAKE CITY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.695	124.369	197.065	72.695	177.260	249.955
2. Inflate Line 1 by Inflation Factor 1.01937455	74.104	126.779	200.883	74.104	180.694	254.798
3. Line 1 x 1.400 x Inflation Factor 1.02712438	74.667	127.743	202.410	74.667	182.068	256.735
4. Current Period Cost	81.232	120.281	201.513	81.232	170.759	251.991
5. Incentive Basis (line 3 - line 4)	0.000	7.462		0.000	11.309	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.667	120.281	194.948	74.667	170.759	245.426
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.731	3.731	0.000	5.655	5.655
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.608	3.608	0.000	5.123	5.123
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.608	3.608	0.000	5.123	5.123
10. Final Incentive	0.000	3.608	3.608	0.000	5.123	5.123
11. Current Period Base: (line 6 + line 10)	74.667	123.889	198.556	74.667	175.881	250.548
12. Plus: Property Rate Component			3.726			3.726
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			202.282			254.274
15. Prospective Rate: Line 11 x Inflation (1.04648267)	78.138	129.648	207.786	78.138	184.057	262.195
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.138	129.648	207.786	78.138	184.057	262.195
19. Property Rate Component			3.726			3.726
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			211.51			265.92
23. Medicaid Days			0		8,684	
24. Resident Days			0		8,684	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			228.27			282.68



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 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Tallahassee, Florida 32308

028031301 - 2011/10
RI:366.12 / NM:464.36

BAYSHORE CLUSTER

2059 Lisenby Avenue
 Panama City FL 32405

Provider Number: 028031301
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>329.07</u>	<u>366.12</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>455.51</u>	<u>464.36</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	5,630	5,630
2. Operating Expenses Component			
A. Administration			301,758
B. Plant Operation			112,638
C. Laundry			4,895
D. Housekeeping			36,022
E. Operating Expense Component & Per Diem	80.8726	80.8726	455,313
3. Resident Care			
A. Dietary			103,866
B. Other			172,893
C. Nursing			443,524
D. Resident Care & Per Diem	127.9366	127.9366	720,283
4. Prop Exp & Per Diem	23.4648	23.4648	132,107
5. ROE/Use Per Diem	3.2252	3.2252	18,158
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	5,630.00	5,630.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,008,929.00	1,008,929.00
5. Direct Care Expense Per Diem	89.6029	179.2059	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	5,630	5,630
2. Additional Services	0	95,141	95,141
3. Additional Services Exp & Per Diem	16.8989	16.8989	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	80.8726	80.8726	455,313
2. Resident Care Component	234.4385	324.0414	1,824,353
3. Property Cost Component	23.4648	23.4648	132,107
4. ROE/Use Allow Component	3.2252	3.2252	18,158
5 Total Cost Per Diem	342.0012	431.6041	2,429,931



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028031301 - 2011/10

RI: 366.12

NM: 464.36

BAYSHORE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.583	224.607	300.190	75.583	316.535	392.118
2. Inflate Line 1 by Inflation Factor 1.01937455	77.048	228.959	306.007	77.048	322.668	399.715
3. Line 1 x 1.400 x Inflation Factor 1.02712438	77.633	230.700	308.333	77.633	325.121	402.754
4. Current Period Cost	80.873	234.438	315.311	80.873	324.041	404.914
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.079	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.633	230.700	308.333	77.633	324.041	401.675
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.540	0.540
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	9.721	9.721
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.540	0.540
10. Final Incentive	0.000	0.000	0.000	0.000	0.540	0.540
11. Current Period Base: (line 6 + line 10)	77.633	230.700	308.333	77.633	324.581	402.214
12. Plus: Property Rate Component			23.465			23.465
13. Plus: ROE/Use Rate			3.225			3.225
14. Total Current Period Base			335.023			428.904
15. Prospective Rate: Line 11 x Inflation (1.04648267)	81.242	241.423	322.665	81.242	339.668	420.910
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.242	241.423	322.665	81.242	339.668	420.910
19. Property Rate Component			23.465			23.465
20. ROE Component + ROE Interim Component			3.225			3.225
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			349.36			447.60
23. Medicaid Days			0		5,630	
24. Resident Days			0		5,630	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			366.12			464.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Tallahassee, Florida 32308

028032101 - 2011/10
RI:242.83 / NM:293.86

GAINESVILLE 39TH AVE CLUSTER

5915 N.W. 39th Avenue
 Gainesville FL 32606

Provider Number: 028032101
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>218.85</u>	<u>242.83</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>288.38</u>	<u>293.86</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,617	8,617
2. Operating Expenses Component			
A. Administration			508,943
B. Plant Operation			143,929
C. Laundry			4,969
D. Housekeeping			17,265
E. Operating Expense Component & Per Diem	78.3458	78.3458	675,106
3. Resident Care			
A. Dietary			149,558
B. Other			0
C. Nursing			468,201
D. Resident Care & Per Diem	71.6907	71.6907	617,759
4. Prop Exp & Per Diem	6.7325	6.7325	58,014
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,617.00	8,617.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	838,822.00	838,822.00
5. Direct Care Expense Per Diem	48.6725	97.3450	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,617	8,617
2. Additional Services	0	109,463	109,463
3. Additional Services Exp & Per Diem	12.7031	12.7031	
D. Medicaid Per Diem Cost			
1. Operating Component	78.3458	78.3458	675,106
2. Resident Care Component	133.0664	181.7389	1,566,044
3. Property Cost Component	6.7325	6.7325	58,014
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	218.1447	266.8172	2,299,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028032101 - 2011/10

RI: 242.83

NM: 293.86

GAINESVILLE 39TH AVE CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.400	135.759	207.159	71.400	183.333	254.733
2. Inflate Line 1 by Inflation Factor 1.01937455	72.783	138.389	211.173	72.783	186.885	259.668
3. Line 1 x 1.400 x Inflation Factor 1.02712438	73.337	139.442	212.778	73.337	188.306	261.642
4. Current Period Cost	78.346	133.066	211.412	78.346	181.739	260.085
5. Incentive Basis (line 3 - line 4)	0.000	6.375		0.000	6.567	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.337	133.066	206.403	73.337	181.739	255.075
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.188	3.188	0.000	3.283	3.283
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.992	3.992	0.000	5.452	5.452
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.188	3.188	0.000	3.283	3.283
10. Final Incentive	0.000	3.188	3.188	0.000	3.283	3.283
11. Current Period Base: (line 6 + line 10)	73.337	136.254	209.591	73.337	185.022	258.359
12. Plus: Property Rate Component			6.733			6.733
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.323			265.091
15. Prospective Rate: Line 11 x Inflation (1.04648267)	76.745	142.587	219.333	76.745	193.623	270.368
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.745	142.587	219.333	76.745	193.623	270.368
19. Property Rate Component			6.733			6.733
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.07			277.10
23. Medicaid Days			0			8,617
24. Resident Days			0			8,617
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			242.83			293.86



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028035600 - 2011/10
RI:293.57 / NM:442.81

PARC CENTER APARTMENTS
 3190 75th Street North
 St. Petersburg FL 33170

Provider Number: 028035600
 Date: 01/31/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.09</u>	<u>293.57</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>434.39</u>	<u>442.81</u>	<u>10/01/2011</u>

Rate Type:

<u>X</u> Interim	<u>X</u> Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Prospective Adjusted for New Cost
<u>X</u> Settlement Based on Costs	

Basis

_____ Budget	_____ Desk Audited Costs
<u>X</u> Unaudited Costs	_____ Desk Audit - Interim Portion
_____ Field Audited Costs	_____ Desk Audit - Prospective Portion
_____ Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,636	3,169	16,805
2. Operating Expenses Component			
A. Administration			715,619
B. Plant Operation			148,629
C. Laundry			13,130
D. Housekeeping			27,578
E. Operating Expense Component & Per Diem	53.8504	53.8504	904,956
3. Resident Care			
A. Dietary			290,809
B. Other			0
C. Nursing			171,481
D. Resident Care & Per Diem	27.5091	27.5091	462,290
4. Prop Exp & Per Diem	8.3019	8.3019	139,514
5. ROE/Use Per Diem	1.6418	1.6418	27,591
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,818.00	3,169.00	9,987.00
3. Staffing Percent	68.2687494	31.7312506	100.00
4. Allocation of Direct Care	2,150,394.61	999,501.39	3,149,896.00
5. Direct Care Expense Per Diem	157.6998	315.3996	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,636	3,169	16,805
2. Additional Services	113,739	26,432	140,171
3. Additional Services Exp & Per Diem	8.3411	8.3408	
D. Medicaid Per Diem Cost			
1. Operating Component	53.8504	53.8504	904,956
2. Resident Care Component	193.5500	351.2495	3,752,357
3. Property Cost Component	8.3019	8.3019	139,514
4. ROE/Use Allow Component	1.6418	1.6418	27,591
5 Total Cost Per Diem	257.3441	415.0437	4,824,418



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028035600 - 2011/10

RI: 293.57

NM: 442.81

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 11/30/2010 - 01/04/2011 Days Eligible: 147 of 182

Eligibility factor :80.77%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical			
	Operating	Resident Care	Total	Operating	Resident Care	Total	
1. Prior Period Base:	*	52.376	202.558	254.934	52.376	326.287	378.663
2. Inflate Line 1 by Inflation Factor 1.01939630	*	54.902	212.320	267.222	54.902	341.998	396.900
3. Line 1 x 1.400 x Inflation Factor 1.02715482	*	55.308	213.891	269.200	55.308	344.530	399.838
4. Current Period Cost		54.605	196.467	251.072	54.605	355.941	410.546
5. Incentive Basis (line 3 - line 4)		0.703	17.424		0.703	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)		54.605	196.467	251.072	54.605	344.530	399.135
7. Incentive Line 5 x Oper 50% Res 50%		0.352	8.712	9.064	0.352	0.000	0.352
8. Incentive - Line 4 x Oper 10% Res 3%		5.460	5.894	11.355	5.460	0.000	5.460
9. Incentive - Min of Line 7,8 x Eligibility factor 80.77%		0.284	4.761	5.045	0.284	0.000	0.284
10. Final Incentive		0.284	4.761	5.045	0.284	0.000	0.284
11. Current Period Base: (line 6 + line 10)		54.889	201.228	256.117	54.889	344.530	399.419
12. Plus: Property Rate Component			8.302			8.302	
13. Plus: ROE/Use Rate			1.642			1.642	
14. Total Current Period Base			266.060			409.363	
15. Prospective Rate: Line 11 x Inflation (1.04148077)		57.166	209.575	266.740	57.166	358.821	415.987
16. Interim Rate Component:		0.000	0.000	0.000	0.000	0.000	0.000
17. NA		0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate		57.166	209.575	266.740	57.166	358.821	415.987
19. Property Rate Component			8.302			8.302	
20. ROE Component + ROE Interim Component			1.642			1.642	
21. Plus :Property Interim Rate Component	*		0.124			0.124	
22. Final Per Diem			276.81			426.05	
23. Medicaid Days			13,636			3,169	
24. Resident Days			13,636			3,169	
25. Medicaid Utilization			100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000							
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76	
28. N/A			0.00			0.00	
29. Final Per Diem After Adjustments			293.57			442.81	

* See Attachment

PARC Center Apartments Provider #0280356-00 Cost Settlement - IRR #222 Effective - 4/1/2010		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS					
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		53.850	193.550	247.400	53.850	351.249	405.099
B. Cost Settlement for IRR Effective 4/1/2010		1.510	5.833	7.343	1.510	9.383	10.893
C. Prorated CS IRR eff 4/1/2010 - 6/12 of IRR comp.		0.755	2.917	3.672	0.755	4.692	5.447
D. Grossed Up Current Period (Line A plus Line C)		54.605	196.467	251.072	54.605	355.941	410.546

PROPERTY COMPONENT Calculation of L21 - 6/12 of IRR comp.	
Property Interim Rate Component	0.247
Grossed Up Property Interim Rate Component	0.124

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester				
PARC Center Apartments/Provider #0280356-00 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #222 - Effective 4/1/2010 Status: COST SETTLEMENT				
A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 9/30/2009	Allowable Prior Period FYE 9/30/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	49.474	49.474	100.000%	1.720
Resident Care	202.524	197.686	97.611%	0.000
Total	251.998	247.160		1.720
N-A/Medical				
Operating	49.474	49.474	100.000%	1.7200
Resident Care	370.179	318.385	86.008%	0.0000
Total	419.653	367.859		1.7200
B @ 10/1/2011	8	9	10	11
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.0193963 IRR @ 10/1/2011 (Col. 9)	(L3) Factor in Col 10 X 1.400 X Col 8 1.02715482 IRR @ 10/1/2011 (Col. 9)
Operating	52.3760	1.510	54.902	55.308
Resident Care	202.5580	5.833	212.320	213.891
Total	254.934	7.343	267.222	269.200
N-A/Medical				
Operating	52.3760	1.510	54.902	55.308
Resident Care	326.2870	9.383	341.999	344.530
Total	378.663	10.893	396.901	399.839



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028036401 - 2011/10
RI:443.41 / NM:574.55

SKIPPER ROAD CLUSTER
 2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 01/30/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>398.17</u>	<u>443.41</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>563.52</u>	<u>574.55</u>	<u>10/01/2011</u>

Rate Type:

<u>X</u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u>X</u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u>X</u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

 P.O. Box 1300

 Apopka FL 327041300

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2010 to 10/2011

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 06/01/2009 - 05/31/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,448	8,448
2. Operating Expenses Component			
A. Administration			650,124
B. Plant Operation			160,456
C. Laundry			53,517
D. Housekeeping			64,676
E. Operating Expense Component & Per Diem	109.9400	109.9400	928,773
3. Resident Care			
A. Dietary			132,550
B. Other			0
C. Nursing			978,931
D. Resident Care & Per Diem	131.5674	131.5674	1,111,481
4. Prop Exp & Per Diem	15.0752	15.0752	127,355
5. ROE/Use Per Diem	4.9184	4.9184	41,551
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,448.00	8,448.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,916,543.00	1,916,543.00
5. Direct Care Expense Per Diem	113.4318	226.8635	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,448	8,448
2. Additional Services	0	107,725	107,725
3. Additional Services Exp & Per Diem	12.7515	12.7515	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	109.9400	109.9400	928,773
2. Resident Care Component	257.7507	371.1824	3,135,749
3. Property Cost Component	15.0752	15.0752	127,355
4. ROE/Use Allow Component	4.9184	4.9184	41,551
5 Total Cost Per Diem	387.6842	501.1160	4,233,428



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028036401 - 2011/10

RI: 443.41

NM: 574.55

SKIPPER ROAD CLUSTER

Ownership:State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	03/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	97.397	261.390	358.787	97.397	365.835	463.231
2. Inflate Line 1 by Inflation Factor 1.02352474 *	100.786	269.610	370.396	100.786	378.582	479.368
3. Line 1 x 1.400 x Inflation Factor 1.03293464 *	101.702	272.069	373.772	101.702	382.024	483.727
4. Current Period Cost	110.672	259.131	369.803	110.672	373.943	484.615
5. Incentive Basis (line 3 - line 4)	0.000	12.938		0.000	8.081	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.702	259.131	360.833	101.702	373.943	475.645
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.469	6.469	0.000	4.041	4.041
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	7.774	7.774	0.000	11.218	11.218
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.469	6.469	0.000	4.041	4.041
10. Final Incentive	0.000	6.469	6.469	0.000	4.041	4.041
11. Current Period Base: (line 6 + line 10)	101.702	265.600	367.303	101.702	377.984	479.686
12. Plus: Property Rate Component			15.075			15.075
13. Plus: ROE/Use Rate			4.918			4.918
14. Total Current Period Base			387.296			499.680
15. Prospective Rate: Line 11 x Inflation (1.04820279)	106.605	278.403	385.008	106.605	396.204	502.808
16. Interim Rate Component: *	7.176	13.337	20.513	7.176	26.673	33.849
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	113.781	291.739	405.520	113.781	422.877	536.657
19. Property Rate Component			15.075			15.075
20. ROE Component + ROE Interim Component			4.918			4.918
21. Plus :Property Interim Rate Component *			1.139			1.139
22. Final Per Diem			426.65			557.79
23. Medicaid Days			0		8,448	
24. Resident Days			0		8,448	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			443.41			574.55

* See Attachment

ICF/MR-DD

Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester

Skipper Road Cluster/Provider #0280364-01
Adjustment to Prior Period Cost (L1, L2, L3)
Vacancy IRR #220 - Effective 2/1/2010
Status: COST SETTLEMENT

A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	104.848	97.397	92.894%	0.000
Resident Care	257.562	257.562	100.000%	3.828
Total	362.410	354.959		3.828
N-A/Medical				
Operating	104.848	97.397	92.894%	0.0000
Resident Care	364.332	364.332	100.000%	1.5030
Total	469.180	461.729		1.5030
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.02352474 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.03293464 IRR @ 10/1/2011 (Col. 9)
Operating	97.3970	1.098	100.786	101.703
Resident Care	261.3900	2.070	269.609	272.069
Total	358.787	3.168	370.395	373.772
N-A/Medical				
Operating	97.3970	1.098	100.786	101.703
Resident Care	365.8350	4.141	378.582	382.025
Total	463.232	5.239	479.368	483.727

Skipper Road Cluster Provider #0280364-01 Cost Settlement - IRR #220 Effective - 2/1/2010	ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION OF L4, L20 @ 10/1/2011 RS					
	Calculation of L4			Residential/Institutional		Non-Ambulatory Medical
	Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost	109.940	257.751	367.691	109.940	371.182	481.122
B. Cost Settlement for IRR Effective 2/1/2010	1.098	2.070	3.168	1.098	4.141	5.239
C. Prorated CS IRR eff 2/1/2010 - 8/12 of IRR comp.	0.732	1.380	2.112	0.732	2.761	3.493
D. Grossed Up Current Period (Line A plus Line C)	110.672	259.131	369.803	110.672	373.943	484.615

PROPERTY COMPONENT Calculation of L21 - 8/12 of IRR comp.	
Property Interim Rate Component	0.132
Grossed Up Property Interim Rate Component	0.088

IRR #229 - Skipper Road Cluster - Provider #0280364-01
Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 12/1/2010 - Rate Semester 10/1/2011

Residential/Institutional (Level of Care 7)						
Residential/Institutional IRR Effective 12/1/2010	\$ 26.99	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		106.605	278.403	15.075	4.918	405.00
Prospective Rate w/o ROE		106.605	278.403	15.075	0.000	400.08
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		7.176	13.337	1.051	0.000	21.56
Final Per Diem (Line 22)		113.781	291.740	16.126	4.918	426.56
L22. Final Per Diem Rate - LOC 7			426.56			
L26. Less: Medicaid Trend Adjustment 0.00000%			0.00			
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)			16.76			
L28. Plus: Supplemental Rate Add-on			0.00			
L29. Final Per Diem After Adjustments			443.32			
Non - Ambulatory/Medical (Level of Care 8, 9)						
Non-Ambulatory/Medical IRR Effective 12/1/2010	\$ 34.90	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		106.605	396.204	15.075	4.918	522.80
Prospective Rate w/o ROE		106.605	396.204	15.075	0.000	517.88
Allocation %		20.576%	76.476%	2.948%	0.000%	100%
Allocation of IRR		7.176	26.673	1.051	0.000	34.90
Final Per Diem (Line 22)		113.781	422.877	16.126	4.918	557.70
L22. Final Per Diem Rate - LOC 8, 9			557.70			
L26. Less: Medicaid Trend Adjustment 0.00000%			0.00			
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)			16.76			
L28. Plus: Supplemental Rate Add-on			0.00			
L29. Final Per Diem After Adjustments			574.46			



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028037201 - 2011/10
RI:299.95 / NM:384.12

PEMBROKE PINES CLUSTER

871 S.W. Douglas Road
 Pembroke Pines FL 33025

Provider Number: 028037201
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>269.92</u>	<u>299.95</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>376.85</u>	<u>384.12</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
ANN STORCK CENTER

1790 SW 43RD WAY
FT. LAUDERDALE FL 33317

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,381	8,381
2. Operating Expenses Component			
A. Administration			273,816
B. Plant Operation			143,804
C. Laundry			29,792
D. Housekeeping			66,479
E. Operating Expense Component & Per Diem	61.3162	61.3162	513,891
3. Resident Care			
A. Dietary			154,444
B. Other			0
C. Nursing			565,253
D. Resident Care & Per Diem	85.8724	85.8724	719,697
4. Prop Exp & Per Diem	9.3242	9.3242	78,146
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,381.00	8,381.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,412,470.00	1,412,470.00
5. Direct Care Expense Per Diem	84.2662	168.5324	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,381	8,381
2. Additional Services	0	227,809	227,809
3. Additional Services Exp & Per Diem	27.1816	27.1816	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	61.3162	61.3162	513,891
2. Resident Care Component	197.3202	281.5864	2,359,976
3. Property Cost Component	9.3242	9.3242	78,146
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.9606	352.2268	2,952,013



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028037201 - 2011/10
RI: 299.95
NM: 384.12

PEMBROKE PINES CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.434	191.726	258.160	66.434	270.033	336.467
2. Inflate Line 1 by Inflation Factor 1.01937455	67.721	195.441	263.162	67.721	275.264	342.986
3. Line 1 x 1.400 x Inflation Factor 1.02712438	68.236	196.926	265.163	68.236	277.357	345.593
4. Current Period Cost	61.316	197.320	258.636	61.316	281.586	342.903
5. Incentive Basis (line 3 - line 4)	6.920	0.000	6.920	6.920	0.000	6.920
6. Allowed Current Period Costs (Min of line 3 or 4)	61.316	196.926	258.243	61.316	277.357	338.673
7. Incentive Line 5 x Oper 50% Res 50%	3.460	0.000	3.460	3.460	0.000	3.460
8. Incentive - Line 4 x Oper 10% Res 3%	6.132	0.000	6.132	6.132	0.000	6.132
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.460	0.000	3.460	3.460	0.000	3.460
10. Final Incentive	3.460	0.000	3.460	3.460	0.000	3.460
11. Current Period Base: (line 6 + line 10)	64.776	196.926	261.703	64.776	277.357	342.133
12. Plus: Property Rate Component			9.324			9.324
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.027			351.457
15. Prospective Rate: Line 11 x Inflation (1.04648267)	67.787	206.080	273.867	67.787	290.249	358.037
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.787	206.080	273.867	67.787	290.249	358.037
19. Property Rate Component			9.324			9.324
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			283.19			367.36
23. Medicaid Days			0		8,381	
24. Resident Days			0		8,381	
25. Medicaid Utilization		NA			100.00%	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			299.95			384.12



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028038101 - 2011/10
RI:232.76 / NM:285.67

OCALA CLUSTER
 3205 S. E. 17th Street
 Ocala FL 32671

Provider Number: 028038101
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>209.85</u>	<u>232.76</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>280.35</u>	<u>285.67</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,718	8,718
2. Operating Expenses Component			
A. Administration			513,314
B. Plant Operation			165,952
C. Laundry			44,146
D. Housekeeping			17,221
E. Operating Expense Component & Per Diem	84.9545	84.9545	740,633
3. Resident Care			
A. Dietary			141,409
B. Other			0
C. Nursing			292,939
D. Resident Care & Per Diem	49.8220	49.8220	434,348
4. Prop Exp & Per Diem	3.4198	3.4198	29,814
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,718.00	8,718.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	856,726.00	856,726.00
5. Direct Care Expense Per Diem	49.1355	98.2709	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,718	8,718
2. Additional Services	0	217,320	217,320
3. Additional Services Exp & Per Diem	24.9277	24.9277	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84.9545	84.9545	740,633
2. Resident Care Component	123.8852	173.0206	1,508,394
3. Property Cost Component	3.4198	3.4198	29,814
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	212.2595	261.3949	2,278,841



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028038101 - 2011/10

RI: 232.76

NM: 285.67

OCALA CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.628	123.673	199.301	75.628	174.284	249.912
2. Inflate Line 1 by Inflation Factor 1.01937455	77.093	126.069	203.162	77.093	177.661	254.754
3. Line 1 x 1.400 x Inflation Factor 1.02712438	77.679	127.028	204.707	77.679	179.012	256.691
4. Current Period Cost	84.954	123.885	208.840	84.954	173.021	257.975
5. Incentive Basis (line 3 - line 4)	0.000	3.143		0.000	5.991	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.679	123.885	201.564	77.679	173.021	250.700
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.571	1.571	0.000	2.995	2.995
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.717	3.717	0.000	5.191	5.191
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.571	1.571	0.000	2.995	2.995
10. Final Incentive	0.000	1.571	1.571	0.000	2.995	2.995
11. Current Period Base: (line 6 + line 10)	77.679	125.457	203.136	77.679	176.016	253.695
12. Plus: Property Rate Component			3.420			3.420
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			206.555			257.115
15. Prospective Rate: Line 11 x Inflation (1.04648267)	81.290	131.288	212.578	81.290	184.198	265.488
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.290	131.288	212.578	81.290	184.198	265.488
19. Property Rate Component			3.420			3.420
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			216.00			268.91
23. Medicaid Days			0		8,718	
24. Resident Days			0		8,718	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			232.76			285.67



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028040201 - 2011/10
RI:442.13 / NM:577.27

WILLIAMS ROAD CLUSTER
 1923 Sarah Louise Drive
 Brandon FL 33510

Provider Number: 028040201
 Date: 01/30/2012
 FYE: 05/31/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>397.02</u>	<u>442.13</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>566.18</u>	<u>577.27</u>	<u>10/01/2011</u>

Rate Type:

<u>X</u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u>X</u> Total Prospective
<u>X</u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u>X</u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

P.O. Box 1300
Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 10/2010 to 10/2011

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
Provider Number: 28040201
Audit Status: Unaudited [3]
Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
Rate Semester: October, 2011
Cost Report: 06/01/2009 - 05/31/2010
Days In Reporting Period: 365
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,512	8,512
2. Operating Expenses Component			
A. Administration			622,292
B. Plant Operation			190,363
C. Laundry			50,440
D. Housekeeping			26,427
E. Operating Expense Component & Per Diem	104.5021	104.5021	889,522
3. Resident Care			
A. Dietary			173,641
B. Other			0
C. Nursing			1,174,059
D. Resident Care & Per Diem	158.3294	158.3294	1,347,700
4. Prop Exp & Per Diem	19.7291	19.7291	167,934
5. ROE/Use Per Diem	4.8207	4.8207	41,034
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,512.00	8,512.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,861,270.00	1,861,270.00
5. Direct Care Expense Per Diem	109.3321	218.6642	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,512	8,512
2. Additional Services	0	110,344	110,344
3. Additional Services Exp & Per Diem	12.9633	12.9633	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	104.5021	104.5021	889,522
2. Resident Care Component	280.6249	389.9570	3,319,314
3. Property Cost Component	19.7291	19.7291	167,934
4. ROE/Use Allow Component	4.8207	4.8207	41,034
5 Total Cost Per Diem	409.6768	519.0089	4,417,804



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028040201 - 2011/10

RI: 442.13

NM: 577.27

WILLIAMS ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	06/01/2009	05/31/2010	Unaudited [3]	201004
Prior Cost Report	01/01/2008	05/31/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	95.689	248.265	343.954	95.689	359.294	454.983
2. Inflate Line 1 by Inflation Factor 1.02646307 *	99.894	259.447	359.341	99.894	375.214	475.108
3. Line 1 x 1.400 x Inflation Factor 1.03704830 *	100.907	262.075	362.982	100.907	379.017	479.925
4. Current Period Cost	105.617	283.700	389.317	105.617	394.232	499.849
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	100.907	262.075	362.982	100.907	379.017	479.925
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	100.907	262.075	362.982	100.907	379.017	479.925
12. Plus: Property Rate Component			19.729			19.729
13. Plus: ROE/Use Rate			4.821			4.821
14. Total Current Period Base			387.532			504.474
15. Prospective Rate: Line 11 x Inflation (1.04820279)	105.771	274.708	380.479	105.771	397.287	503.058
16. Interim Rate Component: *	6.692	12.564	19.256	6.692	25.128	31.820
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.463	287.272	399.735	112.463	422.415	534.878
19. Property Rate Component			19.729			19.729
20. ROE Component + ROE Interim Component			4.821			4.821
21. Plus :Property Interim Rate Component *			1.083			1.083
22. Final Per Diem			425.37			560.51
23. Medicaid Days			0			8,512
24. Resident Days			0			8,512
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			442.13			577.27

* See Attachment

ICF/MR-DD				
Interim Rate Calculation (L1 L2 L3) - @ 10/1/2011 Rate Semester				
Williams Road Cluster/Provider #0280402-01 Adjustment to Prior Period Cost (L1, L2, L3) Vacancy IRR #221 - Effective 2/1/2010 Status: COST SETTLEMENT				
A @ 10/1/2011	1	2	3	7
Institutional	Actual Cost FYE 5/31/2009	Allowable Prior Period FYE 5/31/2009	% of Allowed Prior Period to Actual	Prior Period Incentives
Operating	97.290	95.689	98.354%	0.000
Resident Care	241.034	241.034	100.000%	7.231
Total	338.324	336.723		7.231
N-A/Medical				
Operating	97.290	95.689	98.354%	0.0000
Resident Care	350.259	350.259	100.000%	9.0350
Total	447.549	445.948		9.0350
B @ 10/1/2011	8	9	10	11 (L3)
Residential Institutional	(L1) Prior Period Allow Base Plus Incentives Excl IRR	IRR 10/1/2011	(L2) Inflate Col 8 By Factor 1.02646307 IRR @ 10/1/2011 (Col. 9)	Factor in Col 10 X 1.400 X Col 8 1.0370483 IRR @ 10/1/2011 (Col. 9)
Operating	95.6890	1.673	99.894	100.907
Resident Care	248.2650	4.612	259.447	262.075
Total	343.954	6.285	359.341	362.982
N-A/Medical				
Operating	95.6890	1.673	99.894	100.907
Resident Care	359.2940	6.412	375.214	379.017
Total	454.983	8.085	475.108	479.924

Williams Road Cluster		ADJUSTMENT OF CURRENT PERIOD COST- CALCULATION					
Provider #0280402-01		OF L4, L20 @ 10/1/2011 RS					
Cost Settlement - IRR #221 Effective - 2/1/2010							
Calculation of L4		Residential/Institutional			Non-Ambulatory Medical		
		Operating	Resident Care	Total	Operating	Resident Care	Total
A. Current Period Cost		104.502	280.625	385.127	104.502	389.957	494.459
B. Cost Settlement for IRR Effective 2/1/2010		1.673	4.612	6.285	1.673	6.412	8.085
C. Prorated CS IRR eff 2/1/2010 - 8/12 of IRR comp.		1.115	3.075	4.190	1.115	4.275	5.390
D. Grossed Up Current Period (Line A plus Line C)		105.617	283.700	389.317	105.617	394.232	499.849

PROPERTY COMPONENT	
Calculation of L21 - 8/12 of IRR comp.	
Property Interim Rate Component	0.215
Grossed Up Property Interim Rate Component	0.143

IRR #230 - Williams Road Cluster - Provider #0280402-01
Granting Vacancy Interim Rate Analysis - ICF/DD Plan Section IV.G.
Effective Date 1/1/2011 - Rate Semester 10/1/2011

Residential/Institutional (Level of Care 7)						
Residential/Institutional IRR Effective 1/1/2011	\$ 20.20	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		105.771	274.708	19.729	4.821	405.03
Prospective Rate w/o ROE		105.771	274.708	19.729	0.000	400.21
Allocation %		0.000%	0.000%	0.000%	0.000%	0%
Allocation of IRR		6.692	12.564	0.940	0.000	20.20
Final Per Diem (Line 22)		112.463	287.272	20.669	4.821	425.22
L22. Final Per Diem Rate - LOC 7			425.22			
L26. Less: Medicaid Trend Adjustment 0.00000%			0.00			
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)			16.76			
L28. Plus: Supplemental Rate Add-on			0.00			
L29. Final Per Diem After Adjustments			<u>441.98</u>			
Non - Ambulatory/Medical (Level of Care 8, 9)						
Non-Ambulatory/Medical IRR Effective 1/1/2011	\$ 32.76	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Description						
Prospective Rate (Line 15)		105.771	397.287	19.729	4.821	527.61
Prospective Rate w/o ROE		105.771	397.287	19.729	0.000	522.79
Allocation %		20.439%	76.770%	2.792%	0.000%	100%
Allocation of IRR		6.692	25.128	0.940	0.000	32.76
Final Per Diem (Line 22)		112.463	422.415	20.669	4.821	560.37
L22. Final Per Diem Rate - LOC 8, 9			560.37			
L26. Less: Medicaid Trend Adjustment 0.00000%			0.00			
L27. Plus: Quality Assessment - Medicaid Share (\$16.76)			16.76			
L28. Plus: Supplemental Rate Add-on			0.00			
L29. Final Per Diem After Adjustments			<u>577.13</u>			



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028041101 - 2011/10
RI:362.76 / NM:449.39

MCP 80th Street
 11750 S.W. 80th Street
 Miami FL 33183

Provider Number: 028041101
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	326.07	362.76	10/01/2011
#8 Non-Ambulatory & #9 Medical	440.83	449.39	10/01/2011

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
 Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,607	8,607
2. Operating Expenses Component			
A. Administration			388,222
B. Plant Operation			276,496
C. Laundry			29,065
D. Housekeeping			37,352
E. Operating Expense Component & Per Diem	84.9466	84.9466	731,135
3. Resident Care			
A. Dietary			146,918
B. Other			0
C. Nursing			747,574
D. Resident Care & Per Diem	103.9261	103.9261	894,492
4. Prop Exp & Per Diem	49.5067	49.5067	426,104
5. ROE/Use Per Diem	1.3195	1.3195	11,357
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,607.00	8,607.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,460,012.00	1,460,012.00
5. Direct Care Expense Per Diem	84.8154	169.6308	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,607	8,607
2. Additional Services	0	105,606	105,606
3. Additional Services Exp & Per Diem	12.2698	12.2698	
D. Medicaid Per Diem Cost			
1. Operating Component	84.9466	84.9466	731,135
2. Resident Care Component	201.0113	285.8267	2,460,110
3. Property Cost Component	49.5067	49.5067	426,104
4. ROE/Use Allow Component	1.3195	1.3195	11,357
5 Total Cost Per Diem	336.7840	421.5994	3,628,706



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028041101 - 2011/10

RI: 362.76

NM: 449.39

MCP 80th Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.701	194.915	274.616	79.701	275.506	355.207
2. Inflate Line 1 by Inflation Factor 1.01937455	81.245	198.691	279.936	81.245	280.844	362.089
3. Line 1 x 1.400 x Inflation Factor 1.02712438	81.863	200.202	282.065	81.863	282.979	364.841
4. Current Period Cost	84.947	201.011	285.958	84.947	285.827	370.773
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.863	200.202	282.065	81.863	282.979	364.841
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.863	200.202	282.065	81.863	282.979	364.841
12. Plus: Property Rate Component			49.507			49.507
13. Plus: ROE/Use Rate			1.320			1.320
14. Total Current Period Base			332.891			415.668
15. Prospective Rate: Line 11 x Inflation (1.04648267)	85.668	209.508	295.176	85.668	296.133	381.800
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.668	209.508	295.176	85.668	296.133	381.800
19. Property Rate Component			49.507			49.507
20. ROE Component + ROE Interim Component			1.320			1.320
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.00			432.63
23. Medicaid Days			0		8,607	
24. Resident Days			0		8,607	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			362.76			449.39



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028045301 - 2011/10
RI:389.20 / NM:475.57

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>349.70</u>	<u>389.20</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>466.49</u>	<u>475.57</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
Miami, Fl

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,517	8,517
2. Operating Expenses Component			
A. Administration			389,649
B. Plant Operation			278,390
C. Laundry			30,740
D. Housekeeping			31,676
E. Operating Expense Component & Per Diem	85.7644	85.7644	730,455
3. Resident Care			
A. Dietary			159,381
B. Other			0
C. Nursing			942,693
D. Resident Care & Per Diem	129.3970	129.3970	1,102,074
4. Prop Exp & Per Diem	50.9760	50.9760	434,163
5. ROE/Use Per Diem	1.4396	1.4396	12,261
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,517.00	8,517.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,429,648.00	1,429,648.00
5. Direct Care Expense Per Diem	83.9291	167.8582	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,517	8,517
2. Additional Services	0	103,819	103,819
3. Additional Services Exp & Per Diem	12.1896	12.1896	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	85.7644	85.7644	730,455
2. Resident Care Component	225.5157	309.4448	2,635,541
3. Property Cost Component	50.9760	50.9760	434,163
4. ROE/Use Allow Component	1.4396	1.4396	12,261
5 Total Cost Per Diem	363.6957	447.6248	3,812,420



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028045301 - 2011/10

RI: 389.20

NM: 475.57

MCP Braddock

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.840	220.221	298.061	77.840	300.246	378.086
2. Inflate Line 1 by Inflation Factor 1.01937455	79.348	224.488	303.836	79.348	306.063	385.411
3. Line 1 x 1.400 x Inflation Factor 1.02712438	79.951	226.195	306.146	79.951	308.390	388.341
4. Current Period Cost	85.764	225.516	311.280	85.764	309.445	395.209
5. Incentive Basis (line 3 - line 4)	0.000	0.679		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	79.951	225.516	305.467	79.951	308.390	388.341
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.340	0.340	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.765	6.765	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.340	0.340	0.000	0.000	0.000
10. Final Incentive	0.000	0.340	0.340	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.951	225.855	305.806	79.951	308.390	388.341
12. Plus: Property Rate Component			50.976			50.976
13. Plus: ROE/Use Rate			1.440			1.440
14. Total Current Period Base			358.222			440.757
15. Prospective Rate: Line 11 x Inflation (1.04648267)	83.667	236.354	320.021	83.667	322.725	406.392
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.667	236.354	320.021	83.667	322.725	406.392
19. Property Rate Component			50.976			50.976
20. ROE Component + ROE Interim Component			1.440			1.440
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			372.44			458.81
23. Medicaid Days			0			8,517
24. Resident Days			0			8,517
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			389.20			475.57



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028046101 - 2011/10
RI:382.54 / NM:471.67

MCP 2nd Street
 11801 NW Second Street
 Miami, FL, FL 33182

Provider Number: 028046101
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>343.76</u>	<u>382.54</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>462.67</u>	<u>471.67</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,419	8,419
2. Operating Expenses Component			
A. Administration			388,964
B. Plant Operation			283,938
C. Laundry			29,003
D. Housekeeping			32,055
E. Operating Expense Component & Per Diem	87.1790	87.1790	733,960
3. Resident Care			
A. Dietary			148,337
B. Other			0
C. Nursing			921,418
D. Resident Care & Per Diem	127.0644	127.0644	1,069,755
4. Prop Exp & Per Diem	50.7228	50.7228	427,035
5. ROE/Use Per Diem	1.1039	1.1039	9,294
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,419.00	8,419.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,432,250.00	1,432,250.00
5. Direct Care Expense Per Diem	85.0606	170.1212	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,419	8,419
2. Additional Services	0	90,732	90,732
3. Additional Services Exp & Per Diem	10.7771	10.7771	
D. Medicaid Per Diem Cost			
1. Operating Component	87.1790	87.1790	733,960
2. Resident Care Component	222.9020	307.9626	2,592,737
3. Property Cost Component	50.7228	50.7228	427,035
4. ROE/Use Allow Component	1.1039	1.1039	9,294
5 Total Cost Per Diem	361.9077	446.9683	3,763,026



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028046101 - 2011/10
RI: 382.54
NM: 471.67

MCP 2nd Street

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.422	213.666	292.089	78.422	296.586	375.009
2. Inflate Line 1 by Inflation Factor 1.01937455	79.942	217.806	297.748	79.942	302.332	382.274
3. Line 1 x 1.400 x Inflation Factor 1.02712438	80.550	219.462	300.012	80.550	304.631	385.181
4. Current Period Cost	87.179	222.902	310.081	87.179	307.963	395.142
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.550	219.462	300.012	80.550	304.631	385.181
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.550	219.462	300.012	80.550	304.631	385.181
12. Plus: Property Rate Component			50.723			50.723
13. Plus: ROE/Use Rate			1.104			1.104
14. Total Current Period Base			351.838			437.007
15. Prospective Rate: Line 11 x Inflation (1.04648267)	84.294	229.663	313.957	84.294	318.791	403.085
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.294	229.663	313.957	84.294	318.791	403.085
19. Property Rate Component			50.723			50.723
20. ROE Component + ROE Interim Component			1.104			1.104
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			365.78			454.91
23. Medicaid Days			0			8,419
24. Resident Days			0			8,419
25. Medicaid Utilization			NA			100.00%
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			382.54			471.67



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028048801 - 2011/10
RI:358.45 / NM:447.94

MCP Sunset
 7100 S.W. 122nd. Avenue
 Miami FL 33183

Provider Number: 028048801
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>322.22</u>	<u>358.45</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>439.41</u>	<u>447.94</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,714	8,714
2. Operating Expenses Component			
A. Administration			385,620
B. Plant Operation			272,032
C. Laundry			28,847
D. Housekeeping			27,288
E. Operating Expense Component & Per Diem	81.9127	81.9127	713,787
3. Resident Care			
A. Dietary			151,408
B. Other			0
C. Nursing			822,186
D. Resident Care & Per Diem	111.7276	111.7276	973,594
4. Prop Exp & Per Diem	49.8307	49.8307	434,225
5. ROE/Use Per Diem	1.2137	1.2137	10,576
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,714.00	8,714.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,474,196.00	1,474,196.00
5. Direct Care Expense Per Diem	84.5878	169.1756	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,714	8,714
2. Additional Services	0	85,327	85,327
3. Additional Services Exp & Per Diem	9.7919	9.7919	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	81.9127	81.9127	713,787
2. Resident Care Component	206.1073	290.6951	2,533,117
3. Property Cost Component	49.8307	49.8307	434,225
4. ROE/Use Allow Component	1.2137	1.2137	10,576
5 Total Cost Per Diem	339.0644	423.6522	3,691,705



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028048801 - 2011/10

RI: 358.45

NM: 447.94

MCP Sunset

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.521	191.882	270.403	78.521	275.136	353.657
2. Inflate Line 1 by Inflation Factor 1.01937455	80.042	195.600	275.642	80.042	280.467	360.508
3. Line 1 x 1.400 x Inflation Factor 1.02712438	80.650	197.087	277.737	80.650	282.599	363.249
4. Current Period Cost	81.913	206.107	288.020	81.913	290.695	372.608
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	80.650	197.087	277.737	80.650	282.599	363.249
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.650	197.087	277.737	80.650	282.599	363.249
12. Plus: Property Rate Component			49.831			49.831
13. Plus: ROE/Use Rate			1.214			1.214
14. Total Current Period Base			328.782			414.294
15. Prospective Rate: Line 11 x Inflation (1.04648267)	84.399	206.248	290.647	84.399	295.735	380.134
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.399	206.248	290.647	84.399	295.735	380.134
19. Property Rate Component			49.831			49.831
20. ROE Component + ROE Interim Component			1.214			1.214
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			341.69			431.18
23. Medicaid Days			0		8,714	
24. Resident Days			0		8,714	
25. Medicaid Utilization			NA		100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			358.45			447.94



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028049601 - 2011/10
RI:318.58 / NM:423.87

DORCHESTER CLUSTER

3201 Ginger Drive
 Tallahassee FL 32308

Provider Number: 028049601
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.61</u>	<u>318.58</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>415.82</u>	<u>423.87</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	311	7,602	7,913
2. Operating Expenses Component			
A. Administration			347,555
B. Plant Operation			164,609
C. Laundry			3,874
D. Housekeeping			17,258
E. Operating Expense Component & Per Diem	67.3949	67.3949	533,296
3. Resident Care			
A. Dietary			133,014
B. Other			141,525
C. Nursing			447,249
D. Resident Care & Per Diem	91.2155	91.2155	721,788
4. Prop Exp & Per Diem	13.7033	13.7033	108,434
5. ROE/Use Per Diem	2.0531	2.0531	16,246
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	155.50	7,602.00	7,757.50
3. Staffing Percent	2.0045118	97.9954882	100.00
4. Allocation of Direct Care	30,380.34	1,485,217.66	1,515,598.00
5. Direct Care Expense Per Diem	97.6860	195.3720	
C. Additional Services Expense			
1. Medicaid Inpatient Days	311	7,602	7,913
2. Additional Services	2,492	60,911	63,403
3. Additional Services Exp & Per Diem	8.0129	8.0125	
D. Medicaid Per Diem Cost			
1. Operating Component	67.3949	67.3949	533,296
2. Resident Care Component	196.9143	294.5999	2,300,789
3. Property Cost Component	13.7033	13.7033	108,434
4. ROE/Use Allow Component	2.0531	2.0531	16,246
5 Total Cost Per Diem	280.0656	377.7512	2,958,765



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028049601 - 2011/10

RI: 318.58

NM: 423.87

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.725	217.458	289.184	71.725	318.452	390.178
2. Inflate Line 1 by Inflation Factor 1.01937455	73.115	221.671	294.786	73.115	324.622	397.737
3. Line 1 x 1.400 x Inflation Factor 1.02712438	73.671	223.357	297.027	73.671	327.090	400.761
4. Current Period Cost	67.395	196.914	264.309	67.395	294.600	361.995
5. Incentive Basis (line 3 - line 4)	6.276	26.442		6.276	32.490	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.395	196.914	264.309	67.395	294.600	361.995
7. Incentive Line 5 x Oper 50% Res 50%	3.138	13.221	16.359	3.138	16.245	19.383
8. Incentive - Line 4 x Oper 10% Res 3%	6.739	5.907	12.647	6.739	8.838	15.577
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.138	5.907	9.045	3.138	8.838	11.976
10. Final Incentive	3.138	5.907	9.045	3.138	8.838	11.976
11. Current Period Base: (line 6 + line 10)	70.533	202.822	273.355	70.533	303.438	373.971
12. Plus: Property Rate Component			13.703			13.703
13. Plus: ROE/Use Rate			2.053			2.053
14. Total Current Period Base			289.111			389.727
15. Prospective Rate: Line 11 x Inflation (1.04648267)	73.811	212.249	286.061	73.811	317.543	391.354
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.811	212.249	286.061	73.811	317.543	391.354
19. Property Rate Component			13.703			13.703
20. ROE Component + ROE Interim Component			2.053			2.053
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			301.82			407.11
23. Medicaid Days		311			7,602	
24. Resident Days		311			7,602	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			318.58			423.87



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028054200 - 2011/10
RI:346.82 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME
 27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	340.29	346.82	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028054200

Provider Name: **SUFFERIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			164,782
B. Plant Operation			34,057
C. Laundry			746
D. Housekeeping			2,942
E. Operating Expense Component & Per Diem	92,4781	0.0000	202,527
3. Resident Care			
A. Dietary			26,358
B. Other			0
C. Nursing			41,431
D. Resident Care & Per Diem	30,9539	0.0000	67,789
4. Prop Exp & Per Diem	15,6584	0.0000	34,292
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	334,982.00		334,982.00
5. Direct Care Expense Per Diem	152.9598		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	56,542		56,542
3. Additional Services Exp & Per Diem	25,8183		
D. Medicaid Per Diem Cost			
1. Operating Component	92,4781		202,527
2. Resident Care Component	209,7320		459,313
3. Property Cost Component	15,6584		34,292
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	317.8685		696,132



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028054200 - 2011/10

RI: 346.82

NM: 0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.767	211.270	296.037			
2. Inflate Line 1 by Inflation Factor 1.01937455	86.409	215.364	301.773			
3. Line 1 x 1,400 x Inflation Factor 1.02712438	87.066	217.001	304.067			
4. Current Period Cost	92.478	209.732	302.210			
5. Incentive Basis (line 3 - line 4)	0.000	7.269		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.066	209.732	296.798			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.634	3.634	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.292	6.292	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.634	3.634	0.000	0.000	0.000
10. Final Incentive	0.000	3.634	3.634	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.066	213.366	300.432	0.000	0.000	0.000
12. Plus: Property Rate Component			15.658			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			316.091			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	91.113	223.284	314.397	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.113	223.284	314.397	0.000	0.000	0.000
19. Property Rate Component			15.658			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			330.06			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			346.82			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028056900 - 2011/10
RI:346.27 / NM:0.00

ROSEWOOD GROUP HOME
 71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	339.75	346.27	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 Res-Care

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,173	0	2,173
2. Operating Expenses Component			
A. Administration			160,100
B. Plant Operation			31,154
C. Laundry			763
D. Housekeeping			3,539
E. Operating Expense Component & Per Diem	89,9936	0.0000	195,556
3. Resident Care			
A. Dietary			24,433
B. Other			0
C. Nursing			17,104
D. Resident Care & Per Diem	19,1150	0.0000	41,537
4. Prop Exp & Per Diem	19,8431	0.0000	43,119
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,629.75		1,629.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	306,179.00		306,179.00
5. Direct Care Expense Per Diem	140.9015		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,173		2,173
2. Additional Services	136,790		136,790
3. Additional Services Exp & Per Diem	62,9498		
D. Medicaid Per Diem Cost			
1. Operating Component	89,9936		195,556
2. Resident Care Component	222,9664		484,506
3. Property Cost Component	19,8431		43,119
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	332.8030		723,181



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028056900 - 2011/10

RI: 346.27

NM: 0.00

ROSEWOOD GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.067	207.026	288.093			
2. Inflate Line 1 by Inflation Factor 1.01937455	82.638	211.037	293.675			
3. Line 1 x 1,400 x Inflation Factor 1.02712438	83.266	212.641	295.907			
4. Current Period Cost	89.994	222.966	312.960			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.266	212.641	295.907			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.266	212.641	295.907	0.000	0.000	0.000
12. Plus: Property Rate Component			19.843			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			315.750			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	87.136	222.525	309.662	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.136	222.525	309.662	0.000	0.000	0.000
19. Property Rate Component			19.843			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			329.51			0.00
23. Medicaid Days		2,173			0	
24. Resident Days		2,173			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			346.27			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028057700 - 2011/10
RI:294.38 / NM:0.00

PLAZA OVAL GROUP HOME
 247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	288.88	294.38	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Res-Care

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,021	0	2,021
2. Operating Expenses Component			
A. Administration			140,139
B. Plant Operation			28,064
C. Laundry			963
D. Housekeeping			3,613
E. Operating Expense Component & Per Diem	85.4918	0.0000	172,779
3. Resident Care			
A. Dietary			22,371
B. Other			0
C. Nursing			10,115
D. Resident Care & Per Diem	16.0742	0.0000	32,486
4. Prop Exp & Per Diem	16.3805	0.0000	33,105
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,515.75		1,515.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	224,093.00		224,093.00
5. Direct Care Expense Per Diem	110.8822		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,021		2,021
2. Additional Services	69,556		69,556
3. Additional Services Exp & Per Diem	34.4166		
D. Medicaid Per Diem Cost			
1. Operating Component	85.4918		172,779
2. Resident Care Component	161.3731		326,135
3. Property Cost Component	16.3805		33,105
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	263.2454		532,019



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Calculation Sheet
Rates Effective 10/01/2011 through 03/31/2012

028057700 - 2011/10
RI: 294.38
NM: 0.00

PLAZA OVAL GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	81.214	170.139	251.353			
2. Inflate Line 1 by Inflation Factor 1.01937455	82.788	173.435	256.223			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	83.417	174.754	258.171			
4. Current Period Cost	85.492	161.373	246.865			
5. Incentive Basis (line 3 - line 4)	0.000	13.381		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	83.417	161.373	244.790			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.690	6.690	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.841	4.841	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.841	4.841	0.000	0.000	0.000
10. Final Incentive	0.000	4.841	4.841	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	83.417	166.214	249.631	0.000	0.000	0.000
12. Plus: Property Rate Component			16.381			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			266.012			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	87.294	173.940	261.235	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.294	173.940	261.235	0.000	0.000	0.000
19. Property Rate Component			16.381			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.62			0.00
23. Medicaid Days		2,021				0
24. Resident Days		2,021				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			294.38			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028059300 - 2011/10
RI:250.70 / NM:0.00

Sunrise 146th Place
 10521 S.W. 146th Place
 Miami FL 33186

Provider Number: 028059300
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	246.07	250.70	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,147	0	2,147
2. Operating Expenses Component			
A. Administration			64,938
B. Plant Operation			34,783
C. Laundry			944
D. Housekeeping			2,462
E. Operating Expense Component & Per Diem	48,0331	0.0000	103,127
3. Resident Care			
A. Dietary			19,684
B. Other			38,708
C. Nursing			1,809
D. Resident Care & Per Diem	28.0396	0.0000	60,201
4. Prop Exp & Per Diem	16.2515	0.0000	34,892
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,610.25		1,610.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	268,550.00		268,550.00
5. Direct Care Expense Per Diem	125.0815		
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,147		2,147
2. Additional Services	7,767		7,767
3. Additional Services Exp & Per Diem	3.6176		
D. Medicaid Per Diem Cost			
1. Operating Component	48.0331		103,127
2. Resident Care Component	156.7387		336,518
3. Property Cost Component	16.2515		34,892
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	221.0233		474,537



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028059300 - 2011/10
RI: 250.70
NM: 0.00

Sunrise 146th Place

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.348	171.813	217.161			
2. Inflate Line 1 by Inflation Factor 1.01937455	46.227	175.142	221.368			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	46.578	176.473	223.051			
4. Current Period Cost	48.033	156.739	204.772			
5. Incentive Basis (line 3 - line 4)	0.000	19.735		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.578	156.739	203.317			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	9.867	9.867	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.702	4.702	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.702	4.702	0.000	0.000	0.000
10. Final Incentive	0.000	4.702	4.702	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	46.578	161.441	208.019	0.000	0.000	0.000
12. Plus: Property Rate Component			16.252			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.270			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	48.743	168.945	217.688	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.743	168.945	217.688	0.000	0.000	0.000
19. Property Rate Component			16.252			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			233.94			0.00
23. Medicaid Days		2,147			0	
24. Resident Days		2,147			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			250.70			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028060700 - 2011/10
RI:330.39 / NM:0.00

Walnut Street Group Home
 102 Alexander Road
 Starke FL 32091

Provider Number: 028060700
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	324.19	330.39	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028060700

Provider Name: **Walnut Street Group Home**
 Provider Number: 28060700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,111	0	2,111
2. Operating Expenses Component			
A. Administration			154,918
B. Plant Operation			29,791
C. Laundry			2,611
D. Housekeeping			4,339
E. Operating Expense Component & Per Diem	90.7906	0.0000	191,659
3. Resident Care			
A. Dietary			24,323
B. Other			0
C. Nursing			40,445
D. Resident Care & Per Diem	30.6812	0.0000	64,768
4. Prop Exp & Per Diem	20.0403	0.0000	42,305
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,583.25		1,583.25
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	236,843.00		236,843.00
5. Direct Care Expense Per Diem	112.1947		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,111		2,111
2. Additional Services	114,445		114,445
3. Additional Services Exp & Per Diem	54.2136		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	90.7906		191,659
2. Resident Care Component	197.0895		416,056
3. Property Cost Component	20.0403		42,305
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	307.9204		650,020



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028060700 - 2011/10
RI: 330.39
NM: 0.00

Walnut Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.290	187.850	273.140			
2. Inflate Line 1 by Inflation Factor 1.01937455	86.942	191.490	278.432			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	87.603	192.945	280.549			
4. Current Period Cost	90.791	197.090	287.880			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.603	192.945	280.549			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.603	192.945	280.549	0.000	0.000	0.000
12. Plus: Property Rate Component			20.040			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			300.589			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	91.675	201.914	293.589	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.675	201.914	293.589	0.000	0.000	0.000
19. Property Rate Component			20.040			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			313.63			0.00
23. Medicaid Days		2,111			0	
24. Resident Days		2,111			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			330.39			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028061500 - 2011/10
RI:290.51 / NM:323.84

Spring Street Group Home
 930 S. W. Spring Lane
 Lake City FL 32055

Provider Number: 028061500
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>285.10</u>	<u>290.51</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>317.77</u>	<u>323.84</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			148,851
B. Plant Operation			21,169
C. Laundry			931
D. Housekeeping			2,526
E. Operating Expense Component & Per Diem	79.2132	79.2132	173,477
3. Resident Care			
A. Dietary			24,004
B. Other			0
C. Nursing			32,124
D. Resident Care & Per Diem	25.6292	25.6292	56,128
4. Prop Exp & Per Diem	19.9046	19.9046	43,591
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	184,064.21	49,083.79	233,148.00
5. Direct Care Expense Per Diem	100.8571	134.4761	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	79,732	15,951	95,683
3. Additional Services Exp & Per Diem	43.6888	43.7014	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	79.2132	79.2132	173,477
2. Resident Care Component	170.1751	203.8067	384,959
3. Property Cost Component	19.9046	19.9046	43,591
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	269.2929	302.9245	602,027



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028061500 - 2011/10
RI: 290.51
NM: 323.84

Spring Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.787	163.379	236.166	72.787	194.386	267.173
2. Inflate Line 1 by Inflation Factor 1.01937455	74.197	166.545	240.742	74.197	198.152	272.349
3. Line 1 x 1.400 x Inflation Factor 1.02712438	74.761	167.811	242.572	74.761	199.659	274.420
4. Current Period Cost	79.213	170.175	249.388	79.213	203.807	283.020
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.761	167.811	242.572	74.761	199.659	274.420
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	74.761	167.811	242.572	74.761	199.659	274.420
12. Plus: Property Rate Component			19.905			19.905
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			262.476			294.324
15. Prospective Rate: Line 11 x Inflation (1.04648267)	78.236	175.611	253.847	78.236	208.939	287.176
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.236	175.611	253.847	78.236	208.939	287.176
19. Property Rate Component			19.905			19.905
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.75			307.08
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			290.51			323.84



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028062300 - 2011/10
RI:259.26 / NM:304.39

Sunrise 119th Street Group Home
 13350 S.W. 119th Street
 Miami FL 33186

Provider Number: 028062300
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>254.46</u>	<u>259.26</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>298.70</u>	<u>304.39</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33170

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,441	730	2,171
2. Operating Expenses Component			
A. Administration			69,246
B. Plant Operation			30,014
C. Laundry			1,409
D. Housekeeping			1,617
E. Operating Expense Component & Per Diem	47.1147	47.1147	102,286
3. Resident Care			
A. Dietary			21,145
B. Other			41,569
C. Nursing			13,234
D. Resident Care & Per Diem	34.9830	34.9830	75,948
4. Prop Exp & Per Diem	17.6481	17.6481	38,314
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,080.75	730.00	1,810.75
3. Staffing Percent	59.6852133	40.3147867	100.00
4. Allocation of Direct Care	182,366.38	123,180.62	305,547.00
5. Direct Care Expense Per Diem	126.5554	168.7406	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,441	730	2,171
2. Additional Services	5,163	2,615	7,778
3. Additional Services Exp & Per Diem	3.5829	3.5822	
D. Medicaid Per Diem Cost			
1. Operating Component	47.1147	47.1147	102,286
2. Resident Care Component	165.1213	207.3057	389,273
3. Property Cost Component	17.6481	17.6481	38,314
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	229.8841	272.0685	529,873



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028062300 - 2011/10

RI: 259.26

NM: 304.39

Sunrise 119th Street Group Home

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 11/04/2010 - 12/21/2010 Days Eligible: 135 of 182

Eligibility factor :74.18%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.850	170.450	215.300	44.850	215.511	260.361
2. Inflate Line 1 by Inflation Factor 1.01937455	45.719	173.752	219.471	45.719	219.687	265.406
3. Line 1 x 1,400 x Inflation Factor 1.02712438	46.067	175.073	221.139	46.067	221.357	267.424
4. Current Period Cost	47.115	165.121	212.236	47.115	207.306	254.420
5. Incentive Basis (line 3 - line 4)	0.000	9.952		0.000	14.051	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.067	165.121	211.188	46.067	207.306	253.372
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.976	4.976	0.000	7.026	7.026
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.954	4.954	0.000	6.219	6.219
9. Incentive - Min of Line 7,8 x Eligibility factor 74.18%	0.000	3.674	3.674	0.000	4.613	4.613
10. Final Incentive	0.000	3.674	3.674	0.000	4.613	4.613
11. Current Period Base: (line 6 + line 10)	46.067	168.796	214.862	46.067	211.919	257.985
12. Plus: Property Rate Component			17.648			17.648
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			232.510			275.634
15. Prospective Rate: Line 11 x Inflation (1.04648267)	48.208	176.642	224.850	48.208	221.769	269.977
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.208	176.642	224.850	48.208	221.769	269.977
19. Property Rate Component			17.648			17.648
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			242.50			287.63
23. Medicaid Days		1,441			730	
24. Resident Days		1,441			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			259.26			304.39



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028063100 - 2011/10
RI:293.97 / NM:0.00

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	288.49	293.97	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	0	1,825
2. Operating Expenses Component			
A. Administration			140,999
B. Plant Operation			26,819
C. Laundry			1,451
D. Housekeeping			2,767
E. Operating Expense Component & Per Diem	94.2663	0.0000	172,036
3. Resident Care			
A. Dietary			18,348
B. Other			0
C. Nursing			34,019
D. Resident Care & Per Diem	28.6942	0.0000	52,367
4. Prop Exp & Per Diem	19.6652	0.0000	35,889
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75		1,368.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	210,642.00		210,642.00
5. Direct Care Expense Per Diem	115.4203		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825		1,825
2. Additional Services	106,128		106,128
3. Additional Services Exp & Per Diem	58.1523		
D. Medicaid Per Diem Cost			
1. Operating Component	94.2663		172,036
2. Resident Care Component	202.2668		369,137
3. Property Cost Component	19.6652		35,889
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	316.1984		577,062



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028063100 - 2011/10
RI: 293.97
NM: 0.00

Bessent Road Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.852	159.757	239.609			
2. Inflate Line 1 by Inflation Factor 1.01937455	81.399	162.853	244.251			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	82.017	164.091	246.108			
4. Current Period Cost	94.266	202.267	296.533			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.017	164.091	246.108			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	82.017	164.091	246.108	0.000	0.000	0.000
12. Plus: Property Rate Component			19.665			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.773			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	85.830	171.718	257.548	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.830	171.718	257.548	0.000	0.000	0.000
19. Property Rate Component			19.665			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.21			0.00
23. Medicaid Days		1,825			0	
24. Resident Days		1,825			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			293.97			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028064000 - 2011/10
RI:293.78 / NM:324.48

19th Street Group Home
 529 N.W. 19th Street
 Gainesville FL 32603

Provider Number: 028064000
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.30</u>	<u>293.78</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>318.39</u>	<u>324.48</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			150,112
B. Plant Operation			32,043
C. Laundry			745
D. Housekeeping			2,245
E. Operating Expense Component & Per Diem	84.5411	84.5411	185,145
3. Resident Care			
A. Dietary			21,898
B. Other			0
C. Nursing			10,095
D. Resident Care & Per Diem	14.6087	14.6087	31,993
4. Prop Exp & Per Diem	25.0548	25.0548	54,870
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	120,021.60	80,014.40	200,036.00
5. Direct Care Expense Per Diem	82.2066	109.6088	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	92,228	46,108	138,336
3. Additional Services Exp & Per Diem	63.1699	63.1616	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84.5411	84.5411	185,145
2. Resident Care Component	159.9851	187.3791	370,365
3. Property Cost Component	25.0548	25.0548	54,870
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	269.5810	296.9750	610,380



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028064000 - 2011/10

RI: 293.78

NM: 324.48

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.264	155.146	234.411	79.264	184.986	264.250
2. Inflate Line 1 by Inflation Factor 1.01937455	80.800	158.152	238.952	80.800	188.570	269.370
3. Line 1 x 1.400 x Inflation Factor 1.02712438	81.414	159.354	240.769	81.414	190.004	271.418
4. Current Period Cost	84.541	159.985	244.526	84.541	187.379	271.920
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	2.625	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.414	159.354	240.769	81.414	187.379	268.793
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	1.312	1.312
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	5.621	5.621
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	1.312	1.312
10. Final Incentive	0.000	0.000	0.000	0.000	1.312	1.312
11. Current Period Base: (line 6 + line 10)	81.414	159.354	240.769	81.414	188.691	270.106
12. Plus: Property Rate Component			25.055			25.055
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			265.824			295.161
15. Prospective Rate: Line 11 x Inflation (1.04648267)	85.199	166.762	251.960	85.199	197.462	282.661
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.199	166.762	251.960	85.199	197.462	282.661
19. Property Rate Component			25.055			25.055
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			277.02			307.72
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			293.78			324.48



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028065800 - 2011/10
RI:269.57 / NM:0.00

Sunrise 22nd Street Home
 444 N.W. 22nd Street
 Homestead FL 33030

Provider Number: 028065800
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>264.57</u>	<u>269.57</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
Sunrise Community, Inc.
9040 Sunset Drive Suite 70-A
Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,973	0	1,973
2. Operating Expenses Component			
A. Administration			66,161
B. Plant Operation			32,242
C. Laundry			2,989
D. Housekeeping			5,030
E. Operating Expense Component & Per Diem	53.9392	0.0000	106,422
3. Resident Care			
A. Dietary			19,632
B. Other			35,846
C. Nursing			0
D. Resident Care & Per Diem	28.1186	0.0000	55,478
4. Prop Exp & Per Diem	16.5884	0.0000	32,729
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,479.75		1,479.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	275,493.00		275,493.00
5. Direct Care Expense Per Diem	139.6315		
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,973		1,973
2. Additional Services	16,419		16,419
3. Additional Services Exp & Per Diem	8,3218		
D. Medicaid Per Diem Cost			
1. Operating Component	53.9392		106,422
2. Resident Care Component	176.0720		347,390
3. Property Cost Component	16.5884		32,729
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	246.5996		486,541



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028065800 - 2011/10
RI: 269.57
NM: 0.00

Sunrise 22nd Street Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.872	172.369	220.242			
2. Inflate Line 1 by Inflation Factor 1.01937455	48.800	175.709	224.509			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	49.171	177.045	226.215			
4. Current Period Cost	53.939	176.072	230.011			
5. Incentive Basis (line 3 - line 4)	0.000	0.973	0.973	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	49.171	176.072	225.243			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.486	0.486	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.282	5.282	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.486	0.486	0.000	0.000	0.000
10. Final Incentive	0.000	0.486	0.486	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.171	176.558	225.729	0.000	0.000	0.000
12. Plus: Property Rate Component			16.588			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			242.317			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	51.456	184.765	236.222	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.456	184.765	236.222	0.000	0.000	0.000
19. Property Rate Component			16.588			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			252.81			0.00
23. Medicaid Days		1,973				0
24. Resident Days		1,973				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			269.57			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028066600 - 2011/10
RI:344.36 / NM:0.00

High Desert Court Group Home
 11818 High Desert Court
 Jacksonville FL 32218

Provider Number: 028066600
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.88</u>	<u>344.36</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,865	0	1,865
2. Operating Expenses Component			
A. Administration			146,020
B. Plant Operation			31,448
C. Laundry			1,336
D. Housekeeping			1,525
E. Operating Expense Component & Per Diem	96.6912	0.0000	180,329
3. Resident Care			
A. Dietary			19,209
B. Other			0
C. Nursing			31,933
D. Resident Care & Per Diem	27.4220	0.0000	51,142
4. Prop Exp & Per Diem	20.1142	0.0000	37,513
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,398.75		1,398.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,089.00		234,089.00
5. Direct Care Expense Per Diem	125.5169		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,865		1,865
2. Additional Services	87,741		87,741
3. Additional Services Exp & Per Diem	47.0461		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	96.6912		180,329
2. Resident Care Component	199.9850		372,972
3. Property Cost Component	20.1142		37,513
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	316.7903		590,814



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028066600 - 2011/10
RI: 344.36
NM: 0.00

High Desert Court Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.524	209.390	294.914			
2. Inflate Line 1 by Inflation Factor 1.01937455	87.181	213.447	300.628			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	87.844	215.070	302.913			
4. Current Period Cost	96.691	199.985	296.676			
5. Incentive Basis (line 3 - line 4)	0.000	15.085		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.844	199.985	287.829			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	7.542	7.542	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.000	6.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.000	6.000	0.000	0.000	0.000
10. Final Incentive	0.000	6.000	6.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	87.844	205.985	293.828	0.000	0.000	0.000
12. Plus: Property Rate Component			20.114			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			313.943			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	91.927	215.559	307.486	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.927	215.559	307.486	0.000	0.000	0.000
19. Property Rate Component			20.114			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			327.60			0.00
23. Medicaid Days		1,865			0	
24. Resident Days		1,865			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			344.36			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

028067400 - 2011/10
RI:329.39 / NM:366.42

Frederick Avenue Group Home
325 N. Frederick Ave.
Daytona Beach FL 32114

Provider Number: 028067400
Date: 01/27/2012
FYE: 06/30/2010
Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>323.21</u>	<u>329.39</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>359.50</u>	<u>366.42</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (12)
Home Office:
Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,575	365	1,940
2. Operating Expenses Component			
A. Administration			146,290
B. Plant Operation			23,444
C. Laundry			762
D. Housekeeping			3,524
E. Operating Expense Component & Per Diem	89.7010	89.7010	174,020
3. Resident Care			
A. Dietary			22,016
B. Other			0
C. Nursing			10,864
D. Resident Care & Per Diem	16.9485	16.9485	32,880
4. Prop Exp & Per Diem	23.2598	23.2598	45,124
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,181.25	365.00	1,546.25
3. Staffing Percent	76.3945028	23.6054972	100.00
4. Allocation of Direct Care	185,628.71	57,358.29	242,987.00
5. Direct Care Expense Per Diem	117.8595	157.1460	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,575	365	1,940
2. Additional Services	84,948	19,681	104,629
3. Additional Services Exp & Per Diem	53.9352	53.9205	
D. Medicaid Per Diem Cost			
1. Operating Component	89.7010	89.7010	174,020
2. Resident Care Component	188.7432	228.0150	380,496
3. Property Cost Component	23.2598	23.2598	45,124
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	301.7040	340.9758	599,640



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028067400 - 2011/10

RI: 329.39

NM: 366.42

Frederick Avenue Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.595	185.485	270.080	84.595	219.070	303.665
2. Inflate Line 1 by Inflation Factor 1.01937455	86.234	189.079	275.313	86.234	223.314	309.548
3. Line 1 x 1.400 x Inflation Factor 1.02712438	86.889	190.517	277.406	86.889	225.012	311.901
4. Current Period Cost	89.701	188.743	278.444	89.701	228.015	317.716
5. Incentive Basis (line 3 - line 4)	0.000	1.773		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.889	188.743	275.633	86.889	225.012	311.901
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.887	0.887	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.662	5.662	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.887	0.887	0.000	0.000	0.000
10. Final Incentive	0.000	0.887	0.887	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.889	189.630	276.519	86.889	225.012	311.901
12. Plus: Property Rate Component			23.260			23.260
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			299.779			335.161
15. Prospective Rate: Line 11 x Inflation (1.04648267)	90.928	198.444	289.373	90.928	235.471	326.399
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.928	198.444	289.373	90.928	235.471	326.399
19. Property Rate Component			23.260			23.260
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			312.63			349.66
23. Medicaid Days		1,575			365	
24. Resident Days		1,575			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			329.39			366.42



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028069100 - 2011/10
RI:340.32 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 01/30/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	322.49	340.32	10/01/2011
#8 Non-Ambulatory & #9 Medical	NA	NA	NA

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			160,181
B. Plant Operation			34,849
C. Laundry			980
D. Housekeeping			2,250
E. Operating Expense Component & Per Diem	90,5297	0.0000	198,260
3. Resident Care			
A. Dietary			26,429
B. Other			0
C. Nursing			36,378
D. Resident Care & Per Diem	28,6790	0.0000	62,807
4. Prop Exp & Per Diem	14,7237	0.0000	32,245
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	256,668.00		256,668.00
5. Direct Care Expense Per Diem	117.2000		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	149,549		149,549
3. Additional Services Exp & Per Diem	68,2872		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	90,5297		198,260
2. Resident Care Component	214,1662		469,024
3. Property Cost Component	14,7237		32,245
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	319.4196		699,529



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028069100 - 2011/10

RI: 340.32

NM: 0.00

Claudia Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.753	203.569	287.322			
2. Inflate Line 1 by Inflation Factor 1.01937455	85.376	207.513	292.889			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	86.025	209.091	295.116			
4. Current Period Cost	90.530	214.166	304.696			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.025	209.091	295.116			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.025	209.091	295.116	0.000	0.000	0.000
12. Plus: Property Rate Component			14.724			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			309.839			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	90.023	218.810	308.833	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.023	218.810	308.833	0.000	0.000	0.000
19. Property Rate Component			14.724			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			323.56			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			340.32			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028427100 - 2011/10
RI:242.37 / NM:312.09

Fern Park, LLC/PHP
 230 Fern Park Boulevard
 Fern Park FL 32730

Provider Number: 028427100
 Date: 01/27/2012
 FYE: 02/28/2011
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.90</u>	<u>242.37</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>306.25</u>	<u>312.09</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:

Progressive Healthcare Providers

230 Fern Park Boulevard
Fern Park FL 32730

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 10/2011 to 10/2011

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: October, 2011
 Cost Report: 03/01/2010 - 02/28/2011
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,015	19,068	23,083
2. Operating Expenses Component			
A. Administration			874,376
B. Plant Operation			319,333
C. Laundry			42,871
D. Housekeeping			112,567
E. Operating Expense Component & Per Diem	58.4476	58.4476	1,349,147
3. Resident Care			
A. Dietary			347,842
B. Other			0
C. Nursing			949,101
D. Resident Care & Per Diem	56.1861	56.1861	1,296,943
4. Prop Exp & Per Diem	26.1771	26.1771	604,247
5. ROE/Use Per Diem	0.9095	0.9095	20,995
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,007.50	19,068.00	21,075.50
3. Staffing Percent	9.5252782	90.4747218	100.00
4. Allocation of Direct Care	268,332.32	2,548,722.68	2,817,055.00
5. Direct Care Expense Per Diem	66.8325	133.6649	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,015	19,068	23,083
2. Additional Services	35,799	170,014	205,813
3. Additional Services Exp & Per Diem	8.9163	8.9162	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	58.4476	58.4476	1,349,147
2. Resident Care Component	131.9348	198.7672	4,319,811
3. Property Cost Component	26.1771	26.1771	604,247
4. ROE/Use Allow Component	0.9095	0.9095	20,995
5 Total Cost Per Diem	217.4692	284.3015	6,294,200



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028427100 - 2011/10

RI: 242.37

NM: 312.09

Fern Park, LLC/PHP

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	03/01/2010	02/28/2011	Unaudited [3]	201104
Prior Cost Report	03/01/2009	02/28/2010	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.657	129.100	188.757	59.657	195.421	255.077
2. Inflate Line 1 by Inflation Factor 1.02001989	60.851	131.684	192.535	60.851	199.333	260.184
3. Line 1 x 1.400 x Inflation Factor 1.02802785	61.329	132.718	194.047	61.329	200.898	262.227
4. Current Period Cost	58.448	131.935	190.382	58.448	198.767	257.215
5. Incentive Basis (line 3 - line 4)	2.881	0.783		2.881	2.131	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.448	131.935	190.382	58.448	198.767	257.215
7. Incentive Line 5 x Oper 50% Res 50%	1.441	0.392	1.832	1.441	1.065	2.506
8. Incentive - Line 4 x Oper 10% Res 3%	5.845	3.958	9.803	5.845	5.963	11.808
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.441	0.392	1.832	1.441	1.065	2.506
10. Final Incentive	1.441	0.392	1.832	1.441	1.065	2.506
11. Current Period Base: (line 6 + line 10)	59.888	132.327	192.215	59.888	199.832	259.721
12. Plus: Property Rate Component			26.177			26.177
13. Plus: ROE/Use Rate			0.910			0.910
14. Total Current Period Base			219.301			286.807
15. Prospective Rate: Line 11 x Inflation (1.03280434)	61.853	136.667	198.520	61.853	206.388	268.241
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.853	136.667	198.520	61.853	206.388	268.241
19. Property Rate Component			26.177			26.177
20. ROE Component + ROE Interim Component			0.910			0.910
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			225.61			295.33
23. Medicaid Days		4,015			19,068	
24. Resident Days		4,015			19,068	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			242.37			312.09



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028500500 - 2011/10
RI:201.65 / NM:0.00

SUNRISE #2 NARANJA
 15190 S.W. 272 Street
 Miami FL 33032

Provider Number: 028500500
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>197.99</u>	<u>201.65</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,367	0	4,367
2. Operating Expenses Component			
A. Administration			105,414
B. Plant Operation			64,821
C. Laundry			3,380
D. Housekeeping			4,795
E. Operating Expense Component & Per Diem	40.8541	0.0000	178,410
3. Resident Care			
A. Dietary			40,153
B. Other			84,522
C. Nursing			19,055
D. Resident Care & Per Diem	32.9128	0.0000	143,730
4. Prop Exp & Per Diem	9.3918	0.0000	41,014
5. ROE/Use Per Diem	1.2583	0.0000	5,495
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,183.50		2,183.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	419,778.00		419,778.00
5. Direct Care Expense Per Diem	96.1250		
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,367		4,367
2. Additional Services	19,737		19,737
3. Additional Services Exp & Per Diem	4.5196		
D. Medicaid Per Diem Cost			
1. Operating Component	40.8541		178,410
2. Resident Care Component	133.5574		583,245
3. Property Cost Component	9.3918		41,014
4. ROE/Use Allow Component	1.2583		5,495
5 Total Cost Per Diem	185.0616		808,164



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028500500 - 2011/10

RI: 201.65

NM: 0.00

SUNRISE #2 NARANJA

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.211	122.111	162.322			
2. Inflate Line 1 by Inflation Factor 1.01937455	40.990	124.477	165.467			
3. Line 1 x 1.400 x Inflation Factor 1.02712438	41.302	125.423	166.725			
4. Current Period Cost	40.854	133.557	174.411			
5. Incentive Basis (line 3 - line 4)	0.448	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.854	125.423	166.277			
7. Incentive Line 5 x Oper 50% Res 50%	0.224	0.000	0.224	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.085	0.000	4.085	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.224	0.000	0.224	0.000	0.000	0.000
10. Final Incentive	0.224	0.000	0.224	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.078	125.423	166.501	0.000	0.000	0.000
12. Plus: Property Rate Component			9.392			0.000
13. Plus: ROE/Use Rate			1.258			0.000
14. Total Current Period Base			177.151			0.000
15. Prospective Rate: Line 11 x Inflation (1.04648267)	42.988	131.253	174.241	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.988	131.253	174.241	0.000	0.000	0.000
19. Property Rate Component			9.392			0.000
20. ROE Component + ROE Interim Component			1.258			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			184.89			0.00
23. Medicaid Days		4,367			0	
24. Resident Days		4,367			0	
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			201.65			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028501300 - 2011/10
RI:280.25 / NM:353.26

SUNRISE MAIN FACILITY
 22300 SW 162nd Avenue
 Miami FL 33170

Provider Number: 028501300
 Date: 01/27/2012
 FYE: 06/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>275.04</u>	<u>280.25</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>346.60</u>	<u>353.26</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)

Home Office:

Sunrise Community

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 07/01/2009 - 06/30/2010
 Days In Reporting Period: 365
 Number of Beds: 120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	27,364	15,891	43,255
2. Operating Expenses Component			
A. Administration			1,374,804
B. Plant Operation			1,083,914
C. Laundry			26,064
D. Housekeeping			146,063
E. Operating Expense Component & Per Diem	60.8218	60.8218	2,630,845
3. Resident Care			
A. Dietary			1,397,745
B. Other			1,178,705
C. Nursing			1,687,865
D. Resident Care & Per Diem	98.5855	98.5855	4,264,315
4. Prop Exp & Per Diem	9.5282	9.5282	412,142
5. ROE/Use Per Diem	0.2051	0.2051	8,873
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	13,682.00	15,891.00	29,573.00
3. Staffing Percent	46.2651743	53.7348257	100.00
4. Allocation of Direct Care	1,908,741.01	2,216,912.99	4,125,654.00
5. Direct Care Expense Per Diem	69.7537	139.5075	
C. Additional Services Expense			
1. Medicaid Inpatient Days	27,364	15,891	43,255
2. Additional Services	309,910	179,975	489,885
3. Additional Services Exp & Per Diem	11.3255	11.3256	
D. Medicaid Per Diem Cost			
1. Operating Component	60.8218	60.8218	2,630,845
2. Resident Care Component	179.6647	249.4185	8,879,854
3. Property Cost Component	9.5282	9.5282	412,142
4. ROE/Use Allow Component	0.2051	0.2051	8,873
5 Total Cost Per Diem	250.2198	319.9736	11,931,714



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028501300 - 2011/10

RI: 280.25

NM: 353.26

SUNRISE MAIN FACILITY

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	07/01/2009	06/30/2010	Unaudited [3]	201010
Prior Cost Report	07/01/2008	06/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	58.813	179.618	238.431	58.813	247.555	306.368
2. Inflate Line 1 by Inflation Factor 1.01937455	59.952	183.098	243.050	59.952	252.351	312.303
3. Line 1 x 1.400 x Inflation Factor 1.02712438	60.408	184.490	244.898	60.408	254.270	314.678
4. Current Period Cost	60.822	179.665	240.486	60.822	249.419	310.240
5. Incentive Basis (line 3 - line 4)	0.000	4.825		0.000	4.851	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.408	179.665	240.073	60.408	249.419	309.827
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.412	2.412	0.000	2.426	2.426
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.390	5.390	0.000	7.483	7.483
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.412	2.412	0.000	2.426	2.426
10. Final Incentive	0.000	2.412	2.412	0.000	2.426	2.426
11. Current Period Base: (line 6 + line 10)	60.408	182.077	242.485	60.408	251.844	312.252
12. Plus: Property Rate Component			9.528			9.528
13. Plus: ROE/Use Rate			0.205			0.205
14. Total Current Period Base			252.219			321.986
15. Prospective Rate: Line 11 x Inflation (1.04648267)	63.216	190.541	253.757	63.216	263.550	326.767
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.216	190.541	253.757	63.216	263.550	326.767
19. Property Rate Component			9.528			9.528
20. ROE Component + ROE Interim Component			0.205			0.205
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.49			336.50
23. Medicaid Days		27,364			15,891	
24. Resident Days		27,364			15,891	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			280.25			353.26



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028505600 - 2011/10
RI:278.21 / NM:418.08

PARC COTTAGE
 3101 76th Way North
 St. Petersburg FL 33710

Provider Number: 028505600
 Date: 01/27/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.04</u>	<u>278.21</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>410.14</u>	<u>418.08</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
ICF/MR-DD Profile Sheet
Rate Period(s) 04/2011 to 10/2011

028505600

Provider Name: **PARC COTTAGE**
 Provider Number: 28505600
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,544	2,190	5,734
2. Operating Expenses Component			
A. Administration			308,102
B. Plant Operation			51,145
C. Laundry			8,266
D. Housekeeping			8,898
E. Operating Expense Component & Per Diem	65.6454	65.6454	376,411
3. Resident Care			
A. Dietary			72,223
B. Other			0
C. Nursing			51,815
D. Resident Care & Per Diem	21.6320	21.6320	124,038
4. Prop Exp & Per Diem	8.0640	8.0640	46,239
5. ROE/Use Per Diem	1.5403	1.5403	8,832
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,772.00	2,190.00	3,962.00
3. Staffing Percent	44.7248864	55.2751136	100.00
4. Allocation of Direct Care	509,399.91	629,563.09	1,138,963.00
5. Direct Care Expense Per Diem	143.7359	287.4717	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,544	2,190	5,734
2. Additional Services	29,289	18,098	47,387
3. Additional Services Exp & Per Diem	8.2644	8.2639	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	65.6454	65.6454	376,411
2. Resident Care Component	173.6323	317.3677	1,310,388
3. Property Cost Component	8.0640	8.0640	46,239
4. ROE/Use Allow Component	1.5403	1.5403	8,832
5 Total Cost Per Diem	248.8820	392.6174	1,741,870



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028505600 - 2011/10

RI: 278.21

NM: 418.08

PARC COTTAGE

Ownership:Private[3]

Incentive Rating: Eligible[2] from 10/01/2010 - 03/31/2011 Days Eligible: 182 of 182

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.206	177.397	239.604	62.206	303.960	366.166
2. Inflate Line 1 by Inflation Factor 1.01939630	63.413	180.838	244.251	63.413	309.855	373.269
3. Line 1 x 1.400 x Inflation Factor 1.02715482	63.896	182.215	246.110	63.896	312.214	376.109
4. Current Period Cost	65.645	173.632	239.278	65.645	317.368	383.013
5. Incentive Basis (line 3 - line 4)	0.000	8.582		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	63.896	173.632	237.528	63.896	312.214	376.109
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.291	4.291	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.209	5.209	0.000	0.000	0.000
9. Incentive - Min of Line 7.8 x Eligibility factor 100.00%	0.000	4.291	4.291	0.000	0.000	0.000
10. Final Incentive	0.000	4.291	4.291	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	63.896	177.923	241.819	63.896	312.214	376.109
12. Plus: Property Rate Component			8.064			8.064
13. Plus: ROE/Use Rate			1.540			1.540
14. Total Current Period Base			251.423			385.714
15. Prospective Rate: Line 11 x Inflation (1.04148077)	66.546	185.304	251.850	66.546	325.165	391.711
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	66.546	185.304	251.850	66.546	325.165	391.711
19. Property Rate Component			8.064			8.064
20. ROE Component + ROE Interim Component			1.540			1.540
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			261.45			401.32
23. Medicaid Days		3,544			2,190	
24. Resident Days		3,544			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Medicaid Trend Adj RI% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			16.76
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			278.21			418.08



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028512900 - 2011/10
RI:245.93 / NM:0.00

MACTOWN INC
 6250 N.E. First Place
 Miami FL 33138

Provider Number: 028512900
 Date: 01/27/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.40</u>	<u>245.93</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028512900

Provider Name: **MACTOWN INC**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	20,168	0	20,168
2. Operating Expenses Component			
A. Administration			537,140
B. Plant Operation			95,871
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	31,3869	0.0000	633,011
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	
4. Prop Exp & Per Diem	8,3522	0.0000	168,447
5. ROE/Use Per Diem	0,4870	0.0000	9,821
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,084.00		10,084.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,726,016.00		3,726,016.00
5. Direct Care Expense Per Diem	184,7489		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	20,168		20,168
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	31,3869		633,011
2. Resident Care Component	184,7489		3,726,016
3. Property Cost Component	8,3522		168,447
4. ROE/Use Allow Component	0,4870		9,821
5 Total Cost Per Diem	224.9750		4,537,295



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Calculation Sheet
 Rates Effective 10/01/2011 through 03/31/2012

028512900 - 2011/10
RI: 245.93
NM: 0.00

MACTOWN INC

Ownership:Private[3]

Incentive Rating: Ineligible[1] from 01/18/2011 - 02/23/2011 Days Eligible: 146 of 182

Eligibility factor :80.22%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/01/2009	09/30/2010	Unaudited [3]	201010
Prior Cost Report	10/01/2008	09/30/2009	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	32.660	174.563	207.223			
2. Inflate Line 1 by Inflation Factor 1.01939630	33.293	177.949	211.242			
3. Line 1 x 1.400 x Inflation Factor 1.02715482	33.547	179.303	212.850			
4. Current Period Cost	31.387	184.749	216.136			
5. Incentive Basis (line 3 - line 4)	2.160	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	31.387	179.303	210.690			
7. Incentive Line 5 x Oper 50% Res 50%	1.080	0.000	1.080	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.139	0.000	3.139	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 80.22%	0.866	0.000	0.866	0.000	0.000	0.000
10. Final Incentive	0.866	0.000	0.866	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	32.253	179.303	211.556	0.000	0.000	0.000
12. Plus: Property Rate Component			8.352			0.000
13. Plus: ROE/Use Rate			0.487			0.000
14. Total Current Period Base			220.395			0.000
15. Prospective Rate: Line 11 x Inflation (1.04148077)	33.591	186.741	220.332	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	33.591	186.741	220.332	0.000	0.000	0.000
19. Property Rate Component			8.352			0.000
20. ROE Component + ROE Interim Component			0.487			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			229.17			0.00
23. Medicaid Days		20,168				0
24. Resident Days		20,168				0
25. Medicaid Utilization		100.00%			NA	
26. Medicaid Trend Adj R1% 0.000 NM% 0.000						
27. Quality Assessment-Medicaid Share (16.76)			16.76			
28. N/A			0.00			0.00
29. Final Per Diem After Adjustments			245.93			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 2727 Mahan Drive - Mail Stop 21
 Tallahassee, Florida 32308

028513700 - 2011/10
RI:264.42 / NM:312.91

New Horizons of NW Florida, Inc.
 10050 Hillview Road
 Pensacola FL 32514

Provider Number: 028513700
 Date: 01/27/2012
 FYE: 09/30/2010
 Audit Status: Unaudited [3]

Provider Type: ICF/MR-DD


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>259.52</u>	<u>264.42</u>	<u>10/01/2011</u>
#8 Non-Ambulatory & #9 Medical	<u>307.05</u>	<u>312.91</u>	<u>10/01/2011</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 ICF/MR-DD Profile Sheet
 Rate Period(s) 04/2011 to 10/2011

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 1/27/2012

Cost Report Entered by: Squire, Yashica
 Rate Semester: October, 2011
 Cost Report: 10/01/2009 - 09/30/2010
 Days In Reporting Period: 365
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	9,125	10,950
2. Operating Expenses Component			
A. Administration			719,650
B. Plant Operation			191,216
C. Laundry			35,237
D. Housekeeping			64,188
E. Operating Expense Component & Per Diem	92,2640	92,2640	1,010,291
3. Resident Care			
A. Dietary			277,775
B. Other			57,613
C. Nursing			449,267
D. Resident Care & Per Diem	71,6580	71,6580	784,655
4. Prop Exp & Per Diem	4,1032	4,1032	44,930
5. ROE/Use Per Diem	2,4370	2,4370	26,685
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	9,125.00	10,037.50
3. Staffing Percent	9.0909091	90.9090909	100.00
4. Allocation of Direct Care	102,543.82	1,025,438.18	1,127,982.00
5. Direct Care Expense Per Diem	56.1884	112.3768	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	9,125	10,950
2. Additional Services	62,852	184,915	247,767
3. Additional Services Exp & Per Diem	34.4395	20.2647	
D. Medicaid Per Diem Cost			
1. Operating Component	92,2640	92,2640	1,010,291
2. Resident Care Component	162,2858	204,2994	2,160,404
3. Property Cost Component	4,1032	4,1032	44,930
4. ROE/Use Allow Component	2,4370	2,4370	26,685
5 Total Cost Per Diem	261.0900	303.1036	3,242,310